

# What's Good for the Heart is Good for the Brain

It's time to bring **COGNITIVE HEALTH** into the conversation<sup>1,2</sup>



The Alzheimer's Association 2024 clinical practice guideline for primary care, recommends performing individualized risk assessment and counseling on brain-healthy behaviors based on the American Heart Association Life's Simple 7<sup>1,2</sup>

- Up to 45% of dementia cases may be attributed to potentially modifiable risk factors such as<sup>3</sup>
  - Hypertension, high cholesterol, diabetes, obesity, and smoking
- Early management of risk factors<sup>3-5</sup>
  - Can improve cognitive health and build cognitive reserve
- Annual cognitive assessment<sup>6</sup>
  - Can lead to earlier detection of cognitive impairment
  - Can allow for earlier intervention and potential of improving quality of life (QoL) for patients and families



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## Primary Care Clinicians

- Can play a vital role in helping patients to manage their risk factors to improve cognitive health<sup>1,5</sup>
- Can bring cognitive health into the conversation when assessing for cardiovascular risk factors<sup>1,2</sup>

## Modifiable Risk Factors for Dementia<sup>1,2</sup>

When patients reach midlife, it's time to assess for risk factors for Alzheimer's disease and dementia and develop a cognitive health plan<sup>1,2,5</sup>

### Management of Health-Related Factors<sup>2,7</sup>

- |   |   |
|---|---|
| <b>1</b> Untreated blood pressure <120/80 mmHg  | <b>4</b> BMI <25 kg/m <sup>2</sup>  |
| <b>2</b> Untreated total cholesterol <200 mg/dL | <b>5</b> Non-smoking status   |
| <b>3</b> Fasting blood glucose <100 mg/dL       | <b>6</b> Physical activity at goal levels<br>≥150 min/week of moderate aerobic exercise or 75 min/week of vigorous exercise   |
|   | <b>7</b> Healthy diet consistent with current guidelines<br>Diet rich in fruits, vegetables, and fiber-rich whole grains; evidence suggests that a Mediterranean-style diet preserves cognitive function better than a low-fat diet |

Evidence also supports promoting cognitive stimulation, engaging in social activities, screening and evaluating for obstructive sleep apnea and excessive alcohol use.<sup>1</sup>



## Non-Modifiable Risk Factors<sup>8</sup>:

- Age
- Family history of dementia and/or Alzheimer's disease
- Genetics including APOE4 status (if known)

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# Baseline Cognitive Assessment

Because pathological changes may occur decades before the onset of cognitive symptoms due to Alzheimer's disease, consider establishing a cognitive baseline for patients in midlife and reassess annually<sup>1,6,8</sup>



Consider performing a cognitive assessment using a brief, validated tool or have your patient complete a digital cognitive test.<sup>6</sup>

If results are within normal range, consider<sup>1,6</sup>

- Managing risk factors
- Promoting brain-healthy behaviors
- Reassessing annually or sooner if complaints of cognitive symptoms arise

If cognitive impairment is detected, consider<sup>1,6</sup>

- Beginning a diagnostic workup to evaluate the cause and/or referring patient to a specialist

Primary care plays a critical role in the assessment and detection of early-stage cognitive decline.<sup>6</sup>



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For more information on commonly used clinical assessment tools and other **Cognitive Health** resources, explore [medical.lilly.com/us/diseases/cognitivehealth](https://medical.lilly.com/us/diseases/cognitivehealth)

## Abbreviations:

AHA=American Heart Association; APOE4=Apolipoprotein E Allele 4; BMI=Body mass Index.

## References:

1. Atri, et al. *Alzheimers Dement*. 2024;21:1-32.
2. Gorelick PB, et al. *Stroke*. 2017;48(10):e284-e303.
3. Livingston G, et al. *Lancet*. 2024;404(10452):572-628.
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6. Mattke S, et al. *Alzheimers Dement*. 2023;19(9):4252-4259.
7. How much physical activity do you need? | American Heart Association (Accessed March 21, 2025).
8. <https://www.alz.org/alzheimers-dementia/facts-figures> (Accessed March 19, 2025).

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