Douglas K. Owens, M.D., M.S.

Chairperson

U.S. Preventive Services Task Force  
USPSTF Program Office

5600 Fishers Lane

Mail Stop 06E53A

Rockville, MD 20857

RE: ***Draft Recommendation Statement and Draft Evidence Review: Screening for Cognitive Impairment in Older Adults***

***by electronic delivery to https://www.uspreventiveservicestaskforce.org/Comment/Collect/Index/draft-recommendation-statement/cognitive-impairment-in-older-adults-screening1***

Dear Chairman Owens:

[Organization name] appreciates the opportunity to comment on the U.S. Preventive Services Task Force (USPSTF) [Draft Recommendation Statement and Draft Evidence Review: Screening for Cognitive Impairment in Older Adults](https://leadcoalition.us2.list-manage.com/track/click?u=91114544e019c19101389bc97&id=7fe7df73a5&e=3043445954) [Add one-two sentence description of organization and its mission.]

As we submit these comments, millions of Americans and their families are facing Alzheimer’s disease and other forms of dementia. They include many people who overcame enormous obstacles to receive their diagnosis, those who remain undiagnosed and the tens of millions of people whose cognitive health may be at risk. These comments give voice to their needs.

The USPTF Draft as written concludes that current evidence is insufficient to assess the balance of benefits and harms of screening for cognitive impairment in older adults*.* **Respectfully, we disagree and urge USPSTF to revise its recommendation to Grade B, encouraging providers to screen persons 65 and older for cognitive impairment, and to further specify that:**

* **Screening should be conducted in health care settings by staff who are appropriately trained to use the screening test(s) and with procedures in place for follow-up.**
* **Screening should be followed by an evaluation to diagnose the cause of any detected cognitive impairment, treatments to reduce modifiable causes, and ongoing efforts to reduce the impact of diagnosed dementia and support people with dementia and their caregivers.**

We believe that the USPSTF Evidence Review is narrowly constructed from a disease-centric perspective that undervalues and overlooks the body evidence demonstrating the health benefits of screening. It appears the USPTF failed to adequately consider that 1) screening has the potential to improve overall health outcomes; 2) interventions for asymptomatic older adults and those with mild cognitive impairment (MCI) can delay onset or slow progression of dementia and 3) dementia is a significant health disparity.

Leading non-governmental organizations and federal agencies alike have updated their guidelines and practice in response to evidence of the net benefit of screening. Case in point, the American Academy of Neurology (AAN) recently updated its practice guidelines on cognitive impairment stating that:

In the United States, the Medicare Annual Wellness Visit requires an assessment to detect cognitive impairment. Subjective cognitive complaints alone can result in both over- and underdiagnosis of MCI and thus are insufficient to screen for MCI. Clinicians assessing for cognitive impairment should use a brief, validated cognitive assessment instrument in addition to eliciting patient and informant history regarding cognitive concerns.

AAN joins organizations representing providers and patients that have called for increased screening, including the American Diabetes Association, the American Heart Association, the Alzheimer’s Association, the Endocrine Society, National Academy of Neuropsychology, the Alzheimer’s Foundation of America, the Heart Failure Society of America, and the UsA2 Brain Health Partnership.

Cognitive health screening for MCI and dementia in older adults is merited for several important reasons:

* Validated screening instruments are currently and widely available.
* Waiting for subjective cognitive complaints alone can result in both over- and underdiagnosis of MCI and thus are insufficient to screen for MCI. A brief, validated cognitive assessment instrument is needed.
* Cognitive impairment is a dominant comorbidity influencing not only what care is recommended for that problem, but also how care for all other illnesses should be provided. Consequently, knowing the cognitive health status of high-risk patients, especially older patients has inherent clinical relevance.
* Evidence shows that promoting cognitive health by addressing key risk factors (treatment of hypertension, exercise, social engagement, smoking, and hearing loss, depression, diabetes, and obesity) may slow or prevent the progression of cognitive decline, and screening offers an opportunity to employ counseling interventions for the lifestyle interventions recommended to address these key risk-factors as supported by USPSTF’s own recommendations.
* Screening can identify cognitive impairment that is caused by treatable conditions that are not dementia (including nutritional deficiencies, subdural hematoma, normal pressure hydrocephalus, and medication side effects) but may result in dementia-like symptoms.
* Screening can prompt health care professionals and others to counsel people with cognitive impairment or dementia and their families about important safety risks including falls, motor vehicle accidents, gun accidents, and vulnerability to financial exploitation
* Cognitive impairment screening is a measure of brain health. If providers make screening more routine and systematic, changes in cognitive status can be detected earlier. This is important because indications of treatable cognitive decline begin well before the symptoms of full-blown dementia occur.
* Cognitive impairment screening can improve access to and utilization of available therapies and effective services and supports for people with cognitive impairment or dementia and their families and other caregivers.

The federal government has recognized the importance of detection of cognitive impairment, earlier diagnosis of dementia, and improved care and services for people with dementia and their caregivers, and it has taken decisive steps to advance detection, diagnosis, medical care, residential and home and community-based services, family caregiver support, and research participation. Actions taken recently by agencies of the U.S. Department of Health and Human Services include: Healthy People 2020 and proposed 2030 Public Health Objectives; CMS’ updates to the Medicare Physician Fee Schedule that encourage dementia diagnosis and care planning; CMS’ new Medicare Advantage (MA) rules that increase benefits for Alzheimer’s and dementia care, along with risk score adjustments for MA Plans caring for people with dementia, CDC’s 2018-2023 Brain Health Roadmap and implementation planning for the 2018 BOLD Infrastructure for Alzheimer’s Act among many other important steps forward.

Furthermore, The USPSTF draft recommendation on detection of cognitive impairment diverges from patient and healthcare provider preferences. In 2018, surveys of 1,000 primary care physicians and almost 2,000 people age 65 conducted for the Alzheimer’s Association showed that “although nearly all primary care physicians and four of five older adults think brief cognitive assessments are beneficial, only 16 percent of the older adults surveyed are receiving regular brief cognitive assessments” (Alzheimer’s Association, Special Report, 2019). About one third of the older adults surveyed were aware that the Annual Wellness Visit includes detection of cognitive impairment, and only 32 percent recalled a health care provider asking them about memory or thinking problems during an Annual Wellness Visit. Support for better cognitive assessments extends to caregivers themselves who strongly recommend providers receive adequate training on the prognosis and disease course of different types of dementia, effective pharmacological and non-pharmacological interventions and caregiving resources. (Griffin et al, 2019) Despite this strong support, estimates based on national surveys and clinical studies continue to indicate that only about half of older people who have dementia have had a diagnostic evaluation (Lang et al 2017). Should the Task Force fail to change its recommendation, those numbers are unlikely to change, and a rapidly increasing number of older adults will have undiagnosed cognitive impairment.

The USPSTF draft recommendation on detection of cognitive impairment is inconsistent with these current efforts and patient and provider preferences in the U.S. and across the globe.

***[Organization name]* urges USPSTF to broaden its consideration to include benefits of cognitive impairment screening to address:**

1. **Identification of modifiable causes of cognitive impairment**
2. **Risk-reduction and progression of MCI**
3. **Care for co-occurring chronic conditions**
4. **Access and utilization of available therapies and support services**
5. **Identification of safety risks and available information and programs to address the risks**
6. **Development of a baseline for improved care and better research**
7. **Value of currently available screening tools**

Importantly, cognitive impairment in older adults takes many different forms and can lead to a variety of health problems, reduce health outcomes and significantly increase unnecessary utilization of our health care system. The Task Force’s current analysis which states “[O]ne potential harm [of screening] is labeling a person with an illness that is typically progressive and for which treatment appears to have limited effectiveness” – assumes that the only cause of cognitive impairment is a progressive neurodegenerative disease. Such an assumption misses the important opportunities to reduce the impact of many instances of cognitive impairment being experienced by a large number of older adults, including treatable conditions including Infections and immune disorders, metabolic problems and endocrine abnormalities, nutritional deficiencies**,** medication side effects, subdural hematomas, poisoning, anoxia and normal-pressure hydrocephalus. Although these treatable conditions may be identified by other screening and medical tests, a low score on a cognitive screening test is one way that health care professionals become aware of them and begin treatment.

In addition, recent research findings about the impact of programs to reduce potentially modifiable risk factors for dementia suggest that, for as much as one-third of the population, it may be possible to prevent dementia and perhaps also slow the progression of mild cognitive impairment (MCI) to dementia. results from the comprehensive FINGER study -- excluded from USPSTF consideration --- indicate that lifestyle modifications, including dietary guidance, physical activity, cognitive training, social activities, and monitoring and management of metabolic vascular risk factors, can improve or maintain cognitive functioning in older adults.

In fact, leading government agencies and advisory groups are aligned in the position that promoting brain health can strengthen the brain’s resistance to brain conditions later in life and reduce the risk of dementia.

* The World Health Organization’s 2019 Guidelines state “the existence of potentially modifiable risk factors means that prevention of dementia is possible through a public health approach, including the implementation of key interventions that delay or slow cognitive decline or dementia.”
* The 2015 Institute of Medicine report on cognitive aging recommends that health and payer systems “promote cognitive health in regular medical and wellness visits among people of all ages.”
* The Lancet Commission urged that the “prevention or delay of dementia onset is a public health priority with potential to reduce not only the disability of individuals but also the associated societal and economic burden.”
* The American Academy of Neurology, in its latest recommendation calling for annual cognitive assessments, recognized that “early diagnosis can help identify forms of mild cognitive impairment that may be reversible, including those caused by sleep problems, depression or medications, and lead to treatments that can improve a person’s quality of life such as correcting hearing loss and avoiding social isolation.”
* The American Heart Association noted in its Presidential Advisory that “advances in our understanding of the role of cardiovascular risks have shown them to be closely associated with cognitive impairment and dementia. Because many cardiovascular risks are modifiable, it may be possible to maintain brain health and prevent dementia in later life.”
* The Centers for Disease Control and Prevention’s Healthy Brain Initiative leads with “While a person with mild cognitive impairment is at greater risk of developing dementia, this is not inevitable. There is growing scientific evidence that healthy behaviors, which have been shown to prevent cancer, diabetes, and cardiovascular disease, also may reduce risk for cognitive decline and possibly dementia.”

The USPSTF, by restricting the evidence assessment to adults who have been screen-detected with cognitive impairment and those with mild to moderate dementia or MCI, considerably underestimates the impact of risk reduction for not only dementia but also for related risk factors such as hypertension, diabetes, and depression. A brain health perspective eschews such binary diagnostic classifications and instead assesses a range of cognitive strengths and weaknesses with a view to recommending appropriate strategies for building brain health. This approach has more in common with a family doctor’s periodic assessment of vital signs which might lead her to recommend life style changes such as losing weight, increasing physical activity, engaging in relaxation exercises etc.

In addition, cognitive screening tests can impact care for co-occurring chronic conditions, the identification of modifiable impairment in older people, identification of safety risks in older people with cognitive impairment or dementia and available information and programs to address the risks, risk-reduction and progression of MCI in older persons; and development of a baseline for improved care and better research.

For all of these important reasons, [organization name] urges the U.S. Preventive Services Task Force to revise its recommendation to approve screening for cognitive impairment in people age 65 and older.

**At a time of opportunities for profound advances in public attitudes and scientific research regarding cognitive impairment and dementia, it is vitally important that USPSTF include in its final Recommendation Statement a Grade B. Such a decision would be evidence-based, in clear alignment with other federal agencies and established national policy. It also would be an ethical step forward in solidarity with people searching for answers about undetected and unexplained emergent cognitive decline.**

Thank you for considering our comments. For any questions or additional information, please contact [name, title, organization, at email or phone].

Sincerely;

Name

Title

Organization