



# Beyond Planning: The Life-Changing Benefits of Early Dementia Diagnosis

**Research Brief**



**This paper highlights the critical importance of early detection of dementia, which goes beyond planning for the future and can significantly prolong quality of life.**

**The CareLink360 Digital Health Companion can help by providing personalized support, adapting to evolving needs and promoting well-being throughout the aging process.**

CareLink360<sup>®</sup>

# Table of Contents

<b>Introduction</b>	<b>2</b>
<b>The Warning Signs of Dementia: Beyond Memory Loss</b>	<b>3</b>
Memory Loss That Disrupts Daily Life	3
Difficulty with Planning or Problem-Solving	3
Confusion with Time or Place	3
Difficulty Understanding Visual and Spatial Relationships	3
New Problems with Words in Speaking or Writing	3
Withdrawal from Work or Social Activities	4
Changes in Mood and Personality	4
Decreased or Poor Judgment	4
Misplacing Things and Losing the Ability to Retrace Steps	4
Difficulty Processing Auditory Information	4
<b>The Undeniable Truth:</b>	
<b>Alzheimer's, Dementia, and Aging are Extremely Complex</b>	<b>5</b>
The pathology of Alzheimer's disease	6
Can we detect dementia before the warning signs are evident?	6
<b>Leading indicators of cognitive stability and or cognitive decline</b>	<b>7</b>
<b>Stages of the Disease</b>	<b>8</b>
Stage 1: No Impairment (Normal Function)	8
Stage 2: Very Mild Cognitive Decline (Age-Associated Memory Impairment)	8
Stage 3: Mild Cognitive Decline (Early-Stage Alzheimer's)	8
Stage 4: Moderate Cognitive Decline (Mild Alzheimer's Disease)	9
Stage 5: Moderately Severe Cognitive Decline (Moderate Alzheimer's Disease)	9
Stage 6: Severe Cognitive Decline (Moderately Severe or Mid-Stage Alzheimer's Disease)	9
Stage 7: Very Severe Cognitive Decline (Late-Stage Alzheimer's Disease)	10
<b>Brain Mapping</b>	<b>11</b>
<b>The Compounding Effect of Cognitive Decline on Health</b>	<b>13</b>
<b>How CareLink360® Can Help</b>	<b>14</b>
Social Nutrition™	14
Health and Well-Being Reminders	15
Brain Fitness Tools	15
Video Library	16
Family Manager Portal	16
Facility Administrator Portal	17
<b>Conclusion</b>	<b>18</b>
<b>References</b>	<b>19</b>
<b>About the Author</b>	<b>22</b>
<b>About CareLink360®</b>	<b>22</b>

# Beyond Planning: The Life-Changing Benefits of Early Dementia Diagnosis

## Introduction

An early dementia diagnosis offers much more than the ability to plan for the future or share personal wishes with loved ones. While these aspects are undeniably important, they represent just the beginning of the potential benefits. A timely diagnosis opens the door to a holistic, life-changing approach that can significantly improve quality of life. With early intervention, individuals and their care teams can adopt lifestyle modifications, engage in meaningful cognitive activities, and even participate in groundbreaking clinical trials.



These strategies, combined with personalized care plans, have the potential to slow cognitive decline and maintain independence for years.

By recognizing the signs of dementia early, individuals can integrate life-enhancing habits—such as proper nutrition, mental stimulation, and physical activity—into their daily routines. This proactive approach offers more time to experience life fully and fosters emotional well-being, allowing patients to feel empowered rather than isolated. Moreover, early diagnosis provides access to innovative therapies, digital health tools, and care coordination that can help mitigate the effects of the disease.

The following sections explore the many transformative benefits of early dementia diagnosis, from the ability to craft a personalized care strategy to the opportunity to gain precious time for meaningful life experiences.

# The Warning Signs of Dementia: Beyond Memory Loss

Dementia is often associated with memory problems, but its effects are far more complex, impacting not only memory but also mood, rational thinking, and sensory processing. Recognizing the early warning signs of dementia is crucial for seeking medical advice and potentially slowing the disease's progression. Below are the ten most common warning signs of dementia:

## Memory Loss That Disrupts Daily Life

While occasional forgetfulness is normal, memory loss that affects daily functioning is a common sign of dementia. Individuals may forget recently learned information, or important dates, or repeatedly ask for the same information. This goes beyond simple absent-mindedness—it disrupts routine activities and relationships.

## Difficulty with Planning or Problem-Solving

People with dementia may find it challenging to follow a plan or work with numbers. This could manifest as needing help keeping track of monthly bills, following a familiar recipe, or concentrating on tasks. The ability to reason through problems or handle complex tasks diminishes over time, leading to frustration and confusion.

## Confusion with Time or Place

Losing track of dates, seasons, or the passage of time is a frequent symptom of dementia. Individuals may forget where they are or how they arrived at a particular location. This confusion can lead to disorientation, making it difficult to navigate familiar environments or remember important events.

## Difficulty Understanding Visual and Spatial Relationships

Dementia can affect how the brain processes sensory information, particularly visual and spatial cues. This may manifest as difficulty judging distances, recognizing objects, or reading. For example, individuals might misinterpret images, trip over obstacles, or become disoriented in once-familiar surroundings.

## New Problems with Words in Speaking or Writing

Communication challenges are another key sign of dementia. Individuals may struggle to follow or participate in conversations, often stopping mid-sentence without knowing how to continue. They might repeat themselves, misuse words, or have trouble naming everyday objects. Writing can also become increasingly disorganized and difficult.

## Withdrawal from Work or Social Activities

As dementia progresses, individuals may lose interest in hobbies, social activities, or work-related projects. They may avoid social gatherings or interactions, partly due to difficulties in keeping up with conversations or remembering key details. This social withdrawal can contribute to feelings of loneliness, further worsening their mood.

## Changes in Mood and Personality

Dementia affects mood and personality in ways that go beyond the cognitive sphere. Individuals may experience anxiety, confusion, depression, or suspicion, especially in unfamiliar situations. Mood swings and irritability can become common, and they may grow easily upset or uncomfortable outside of their comfort zones.

## Decreased or Poor Judgment

Making poor decisions is another hallmark of dementia. This can range from financial mistakes, such as giving away large sums of money, to neglecting self-care, such as failing to dress appropriately for the weather. Poor judgment often extends to safety risks, as individuals may not fully recognize danger or harmful situations.

## Misplacing Things and Losing the Ability to Retrace Steps

It's common for everyone to misplace things occasionally, but people living with dementia may put things in unusual places and then lose the ability to retrace their steps. For instance, they might place a wallet in the fridge or lose keys while forgetting where they last had them. Over time, this can create an underlying sense of suspicion, leading them to accuse others of stealing their belongings.

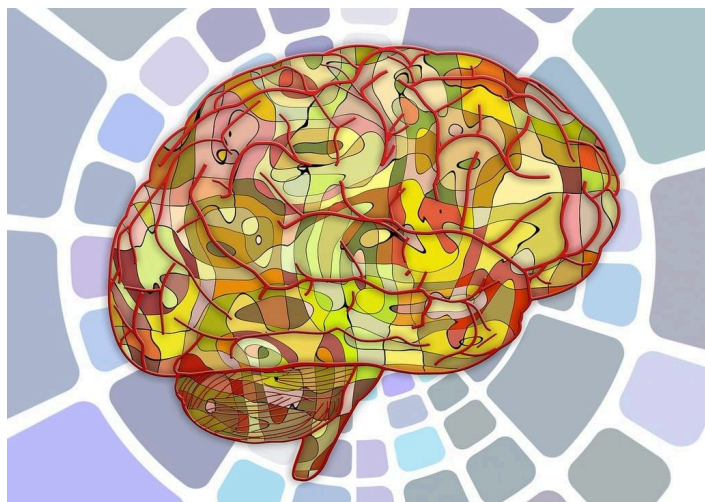
## Difficulty Processing Auditory Information

In addition to visual issues, dementia can impact the brain's ability to process auditory information. People may struggle to understand spoken words, even in quiet environments, and may frequently ask others to repeat themselves. This difficulty in processing sounds can add to feelings of isolation and frustration in social settings.



The symptoms of dementia go far beyond memory problems. They affect mood, judgment, communication, sensory processing, and the ability to function in everyday life. By recognizing these ten warning signs, individuals and their loved ones can seek early diagnosis and care, opening the door to interventions that can enhance the quality of life for many years.

## The Undeniable Truth: Alzheimer's, Dementia, and Aging are Extremely Complex



Alzheimer's disease is a progressive, irreversible neurodegenerative condition that affects cognition, daily functioning, and behavior. It develops along a continuum, starting from a preclinical phase, progressing to mild cognitive and or behavioral impairment, and eventually leading to Alzheimer's disease dementia. In recent years, there has been an increasing emphasis on diagnosing Alzheimer's earlier, before it advances to the stage of dementia.

Early and accurate detection of Alzheimer's-related symptoms and their underlying pathology is crucial for effective screening, diagnosis, and management. It also allows patients and their caregivers to plan and adopt lifestyle changes that may help preserve their quality of life for longer.

However, identifying Alzheimer's in its early stages is challenging, in particular in clinical practice, due to several barriers. These include time constraints for clinicians, the difficulty of accurately diagnosing Alzheimer's pathology, and the tendency for both patients and healthcare providers to attribute early symptoms to normal aging. There are still significant gaps in the early detection of Alzheimer's, particularly when symptoms are subtle and resemble typical aging processes<sup>1</sup>. On average, Alzheimer's is diagnosed 2-3 years after the onset of symptoms, often only when the disease is in its advanced stages<sup>2,3</sup>. Additionally, more than 50% of patients with dementia remain undiagnosed<sup>4,5</sup>.

The biological mechanisms underlying Alzheimer's are also complex. Studies have shown that nearly one-third of people clinically diagnosed with Alzheimer's disease do not have amyloid plaques, a key neuropathological marker of the disease<sup>6,7</sup>. This raises questions about the role of amyloid plaques in the definition, cause, and diagnosis of Alzheimer's<sup>8</sup>.

As the prevalence of Alzheimer's continues to rise, the current model for diagnosing and managing patients will need to evolve. It is essential to integrate care across different clinical disciplines, starting with primary care, to effectively address the disease across its continuum<sup>1</sup>.

## The pathology of Alzheimer's disease

In Alzheimer's disease (AD), changes in the brain can begin long before symptoms are noticeable<sup>9,10</sup>, with pathophysiological alterations potentially occurring up to 20 years before clinical signs emerge. Amyloid-beta ( $A\beta$ ), a peptide normally present in the brain, even though its role is not fully understood<sup>11</sup>, is thought to play a role in supporting neuron growth, enhancing memory, and protecting against aging and injury<sup>12</sup>.



However, when there is an imbalance between its production and clearance,  $A\beta$  accumulates abnormally, contributing to the development of dementia<sup>13,14</sup>.

Tau, another crucial protein in the brain, helps maintain the structure of neurons and regulates their function. In AD, an abnormal form of tau (hyperphosphorylated tau) accumulates and forms neurofibrillary tangles—thread-like structures that the cell's usual mechanisms for clearing debris cannot eliminate. This build-up disrupts the brain's microtubule "superhighway," impairing neuron function<sup>15</sup>. These tau-related changes may occur 10 to 15 years before clinical symptoms appear<sup>16</sup>.

The combined abnormal accumulation of amyloid and tau proteins can lead to synaptic loss and neuronal death, which eventually result in cognitive decline and, ultimately, dementia<sup>17, 18</sup>.

## Can we detect dementia before the warning signs are evident?

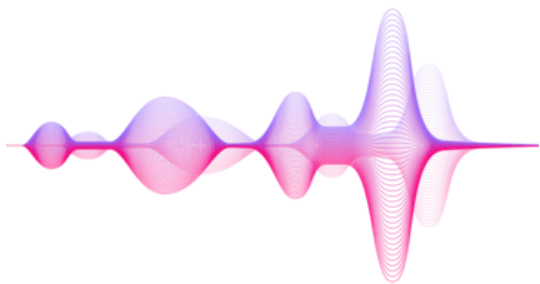
Historically, Alzheimer's disease (AD) has been diagnosed through a process of exclusion, often only in the later stages when symptoms are more pronounced<sup>19</sup>. However, the disease can progress over many years, taking a significant toll on patients, caregivers, and the healthcare system<sup>20</sup>. Since the neuropathological features of AD can be detected decades before symptoms arise, biomarkers that reflect this underlying pathology offer a valuable opportunity for early identification of those at greatest risk.

Biomarkers are measurable indicators of biological processes in the body and can be found in blood, fluids, organs, or tissues. Recently, the U.S. Food and Drug Administration (FDA) issued guidelines supporting the use of biomarkers in the early identification of AD<sup>21</sup>. The National Institute on Aging—Alzheimer's Association (NIA-AA) has also developed a research framework that highlights the role of biomarkers in diagnosing AD in vivo and tracking disease progression<sup>18</sup>.

Important biomarker data can be collected through imaging techniques like computerized tomography (CT), magnetic resonance imaging (MRI), and positron emission tomography (PET), as well as from fluid biomarker tests such as cerebrospinal fluid (CSF) analysis<sup>23</sup>. Despite promising findings from clinical trials, the use and reimbursement of imaging and fluid biomarkers for diagnosing AD vary significantly across different countries<sup>24</sup>.

Research continues to expand the range of diagnostic tests available, and recent advances in blood-based biomarkers offer exciting possibilities. These blood tests could make it easier to identify patients at risk for AD and monitor their disease progression, helping to overcome the current limitations and capacity challenges associated with imaging<sup>22</sup> and fluid-based diagnostics.

## Leading indicators of cognitive stability and or cognitive decline



Imagine a future where we can identify early indicators of cognitive stability or decline from the comfort of our own homes—non-invasively and in real-time—without the need for complex imaging scans or body fluid samples. This could be possible through cognitive assessments and voice biomarkers, which are emerging as promising tools for detecting subtle signs of cognitive change.

Dr. Rittman and his team utilized data from the UK Biobank, involving over 500,000 participants, to study early cognitive signs of Alzheimer's disease. Their analysis revealed that individuals who later developed Alzheimer's scored lower on tests related to problem-solving, reaction times, memory, and prospective planning years before receiving a diagnosis<sup>25</sup>.

Recent advances in natural language processing (NLP), speech recognition, and machine learning (ML) are unlocking the potential to measure linguistic and acoustic changes that were once difficult to detect. In Alzheimer's disease, subtle changes in voice and language—such as reduced verbal fluency, increased hesitation, slower speech, and difficulty finding words—can be identified long before more obvious symptoms emerge<sup>26</sup>. These early signs may also include the use of filler sounds, semantic errors, incoherent speech, and altered pitch or rhythm<sup>27</sup>. The ability to detect these vocal biomarkers years before severe symptoms of cognitive decline could transform how we diagnose and monitor Alzheimer's disease, offering a window into cognitive health well in advance of traditional diagnostic methods.



# Stages of the Disease

Alzheimer's disease progresses in seven stages, each reflecting a worsening of cognitive and functional abilities as the brain deteriorates over time. Understanding these stages helps caregivers and healthcare providers prepare for the challenges ahead and adjust care strategies to meet the needs of individuals with Alzheimer's. Here is a detailed breakdown of the seven stages:

## Stage 1: No Impairment (Normal Function)

At this stage, individuals do not show any signs of memory loss or cognitive decline. They function normally in daily life, and there are no detectable symptoms of Alzheimer's. This stage is considered preclinical, as brain changes associated with Alzheimer's—such as the buildup of amyloid plaques—may already be occurring, but they are not yet affecting cognitive abilities.

- **Key Features:** No memory problems or symptoms of dementia.
- **Clinical Diagnosis:** Not diagnosed as Alzheimer's disease.

## Stage 2: Very Mild Cognitive Decline (Age-Associated Memory Impairment)

In this stage, individuals may experience slight memory lapses that are often mistaken for normal age-related changes, such as forgetting familiar words or misplacing objects. The symptoms are typically so subtle that they do not interfere with work or social life, and they are not easily detectable by doctors or loved ones.

- **Key Features:** Minor memory lapses, such as forgetting recent events or where things were placed.
- **Clinical Diagnosis:** Still not diagnosed as Alzheimer's disease.

## Stage 3: Mild Cognitive Decline (Early-Stage Alzheimer's)

During this stage, family members and close friends may begin to notice cognitive changes. Individuals may start having trouble with more complex tasks, such as planning or organizing, and they may struggle with work performance. Forgetfulness becomes more frequent, particularly of newly learned information, and there may be increasing difficulty in social or work situations.

- **Key Features:** Difficulty with planning, organizing, remembering recent events, misplacing objects, noticeable lapses in judgment, and a decline in work performance.
- **Clinical Diagnosis:** Possible early-stage Alzheimer's.

## Stage 4: Moderate Cognitive Decline (Mild Alzheimer's Disease)

At this stage, the symptoms of Alzheimer's become more pronounced. Individuals may have greater difficulty with tasks that require planning, such as managing finances or traveling to new places. They may also forget details about their own history, have trouble with recent memory, and experience mood changes such as withdrawal from social activities.

- **Key Features:** Forgetfulness of recent events, difficulty with complex tasks (e.g., managing finances), withdrawal from social situations, and trouble recalling personal history.
- **Clinical Diagnosis:** Mild Alzheimer's disease.

## Stage 5: Moderately Severe Cognitive Decline (Moderate Alzheimer's Disease)

In this stage, memory problems and cognitive decline are significant enough to interfere with daily life. Individuals may require help with activities of daily living (ADLs), such as dressing and grooming, and may be confused about where they are or the time. They often cannot recall their address, phone number, or details about their own life. However, they may still remember important aspects of themselves, such as their name and close family members.

- **Key Features:** Inability to recall personal information (e.g., phone number), confusion about time and place, difficulty choosing proper clothing, and increased need for help with daily tasks.
- **Clinical Diagnosis:** Moderate Alzheimer's disease.

## Stage 6: Severe Cognitive Decline (Moderately Severe or Mid-Stage Alzheimer's Disease)

As Alzheimer's progresses into this stage, individuals require extensive help with daily activities and personal care. Memory continues to worsen, and they may forget the names of close family members or have trouble recognizing familiar faces. They may experience significant changes in behavior, such as delusions, compulsive behavior, or wandering. The ability to communicate becomes increasingly limited, and individuals may lose control of bladder and bowel functions.

- **Key Features:** Forgetting names of loved ones, significant changes in personality and behavior, inability to perform tasks independently, incontinence, and increased need for assistance.
- **Clinical Diagnosis:** Severe Alzheimer's disease.

## Stage 7: Very Severe Cognitive Decline (Late-Stage Alzheimer's Disease)

In the final stage, individuals lose the ability to communicate coherently and require full-time care. They may lose the ability to walk, sit without assistance, or even smile. Reflexes become abnormal, muscles become rigid, and swallowing is impaired. Individuals in this stage are vulnerable to infections, such as pneumonia, due to immobility and weakened health.

- **Key Features:** Loss of speech, inability to control movement, need for around-the-clock care, difficulty swallowing, and risk of infection.
- **Clinical Diagnosis:** Late-stage Alzheimer's disease, terminal.



Alzheimer's disease is a progressive condition, with each stage representing a decline in cognitive and functional abilities. Early detection and intervention can help manage symptoms, but as the disease advances, individuals require more support and care. Understanding the progression of Alzheimer's helps caregivers and healthcare providers prepare for the evolving needs of patients throughout the course of the disease.

# Brain Mapping

Thanks to a consortium of researchers, we now have comprehensive brain charts that map the volumetric dimensions of the brain throughout the human lifespan<sup>28</sup>. These charts reveal that, as we age, both gray matter and white matter shrink at an average rate of about 5% per decade after age 40<sup>29</sup>. In Alzheimer's disease, however, this brain shrinkage is much more pronounced. Studies indicate that individuals with Alzheimer's experience a brain volume reduction of 1-3% per year<sup>30</sup>, a rate that accelerates as the disease progresses.

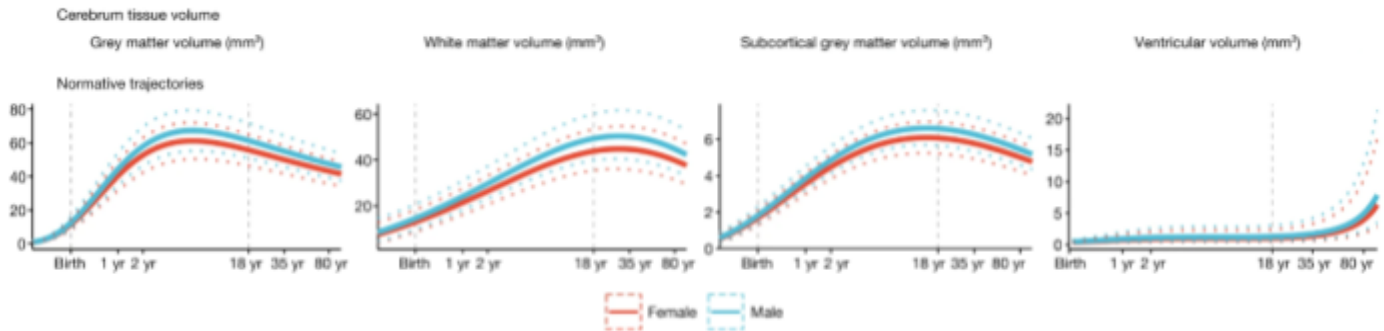
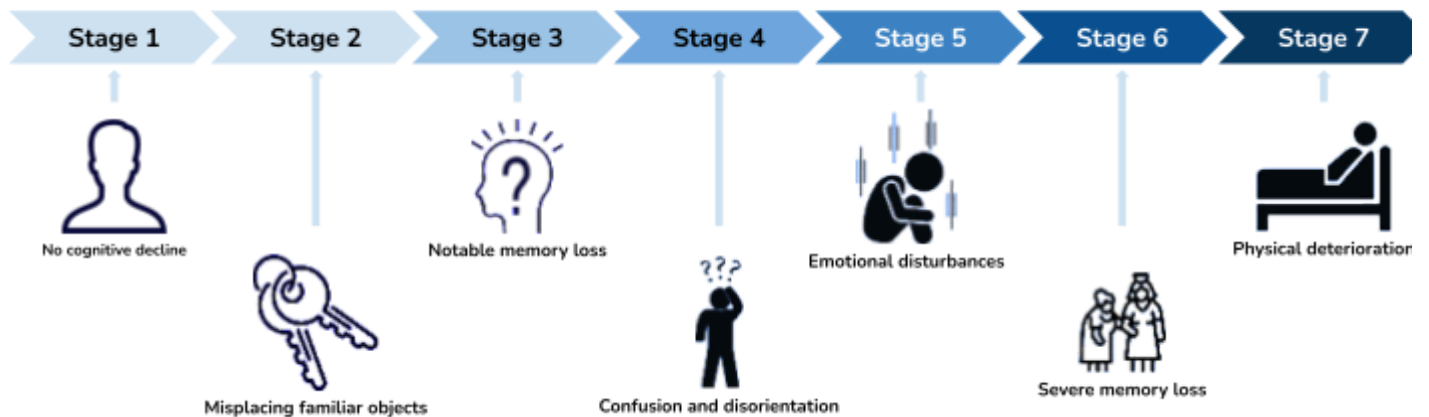
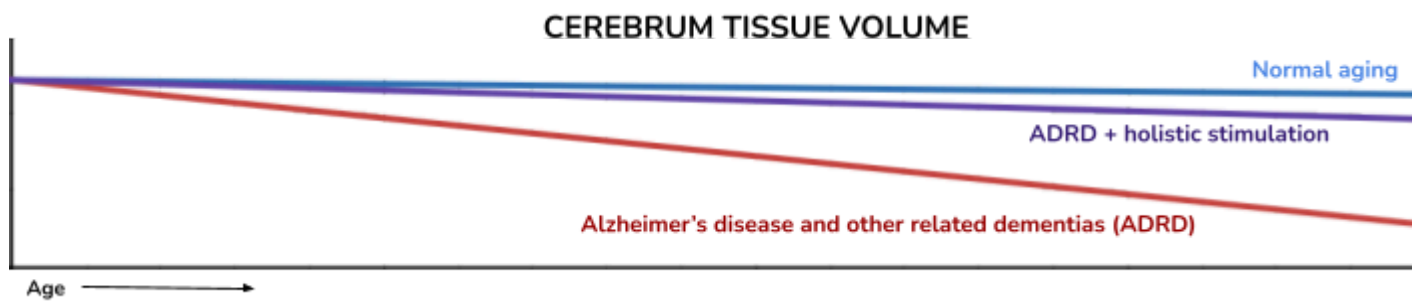


Figure from the project: Brain charts for the human lifespan.

If we examine how the brain of an Alzheimer's patient changes over time and compare it to the stages of the disease, the decline in brain volume aligns with the worsening of symptoms and cognitive impairment. However, there is promising evidence that a holistic approach to cognitive stimulation—such as engaging in mental<sup>31, 32</sup>, physical<sup>33, 34</sup>, and social activities<sup>35</sup>—can significantly slow the rate of brain decline. This approach has been shown to preserve brain function and structure longer than in patients who do not engage in these interventions. When represented visually, this effect is often illustrated by a separate curve, shown in purple, indicating how **holistic stimulation** can slow brain shrinkage and preserve cognitive abilities for a longer period.



Similarly, research has demonstrated a profound connection between dietary choices and brain health<sup>36</sup>. A balanced diet, rich in nutrients like antioxidants, omega-3 fatty acids, and vitamins, has been linked to improved mental well-being and enhanced cognitive function. Studies suggest that individuals who follow diets such as the Mediterranean or DASH diet not only perform better on cognitive tests but also tend to have higher amounts of gray matter in their brains. These diets emphasize whole grains, fruits, vegetables, lean proteins, and healthy fats, which are believed to support neuroplasticity, reduce inflammation, and protect against neurodegeneration, contributing to better long-term brain health.

# The Compounding Effect of Cognitive Decline on Health

Cognitive decline has a profound and compounding effect on overall health, exacerbating physical and functional impairments and contributing to poorer health outcomes. Individuals experiencing cognitive decline often show diminished physical abilities<sup>37</sup>, such as slower gait speed and reduced mobility, which can lead to mobility disability and an increased risk of frailty<sup>38</sup>. This combination of cognitive and physical deterioration sets the stage for a vicious cycle of declining health.

Patients with Alzheimer's and other forms of dementia also have a higher prevalence of chronic conditions, including hypertension, diabetes, and chronic obstructive pulmonary disease (COPD), compared to the general population<sup>39-42</sup>. Managing these chronic conditions becomes more challenging as cognitive function worsens, often leading to exacerbations, complications, and increased utilization of healthcare services. These patients are more likely to experience costly healthcare events, such as emergency department visits, hospitalizations, and extended stays in post-acute care facilities like skilled nursing homes. This increased need for care further drives healthcare costs, particularly in the elderly population.

Polypharmacy, the use of multiple medications, is common among older adults, especially those with cognitive decline. The risks associated with polypharmacy are significant, including drug-drug and drug-disease interactions, which can worsen existing conditions and even create new comorbidities. This vicious cycle of adding more medications leads to greater frailty, reduced strength, increased dependence on others, and ultimately higher morbidity and mortality<sup>43</sup>. An Italian multicenter cohort study highlighted this issue by examining older adults with mild cognitive impairment (MCI) over the course of a year. The study found that participants who took more than three medications per day had six times the risk of developing dementia compared to those taking fewer than three drugs per day<sup>44</sup>.



To break this cycle, it is essential to adopt lifestyle changes that promote activity, strength, and a reduction in unnecessary medications. These efforts are crucial for maintaining quality of life, reducing the burden of chronic diseases, and mitigating the impact of cognitive decline on overall health.

## How CareLink360<sup>®</sup> Can Help

As our loved ones age, their care needs naturally evolve, often requiring varying levels of support throughout the aging journey. From maintaining independence at home to transitioning through assisted living, rehabilitation, or memory care settings, ensuring continuity in care is essential for their well-being. The CareLink360 Digital Health Companion<sup>®</sup> (DHC) is designed to be a steadfast partner throughout this journey, offering personalized support, comfort, and companionship while keeping your loved ones connected, engaged, and cared for.

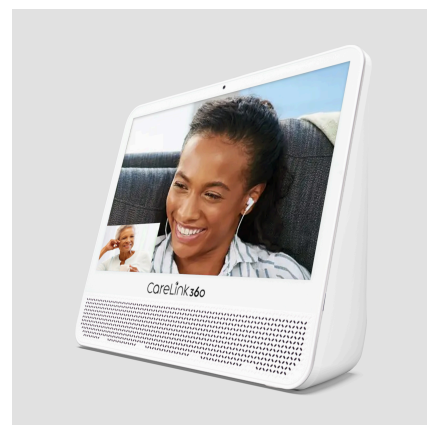
The DHC adapts seamlessly to the changing needs of older adults. It supports independent living by providing reminders for daily tasks, calming interventions, and cognitive activities, empowering them to maintain autonomy. As the transition to assisted living or rehabilitation becomes necessary, the DHC continues to provide personalized support and companionship, helping ease the shift to new environments. During recovery in rehabilitation centers and after returning home, it offers continuity of care, ensuring that emotional and cognitive health are prioritized.

When memory care is required, the DHC plays a critical role in facilitating a smooth transition, helping to alleviate anxiety while offering familiar routines and supportive interventions. If hospice care becomes necessary, the DHC remains a source of comfort, providing emotional and psychological support during this sensitive time.

Through every phase of aging, the CareLink360 DHC offers personalized interventions, bringing peace of mind to both loved ones and caregivers. By delivering reliable, tailored care, the DHC is committed to being a constant source of connection and well-being. Next, we will outline the key features and services offered by the CareLink360 Digital Health Companion<sup>®</sup>.

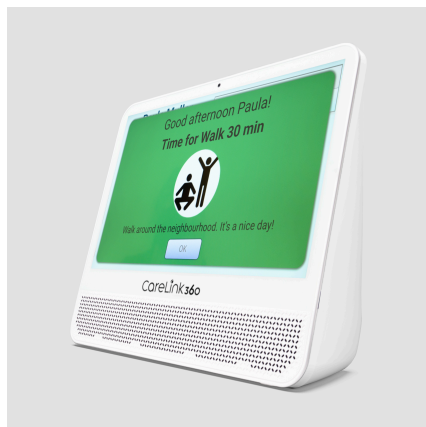
### Social Nutrition<sup>™</sup>

Social Nutrition<sup>™</sup> refers to the practice of fulfilling emotional and psychological needs through virtual interactions, such as Virtual Social Therapy<sup>®</sup> (video chats), sharing pictures, and family videos. This concept emphasizes the importance of maintaining strong social connections, particularly in situations where in-person interactions may be limited, such as with older adults, individuals with cognitive impairments, or those in remote locations. Social nutrition functions like emotional nourishment, using digital tools to provide companionship, comfort, and engagement.



By fostering a sense of connection and belonging, social nutrition can enhance mental well-being, reduce feelings of isolation and loneliness, improve health and wellness, and enhance the overall quality of life.

## Health and Well-Being Reminders



Health and Well-Being Reminders are tools designed to assist caregivers in supporting individuals, especially those living with dementia through non-intrusive, yet effective, prompts and check-ins. These reminders can include medication reminders and alerts, safety precautions, and well-being checkups that use simple YES/NO questions to gauge the care recipient's emotional and physical state. For instance, a response with a Sad Face to the question, "How is your morning?" may indicate that the individual had a difficult start to the day, possibly from oversleeping or a disrupted routine.

Safety reminders, such as advising the care recipient not to go outside during adverse weather—e.g., "Do not go outside to pick up the newspaper"—will ensure their well-being without requiring constant physical monitoring. Additionally, YES/NO questions for daily activities, like "Do you want to go to the gym after lunch?" serve both as reminders and as a way to give the individual a sense of autonomy and choice. These tools help caregivers maintain a balance between ensuring safety and promoting independence while providing meaningful support tailored to the person's day-to-day needs.

## Brain Fitness Tools

Brain Fitness Tools are a diverse collection of cognitive activities designed to support mental engagement and well-being, particularly for individuals in memory care. These tools range from simple, soothing, and stimulating exercises to more advanced activities aimed at enhancing cognitive functions like working memory, processing speed, and attention. In memory care settings, brain fitness tools are carefully crafted to provide frustration-free engagement, making them accessible even to non-verbal individuals, while offering a way to alleviate anxiety and redirect focus.



These tools not only help stimulate cognitive function but also provide opportunities for intergenerational engagement, allowing family members to interact with loved ones in meaningful ways. When utilizing more advanced cognitive exercises, caregivers can track the individual's cognitive performance, observing trends of stability or decline over time. This makes brain fitness tools not only beneficial for daily mental



stimulation but also valuable for monitoring cognitive health, supporting long-term care plans, and fostering shared decision-making between a patient, caregiver, and healthcare professional.

## Video Library

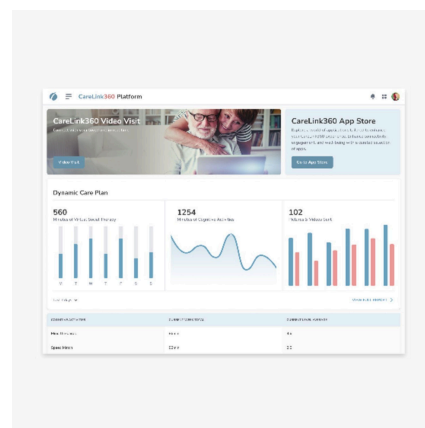


Video Library is a personalized collection of videos designed to bring joy and comfort to individuals, particularly those living with mild cognitive impairment (MCI) and or dementia. This library includes a variety of content, such as sing-along sessions, spiritual hymns, virtual tours, music from their era, and even educational content like language lessons. These videos offer a unique opportunity for individuals to reminisce, reconnect with fond memories, and engage in activities they love, such as enjoying familiar music or virtually visiting places they once cherished.

For individuals with MCI or dementia, the video library can be scheduled or remotely activated through a companion app, allowing family caregivers to easily bring moments of happiness to their loved ones. Whether it's revisiting beloved places or listening to favorite songs, this tool provides a simple yet powerful way to enhance emotional well-being and create positive experiences.

## Family Manager Portal

The Family Manager Portal is an intuitive dashboard that allows family members to monitor and review their loved one's interactions and activities through the Digital Health Companion (DHC). The portal provides detailed usage reports, tracking various aspects of social nutrition, including Virtual Social Therapies (video chats), shared pictures, and videos. It also logs the types of reminders acknowledged (e.g., medication, safety, or well-being), including the time to acknowledge.



Additionally, the portal offers insights into cognitive activity engagement, such as the types of activities completed, their difficulty levels, and the amount of time spent on each. Family members can also see which videos from the personalized video library were watched and for how long, helping to understand what content brings the most joy and engagement to their loved ones.

Reports can be viewed in several formats: weekly summaries, specific date ranges, on a 12-month rolling basis, or across a lifetime. This tool allows families to stay informed about their loved one's daily routines, mental and emotional well-being, and cognitive health, all in a clear and accessible way.

## Facility Administrator Portal

The Facility Administrator Portal is a comprehensive management tool designed for senior living operators and managers to effectively oversee all aspects of the Digital Health Companions (DHCs) within their communities. This portal provides a user-friendly interface that enables administrators to configure and assign DHC devices to individual residents, ensuring that each person has access to tailored support.

Administrators can link family members to their loved ones' DHCs, fostering enhanced communication and engagement between families and residents. The portal also allows for the scheduling of reminders and activities, ensuring that residents receive timely and relevant support.

In addition, facility managers can import videos into the video libraries, curating content that aligns with the interests and preferences of the residents. The portal also provides tools to review usage data, enabling administrators to monitor engagement levels and track the effectiveness of various interventions.

With these capabilities, the Facility Administrator Portal gives senior living operators full control over their DHCs, allowing them to enhance the care experience for residents and facilitate better connections with their families.



With all these tools, we can support aging through a holistic approach that promotes overall well-being. Holistic stimulation encompasses a combination of social nutrition, health and wellness reminders, brain fitness tools, and a rich library of enriching, entertaining, and educational content. Social connections are fostered through interactive features that help combat loneliness and keep older adults engaged with loved ones. Tailored health and wellbeing reminders ensure that medications, hydration, and daily routines are maintained, while brain fitness tools stimulate cognitive function and help slow cognitive decline. Additionally, access to a diverse library of content—including music, videos, and educational resources—keeps the mind active, offering fulfillment and enhancing the quality of life as individuals age gracefully.

## Conclusion

In conclusion, the early detection of dementia offers far more than just an opportunity for planning and decision-making—it holds the potential to significantly extend and enhance quality of life. By identifying cognitive decline in its early stages, individuals and their caregivers can make informed choices about lifestyle changes, interventions, and treatments that may slow the progression of the disease. Early detection enables a proactive approach, allowing for the introduction of cognitive stimulation, dietary adjustments, and holistic care that can preserve cognitive function and independence for longer periods.

The CareLink360 Digital Health Companion® (DHC) is uniquely positioned to support this journey through its holistic approach to aging. By offering personalized interventions that adapt to the evolving needs of individuals with dementia, the DHC provides continuous support at every stage—from helping maintain independence at home to easing transitions into care settings and offering comfort and companionship during the most challenging phases. Through tools such as brain fitness exercises, social and nutritional reminders, and a library of enriching content, CareLink360® promotes mental, emotional, and physical well-being. Ultimately, this holistic and adaptive care can help prolong a fulfilling, connected life, even in the face of cognitive decline.

## References

1. Porsteinsson AP, Isaacson RS, Knox S, et al. Diagnosis of early Alzheimer's disease: clinical practice in 2021. *J Prev Alzheimers Dis.* 2021;8:371-386.
2. Sabbagh MN, Lue LL, Fayard D, et al. Increasing precision of clinical diagnosis of Alzheimer's disease using a combined algorithm incorporating clinical and novel biomarker data. *Neurol Ther.* 2017;6(supp1):S83-S95.
3. Boise L, Morgan DL, Kaye J, et al. Delays in the diagnosis of dementia: perspectives of family caregivers. *Am J Alzheimers Dis Other Dement.* 1999;14(1):20-26.
4. Lang K, Clifford A, Wei L, et al. Prevalence and determinants of undetected dementia in the community: a systematic literature review and a meta-analysis. *BMJ Open.* 2017;7(2):e011146. doi:10.1136/bmjopen-2016-011146
5. Boustani M, Peterson B, Hanson L, et al; U.S. Preventive Services Task Force. Screening for dementia in primary care: a summary of the evidence for the U.S. Preventive Services Task Force. *Ann Intern Med.* 2003;138(11):927-937.
6. Monsell SE, Kukull WA, Roher AE, et al. Characterizing Apolipoprotein E  $\epsilon$ 4 Carriers and Noncarriers With the Clinical Diagnosis of Mild to Moderate Alzheimer Dementia and Minimal  $\beta$ -Amyloid Peptide Plaques. *JAMA Neurol.* 2015;72(10):1124-1131. doi:10.1001/jamaneurol.2015.1721
7. <https://www.alzforum.org/news/research-news/when-theres-no-amyloid-its-not-alzheimers>
8. Morris GP, Clark IA, Vissel B. Questions concerning the role of amyloid- $\beta$  in the definition, aetiology and diagnosis of Alzheimer's disease. *Acta Neuropathol.* 2018 Nov;136(5):663-689. doi: 10.1007/s00401-018-1918-8. Epub 2018 Oct 22. PMID: 30349969; PMCID: PMC6208728.
9. Mattsson-Carlsson N, Andersson E, Janelidze S, et al. A $\beta$  deposition is associated with increases in soluble and phosphorylated tau that precede a positive Tau PET in Alzheimer's disease. *Sci Adv.* 2020;6(16):1-13.
10. Aisen PS, Cummings J, Jack CR Jr, et al. On the path to 2025: understanding the Alzheimer's disease continuum. *Alzheimers Res Ther.* 2017;9(1):60.
11. <https://www.sciencedirect.com/topics/neuroscience/beta-amyloid>
12. Morley, J.E., Farr, S.A., Nguyen, A.D. et al. What is the Physiological Function of Amyloid-Beta Protein? *J Nutr Health Aging* 23, 225-226 (2019). <https://doi.org/10.1007/s12603-019-1162-5>
13. Selkoe DJ, Hardy J. The amyloid hypothesis of Alzheimer's disease at 25 years. *EMBO Mol Med.* 2016;8(6):595-608.
14. Mawuenyega KG, Sigurdson W, Ovod V, et al. Decreased clearance of CNS beta-amyloid in Alzheimer's disease. *Science.* 2010;330(6012):1774.
15. <https://www.brightfocus.org/alzheimers/article/tau-protein-and-alzheimers-disease-whats-connecti-on>
16. Tosun D, Landau S, Aisen PS, et al. Association between tau deposition and antecedent amyloid- $\beta$  accumulation rates in normal and early symptomatic individuals. *Brain.* 2017;140(5):1499-1512.

17. Aisen PS, Cummings J, Jack CR Jr, et al. On the path to 2025: understanding the Alzheimer's disease continuum. *Alzheimers Res Ther.* 2017;9(1):60.
18. Jack CR Jr, Bennett DA, Blennow K, et al. NIA-AA Research Framework: toward a biological definition of Alzheimer's disease. *Alzheimers Dement.* 2018;14(4):535-562.
19. Sabbagh MN, Lue L-F, Fayard D, Shi J. Increasing precision of clinical diagnosis of Alzheimer's disease using a combined algorithm incorporating clinical and novel biomarker data. *Neurol Ther* 2017;6:83-95.
20. Balasa M, Gelpi E, Antonell A, et al. Clinical features and APOE genotype of pathologically proven early-onset Alzheimer disease. *Neurology* 2011;76:1720-5.
21. <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/alzheimers-disease-developing-drugs-treatment-guidance-industry>
22. Liu JL, Hlavka JP, Hillestad R, Mattke S. Assessing the preparedness of the U.S. Health Care System infrastructure for an Alzheimer's treatment 2017. [https://www.rand.org/pubs/research\\_reports/RR2272.html](https://www.rand.org/pubs/research_reports/RR2272.html)
23. <https://www.nia.nih.gov/health/alzheimers-symptoms-and-diagnosis/how-biomarkers-help-diagnose-dementia>
24. Frisoni GB, Boccardi M, Barkhof F, et al. Strategic roadmap for an early diagnosis of Alzheimer's disease based on biomarkers. *Lancet Neurol* 2017;16:661-76.
25. Swaddiwudhipong N, Whiteside DJ, Hezemans FH, Street D, Rowe JB, Rittman T. Pre-diagnostic cognitive and functional impairment in multiple sporadic neurodegenerative diseases. *Alzheimer's Dement.* 2023; 19: 1752-1763. <https://doi.org/10.1002/alz.12802>
26. Ahmed S, Haigh AM, de Jager CA, Garrard P. Connected speech as a marker of disease progression in autopsy-proven Alzheimer's disease. *Brain.* 2013 Dec;136((Pt 12)):3727-37.
27. Reilly J, Peelle JE, Antonucci SM, Grossman M. Anomia as a marker of distinct semantic memory impairments in Alzheimer's disease and semantic dementia. *Neuropsychology.* 2011 Jul;25((4)):413-26.
28. Bethlehem, R.A.I., Seidlitz, J., White, S.R. et al. Brain charts for the human lifespan. *Nature* 604, 525-533 (2022). <https://doi.org/10.1038/s41586-022-04554-y>
29. Markov, N. T., Lindbergh, C. A., Staffaroni, A. M., Perez, K., Stevens, M., Nguyen, K., Murad, N. F., Fonseca, C., Campisi, J., Kramer, J., & Furman, D. (2022). Age-related brain atrophy is not a homogenous process: Different functional brain networks associate differentially with aging and blood factors. *Proceedings of the National Academy of Sciences*, 119(49), e2207181119. <https://doi.org/10.1073/pnas.2207181119>
30. Sluimer, J. D., H. Vrenken, M. A. Blankenstein, N. C. Fox, P. Scheltens, F. Barkhof, and W. M. van der Flier. "Whole-Brain Atrophy Rate in Alzheimer Disease." *Neurology* 70, no. 19\_part\_2 (May 6, 2008): 1836-41. <https://doi.org/10.1212/01.wnl.0000311446.61861.e3>.
31. Draganski B, Gaser C, Kempermann G, Kuhn HG, Winkler J, Buchel C, May A. Temporal and spatial dynamics of brain structure changes during extensive learning. *Journal of Neuroscience.* 2006;26:6314-6317.

32. Ilg R, Wohlschlagel AM, Gaser C, Liebau Y, Dauner R, Woller A, Zimmer C, Zihl J, Muhlau M. Gray matter increase induced by practice correlates with task-specific activation: A combined functional and morphometric magnetic resonance Imaging study. *Journal of Neuroscience*. 2008;28:4210–4215.
33. Draganski B, Gaser C, Busch V, Schuierer G, Bogdahn U, May A. Changes in Grey Matter Induced By Training. *Nature*. 2004;427:311–312.
34. Colcombe SJ, Erickson KI, Scalf PE, Kim JS, Prakash R, McAuley E, Elavsky S, Marquez DX, Hu L, Kramer AF. Aerobic exercise training increases brain volume in aging humans. *Journals of Gerontology Series A - Biological Sciences and Medical Sciences*. 2006;61:1166–1170.
35. Felix C, Rosano C, Zhu X, Flatt JD, Rosso AL. Greater Social Engagement and Greater Gray Matter Microstructural Integrity in Brain Regions Relevant to Dementia. *J Gerontol B Psychol Sci Soc Sci*. 2021 Jun 14;76(6):1027-1035. doi: 10.1093/geronb/gbaa173. PMID: 33219690; PMCID: PMC8200358.
36. Ruohan Zhang, Bei Zhang, Chun Shen, Barbara J. Sahakian, Zeyu Li, Wei Zhang, Yujie Zhao, Yuzhu Li, Jianfeng Feng, Wei Cheng. Associations of dietary patterns with brain health from behavioral, neuroimaging, biochemical and genetic analyses. *Nature Mental Health*, 2024; DOI: 10.1038/s44220-024-00226-0
37. Gray M, Gills JL, Glenn JM, Vincenzo JL, Walter CS, Madero EN, Hall A, Fuseya N, Bott NT. Cognitive decline negatively impacts physical function. *Exp Gerontol*. 2021 Jan;143:111164. doi: 10.1016/j.exger.2020.111164. Epub 2020 Nov 21. PMID: 33232795; PMCID: PMC9134126.
38. Kulmala J, Nykänen I, Mänty M, Hartikainen S. Association between frailty and dementia: a population-based study. *Gerontology*. 2014;60(1):16-21. doi: 10.1159/000353859. Epub 2013 Aug 17. PMID: 23970189.
39. Phelan EA, Borson S, Grothaus L, Balch S, Larson EB. Association of incident dementia with hospitalizations. *JAMA*. 2012;307(2):165-172. doi: 10.1001/jama.2011.1964.
40. Bynum JPW, Rabins PV, Weller W, Niefeld M, Anderson GF, Wu AW. The relationship between a dementia diagnosis, chronic illness, Medicare expenditures, and hospital use. *J Am Geriatr Soc*. 2004;52(2):187-194. doi: 10.1111/j.1532-5415.2004.52054.x.
41. Zhao Y, Kuo TC, Weir S, Kramer MS, Ash AS. Healthcare costs and utilization for Medicare beneficiaries with Alzheimer's. *BMC Health Serv Res*. 2008;8:108. doi: 10.1186/1472-6963-8-108.
42. Suehs BT, Davis CD, Alvir J, et al. The clinical and economic burden of newly diagnosed Alzheimer's disease in a Medicare Advantage population. *Am J Alzheimers Dis Other Demen*. 2013;28(4):384-392. doi: 10.1177/1533317513488911.
43. Chippa V, Roy K. Geriatric Cognitive Decline and Polypharmacy. [Updated 2023 Apr 16]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK574575/>
44. Trevisan C, Limongi F, Siviero P, Noale M, Cignarella A, Manzato E, Sergi G, Maggi S. Mild polypharmacy and MCI progression in older adults: the mediation effect of drug-drug interactions. *Aging Clin Exp Res*. 2021 Jan;33(1):49-56.

## About the Author

**Paula Muller, Ph.D.** Founder & Chief Product Officer of CareLink360®

Paula has a lifelong passion for technology applied to healthcare. She got her M.S. in Biomedical Engineering in Chile working with the blind, later in Switzerland, she analyzed EEGs to prevent epileptic seizures, followed by her Ph.D. and Post-doc work at Rutgers with Parkinson's patients, and later at Authentidate with Telehealth products and services.

Paula has been certified in Individual Cognitive Stimulation Therapy (iCST), a Dementia Sales Advisor (DSA-NC), a Dementia Care Certified (CDC), a Certified Alzheimer's Disease & Dementia Care Training (CADDCT), and a Certified Dementia Practitioner (CDP), and volunteers as a bilingual Community Educator and support group facilitator for the Alzheimer's Association.

The concept of CareLink360® evolved from her professional background and her strong commitment to family relations and lifetime connections. CareLink360® was created to keep those aging in place and their families connected and closer together.

## About CareLink360®

At **CareLink360®**, our mission is to **Change The Way The World Ages** by being the global leader in assisting aging adults, their caregivers, families, and extended care teams with solutions, and our ecosystem supporting and enhancing the aging journey; even for those experiencing cognitive decline. We also work with and help our customers and partners to deliver high-quality, person-and-patient-centered care across the care continuum; through our integrated, patented, and easy-to-use Digital Health Companion™. We strive to mitigate the global epidemic of isolation and loneliness affecting people of all ages, races, genders, and socioeconomic backgrounds.

To learn more, please visit [mycarelink360.com](https://mycarelink360.com)