Transcript

January 9, 2026, 6:05PM

Katie Caviness-Crolley 0:03
Welcome to Medicine Made General, a podcast for patients brought to you by the Johns Hopkins Division of General Internal Medicine. I'm Katie Cavness-Crolley, and I'm here with my co-host, Dr. Bimal Ashar. Hi, Bimal.

Bimal Ashar 0:19
Hi, Katie. Happy New Year. This is our first podcast of the 2026 year, so I hope you had a very restful holiday. Katie, today we're really thrilled to have Doctor Ravi Gupta, who's an Assistant Professor of Medicine in the Division of General Internal Medicine and Ravi has actually does a lot of different work, a lot of different types of work on different parts of the health care system. And one of his areas of passion is aging, particularly for caring for patients with Alzheimer's disease.
and other dementias. But he also, just for kind of some context, also does work on drugs and and FDA regulation, on social determinants of health, on on payment models for insurance payments models,
Specifically around Medicare, Medicaid and Medicare Advantage. So you know, he does a lot of different things and we're thrilled that he was ready to take the time to come here. So thank you, Ravi, for for doing this.

Ravi Gupta 1:30
Thank you for having me, I really appreciate it.

Katie Caviness-Crolley 1:33
Yeah, we really appreciate you taking the time, especially with it being the first of the year – busy time. But let's go ahead and get started with these questions. So just to start us off, what do doctors mean when they use the word dementia? And if I can add a second question, how is it different from normal aging?

Ravi Gupta 1:52
Yeah, it's a good question. And when people hear the word dementia, I think it brings up a lot of different ideas and preconceived notions, but generally when doctors use the word dementia.

They're talking specifically about two aspects of how we live our lives. The 1st is that someone who may have dementia has a decline in cognition, so various aspects of their thinking or memory.
That is significant enough to interfere with their independent daily functioning as well. So dementia specifically is the combination of cognitive decline as well as functional decline, and it's best understood as a syndrome rather than a single disease that can have multiple potential causes.
And there's there's a key distinction between normal aging and dementia. People may be very concerned when they start to lose their keys or, you know, they're they have difficult. They've just misplacing items, trying to think about where to to find them.

RG **Ravi Gupta** 3:01
They're forgetting names. I often see this in clinic as well when patients come and they say, well, I've started to forget a bit more when someone introduces themselves or, you know, someone I've met once before. Or sometimes patients will say it takes them a little bit longer to remember certain information.
That is all normal aging. When we talk about dementia, we're talking more specifically about forgetting important information that previously was remembered easily. So things like appointments or recent conversations. And when this translates to a loss of independence and daily activities, that's when.
We become more concerned about dementia.

BA **Bimal Ashar** 3:43
So going back to what you said a little bit about there being kind of this, this syndrome and I think there's a lot of talk about mild cognitive impairment. And so how does that weigh in, in this whole, is it, is it a, is there a kind of a continuum?
Of of memory issues and cognitive issues that leads to dementia. Is this in effect mild cognitive impairment? Is that pre-dementia? How should how should patients think about that?

RG **Ravi Gupta** 4:14
Yeah, there's a lot of different terms to that come up if a patient is seeing a doctor about cognitive concerns and mild cognitive impairment absolutely is one of the terms that may come up. And I think it's reasonable to think about dementia as

being on a spectrum. So you start with normal cognition, someone who doesn't have.
Any issues? And then there are the next stage often is what we call subjective cognitive impairment. So a patient will come into clinic and they'll say, well, I am starting to forget things a little bit more than I used to. And so that deserves some evaluation. And then when we think about mild cognitive impairment, that's a diagnosis.
And as a diagnosis, it requires clinical evaluation and what it signifies is cognitive impairment in one domain of cognition without significant functional impairment. So the way that I think about it, the difference between mild cognitive impairment and dementia is that dementia involves.
Functional impairment. So difficulty, as I said, with daily activities in some capacity.
And I think it's reasonable to say that mild cognitive impairment can be thought of as an intermediate state. So patients have some objective memory problems beyond normal aging, but their daily activities remain intact.
And one really important aspect of mild cognitive impairment is that while it does carry a high risk of progression to dementia, anywhere from 6 to 25% every year of people who have mild cognitive impairment will.
Will progress to dementia. Not all mild cognitive impairment progresses to dementia.
So it's really that's a really important point about mild cognitive impairment is that just because you have mild cognitive impairment, while you do have a higher risk of developing dementia, it doesn't mean that you will.
And there's a lot of things that I'm sure we'll talk about, a lot of lifestyle modifications and various interventions that can potentially help to reduce that risk if although ultimately it may not eliminate that risk altogether.

Katie Caviness-Crolley 6:21
I want to shift the focus of this to say, let's say family members of people who may be showing early signs of dementia. What are some signs that they should be looking for? Or what would they notice first if their family member or loved one is experiencing these issues?

RG

Ravi Gupta 6:40
Yeah, I so I have a lot of patients will come into my clinic and raise concerns about cognition. And I like to say if the patient is raising the concerns then and no one else

is, then it might just be some anxiety about normal aging. But if if their loved ones are coming in and starting to report.
That, oh, you know, mom or dad, I haven't seen them in a few months. They're just, they're kind of not the same. Then then it is more concerning. Of course, even if the patient themselves only are raising these concerns, we take it very seriously and we evaluate it. But oftentimes it is the loved ones that pick up on.
On these signs, and so families or loved ones may typically notice that the person's asking the same question 30 minutes later, or they're having trouble completing previously easy, complex task tasks, like they're forgetting important appointments, they're forgetting telephone conversations, they're forgetting recent events.

RG **Ravi Gupta** 7:36
That would normally interest them, or they're becoming disoriented in familiar places. And typically they'll report changes that go beyond kind of normal forgetfulness. And I think oftentimes loved ones, family members who spend time with their with the patient are the ones that are best.
Positioned to report a noticeable decline from the patient's previous level of function and it's most it's generally most apparent to to those to the loved ones and the family members. So it's it's really a distinct change from how someone used to be.

BA **Bimal Ashar** 8:16
Going back to something you had said previously, the when people think about dementia, a lot of times they they think about Alzheimer's, right. And but you mentioned that there are other types of dementia as well and I'm wondering.
Is it really important to be able to distinguish them? And if so, how you know, how do you do that?

RG **Ravi Gupta** 8:40
Yes, I think this is a common misconception. When people think dementia, they think Alzheimer's disease. And it's for good reason, because Alzheimer's disease is a specific type of dementia and it makes up the majority of dementia. But there, as you said, there's several different types.
Of dementia. So dementia is what we think of as a neurodegenerative disease. There's something going on the brain that is leading to degeneration. But ultimately dementia is a clinical diagnosis based on symptoms and then you can, through

further evaluation, try to figure out what part of the brain is being affected and. What are some of the other symptoms that a person has that can point you to what type of dementia it is? And yes, it is absolutely important to try to distinguish the type of dementia depending on the context, because it can lead to differences in how we.
Approach certain treatments and try to predict what's, you know, what the prognosis is or what's going to happen to the patient over time. Even though a lot of predictions around dementia and how people will progress can can really vary, it is important to try to distinguish the type of dementia.
As I said, Alzheimer's disease is the most common cause. It affects anywhere from 60 to 80% of people with dementia, and generally more than 10% of people over 65. But other forms of dementia include vascular dementia. So that's.
When for people who have.
High cholesterol levels. They have recurrent strokes that might lead to vascular dementia. They can also have something called dementia with Lewy bodies, or they can have frontotemporal dementia, or they can have Parkinson associated dementia. So there's a lot of different types of dementia that can point you to different types. Types of treatments to the extent that we have treatments to for dementia and different types of dementias have different types of patterns on brain imaging. And when you do neuropsychological testing, they'll have, they'll be affected in different types of different domains of cognition.
And I'll give you an example. So for Alzheimer's disease, structural brain imaging can reveal atrophy in a certain type, a certain part of the brain called the hippocampus. And then when you have repeated strokes, that can point more to vascular dementia and.
Atrophy in the front or the side of the brain, what we call the frontal or temporal lobes can suggest that it's more likely to be frontal temporal dementia. And the last thing to note about the difference between dementia and Alzheimer's disease and vascular dementia is that patients can have overlap.
So patients could have Alzheimer's disease leading to dementia. They could also have simultaneously vascular dementia. And so there's this is something that's really common is this overlap between different types of dementia.

Katie Caviness-Crolley 11:37
So, I mean, this sounds if I were a patient facing the possibility like this is a diagnosis

for me, what I would have wanted to know is, you know, was there ever any chance of lowering the risk of developing dementia?
Are there things people can do at any age to lower this risk?

Ravi Gupta 11:56
Yeah, absolutely. And there's a growing body of evidence that points to risk factor modification. So there is a really nice series in The Lancet, which is, you know, this really top tier journal, academic journal that identified a certain several risk factor modifications of.
Various lifestyle modifications and what I like to tell patients when they come into clinic and they ask me that exact question of how can I reduce my risk of developing dementia? And more broadly, there's this huge focus on brain health. So how can I optimize my brain health?
I tell them that the same thing, the same things that you can do to just live a healthy lifestyle are the things that will allow you to reduce your risk of dementia and and optimize your brain health. And that includes things that we already know. So eating well.
And specifically, the Mediterranean diet has been associated with helping reduce some risk of developing dementia exercising. So we we go by the HAACC guidelines, which say that you need 150 minutes of rigorous exercise every week where your heart rate goes up to 60 to 80% of your Max heart rate.

Ravi Gupta 13:06
Social engagement is increasingly being recognized as a way to reduce the risk of dementia and to optimize brain health. So just trying to stay engaged in your communities with your friends and family and avoiding isolation is a really key component of all of this.
And also there's the other piece that I advise patients on is really optimizing their sleep. So making sure that they get, they go to sleep at this at the same time every night, they get this a certain number of hours, 7 to 9 hours of sleep every night.
And that because that's also been linked with cognitive impairment is someone who is not going to sleep at the same time every night or not getting enough hours. And then there's this, there are a few other things that can be done. One is if you have hypertension, get that treated. If you have diabetes, get that treated and have it under control.

And there's also some evidence that people who have higher education have what's called higher levels of cognitive reserve, which can help protect against, to a certain extent, the development of dementia. And then a few other things that I tell people is if you have hearing loss, get it treated.
Be assessed for something called obstructive sleep apnea because that can also affect your sleep and it can is also been associated with with risks of developing dementia. So I think overall these are the kinds of things that everybody should be thinking about is everything. Everything that just optimizes your overall health can also help.
Reduce your risk of developing dementia.

Katie Caviness-Crolley 14:41
Thank you.

BA

Bimal Ashar 14:42
So, you know, I want to just ask you about, you know, there's a lot of television ads, all these things about these brain supplements to, you know, help prevent your memory loss or or things like that. And what about those? I think a lot of patients are.
Taking them.

RG

Ravi Gupta 15:04
Yeah, I think that it's a really good question. I think there's two pieces of that. So one is that there's the supplements as you mentioned and then there's a lot of.
There's a lot of information about doing, you know, going and doing your Sudoku puzzle every day. So when it comes to the supplements, there's very there's almost no evidence suggesting that any of these supplements will have an impact on your risk of developing or reducing your risk of developing dementia. So I.
I would say the risk of a lot of these supplements is that there's just, I mean they can be expensive, they they vary. So you don't know what side effects there are. It's not regulated by the FDA. And so there could be all kinds of ingredients that you don't necessarily want to put into your body. And so and the third is that patients may think that they're doing themselves a service.
Whereas it's not really doing much and they're potentially removing the focus on the things that I mentioned previously of what they should be doing to reduce the risk of

dementia. So I think relying on supplements is it's not going to get to get you to where you want to be. And then when it comes to stimulation exercises, things like Sudokus or crossword puzzles.
Do them because they're fun for you, but it's not necessarily going to lead to your reducing your risk of developing dementia.

Bimal Ashar 16:20
Interesting. The Food and Drug Administration, the FDA did recently clear a test for Alzheimer's, a blood based biomarker test. You know when? I mean, how does that? Work into how you approach a patient who comes in with memory concerns and and are there other tests that you typically do?

Ravi Gupta 16:46
Yeah. So I practice primary care. And so my context is a little bit different than a specialist. And so we could talk about that. And I think it's worth just talking about because most patients first present to primary care with cognitive concerns. Most patients are diagnosed with cognitive impairment or dementia in primary care, but many will require evaluations by specialists.
And it's also really important to understand how one comes to how a doctor comes to a diagnosis of dementia for a patient. And there's two aspects to it. For the longest time, a diagnosis of dementia was a clinical diagnosis. So it's based on a cognitive test, and there's a number of different cognitive.
That we can do that we do in our in in our clinics as well as a just a kind of comprehensive history and trying to isolate what types of cognitive concerns someone's coming with and whether their function is being affected. So those are the those are the two things that I was talking about at the beginning of this conversation.
Increasingly, over time, in addition to this clinical diagnosis of dementia, there's also been a biologic definition of dementia and together they can, you know, you get some insight into what kind of a stage or where someone is on the spectrum of dementia, the biologic.
Side of diagnosis relies on a few different things. Historically we had what's called a lumbar puncture. So we, you know, we get some fluid from your spine and we check for levels of amyloid or Tau and that tells you specifically if someone has the Alzheimer subtype of dementia.

The the other test that we often do is something called a PET scan where and it's being used increasingly to identify whether someone has amyloid in the brain or has tau in the brain. So these are two of the proteins that we think about when we think about Alzheimer's disease.
So those are the two tests. They're not readily available for most primary care physicians, so you have to go to a specialist. PET scans in particular can be very expensive and.
You know, they're just they're potentially hard to come by. And So with those two, the CSF studies and the PET scans are considered, the results of each of those are considered biomarkers. What the FDA just approved and what you just brought up is actually potentially revolutionary for the.
Alzheimer's field of dementia specifically because what it allows us to do is potentially, and we're not quite there yet, but it can help us avoid doing CSF studies or PET scans and instead just do a simple blood draw. And that blood draw can tell us whether you have certain levels of amyloid or Tau in your blood and.
Gives us with the considerable degree of confidence that someone may have.
That they are at risk of developing dementia. It's really important to say that we are at the very early stages of using these blood based with what are called blood based biomarkers and they should be used in combination with the comprehensive clinical evaluation. They should only be used in people who already.
Have been diagnosed with cognitive impairment or have some cognitive concerns, so it should not be used for everybody. We're not quite at the place where everybody coming into the clinic can be screened using blood-based biomarkers.
And so patients may also often see ads for these direct-to-consumer tests either on TV or.
On the Internet, and they carry a lot of risks because the tests vary in terms of what you know, how they're being measured, what type of test there is. Patients may become very anxious if the result is positive, even if it's not necessarily an accurate result. And so we have to be very careful.
About a lot of these direct to consumer blood based biomarkers as well.

Katie Caviness-Crolley 20:35
So I want to understand you know when when does it make the most sense to be evaluated? Is it better to get checked early or should you getting evaluated only when you start showing symptoms?

Ravi Gupta 20:49

Yeah, so I think that.

You can get, I mean, getting checked early is kind of a vague term. Like there's certain things that I that you can do to just optimize your brain health and to optimize your overall health that I was talking about previously so.

There's really no checking to be done per say. You could, so you should avoid getting a blood based biomarker if you have no symptoms. That's clear. You could ask your doctor to do a cognitive test, which just takes 5 minutes in the clinic, but if you're not having symptoms.

Ravi Gupta 21:26

Of any sort, then it may, it's probably not going to give you any additional information. The one thing that helps with patients that are over the age of 65 is we have the annual Wellness visit screening surveys and that can sometimes point the doctor to whether someone is having.

Cognitive concerns. But overall, to be checked broadly, there's not much. There's not much there. However, if someone is concerned about their cognitive, about their cognition, then absolutely raise it with your doctor. Ask your doctor to do at least the initial cognitive.

Ravi Gupta 22:02

Test like I said, which takes 5 to 10 minutes in the clinic and if someone has cognitive concerns, then there's some blood work that we can do as well to make sure that there's no reversible cause of dementia. So sometimes low levels of certain vitamins like B12 or thyroid issues can also contribute to cognitive.

To to deficits in cognition, which is not dementia but can easily be treated. And then there's also something that people used, you know, which is a term called pseudo dementia, which is basically if someone's someone's got depression, it may present as cognitive decline. And so that's also something that we could manage through. Pharmacotherapy or through seeing a therapist. And so those are all aspects of cognitive decline that we can take care of if someone comes in with cognitive concerns.

Bimal Ashar 22:51

So if somebody is diagnosed with dementia, I'm, I mean you mentioned the different types of dementia and Alzheimer's being the the main one that we think about, you know there have been suggested that there are some new treatments or hey you know what?
A patient. What do you tell a patient who you've diagnosed with dementia on what they should do?

RG **Ravi Gupta** 23:18
Yeah, so I think there's a few different pieces to this. The 1st is thinking about non pharmacological interventions that improve quality of life and those are some of the same things. So trying to eat well, still doing your exercise, still socializing.
Still trying to optimize your sleep and take care of your any other comorbid conditions that you may have. I also tell patients that.
Broadly, you should.
Work with your caregivers, with your loved ones to make sure that.
All of to to make sure that your goals of care overtime, which could be over the next decade, right? I mean lifespan after a diagnosis of dementia varies.
Make sure that your goals of care are very clear and go through the formal process, legal processes to make sure that you've done that advanced care planning, that you have your healthcare proxies, that you have, that you've taken care of your will, irrespective of not, not that that person's going to pass away right away, but just to make sure that everything's in order. I think that's really important.
It's also really important to for the doctor to have a conversation about the patient to think about whether it's still safe for them to drive, and this comes up all the time with my patients. And that's something that's really hard for people to let go of, and I recognize that, but it's also safe for both them and the people around them.
And then there's another piece of this, which is really focusing in on the caregivers because there's a high degree of caregiver burden and burnout as the patient who they're taking care of, the loved one that they're taking care of continues to progress in in their disease. And so pointing both the patient and the caregivers.
To resources and to support groups is really important when it comes to Alzheimer's disease. You're right, the FDA has just approved 2 new treatments that are they're mostly infusions. One of them is going to become an injection or has just recently been approved as an injection.
And they are specifically for Alzheimer's disease, and they've been approved because

there's some evidence to suggest that it slows people's progression of clinical decline. It doesn't cure dementia, doesn't cure Alzheimer's disease, but it just it's been shown to slow somewhat your rate of cognitive decline.
Honestly is still out on whether these medications really make a meaningful clinical improvement for patients and they come with a with a high price tag. They come with a lot of logistical burden. So as far as the infusions, you have to get infused every other.
Every other week, you need a PET scan at the beginning. You need routine MRI's while you're on the medicine, and there's potentially serious side effects with the medicines, including brain bleeds and brain swelling. So it requires a lot of careful consideration of the of the potential benefits of the disease.
Sorry, of the treatments as well as the side effects. And then it's also important to note that the treatments have been approved for early stages of disease. So someone who has mild cognitive impairment or mild dementia. And so it's just it's very important. I mean these drugs now exist. The jury's still out on how useful or how effective they are.
It's really important to have this conversation with your clinician if you've been diagnosed with mild cognitive impairment or mild dementia Alzheimer's disease.

Katie Caviness-Crolley 26:40
You mentioned in terms of caregivers, pointing them toward resources to help them in this journey. You know, do you just have general advice for caregivers? I imagine it can be very overwhelming and you feel very unsure where to start.
if you have a loved one who's dealing with this.

RG

Ravi Gupta 26:58
Yeah, I mean, caregiving is hard and so I feel for the caregivers.
Caregiving for someone who has dementia is even more difficult because as someone as someone, if someone has dementia and that dementia continues to progress, that means their functional decline in addition to the cognitive decline will also progress. And so they increasingly need help with their daily activities and that often falls on the caregivers and that can.
To a high degree of burden and burnout. And so for caregivers, generally the recommendations that I give in my clinic are to become as educated as you can about dementia syndromes and about various aspects of dementia that will come up

inevitably.
Including behavioral and psychological symptoms of dementia. So a lot of anxiety, things like wandering or restlessness in certain types of dementias. And this can be very distressing for caregivers. In certain types of dementias, patients will have hallucinations and so it's really important based on.
What the diagnosis is for the patient, for the caregiver to be educated and what to expect and what to anticipate. I think it's really also important for the caregiver to have resources, so to be able to contact me as their doctor, whoever their specialist is, if they're seeing one, if something comes up for them to be connected to.
Support groups and national networks, and there's a number of those. There's also training in helping caregivers manage difficult behavioral issues that may come up.
And then also it's helpful for the caregivers to know about local day centers and respite services that.
Can help the caregivers have lower stress levels and improve their quality of life.

Bimal Ashar 28:47
That's that's fantastic and and so incredibly important as my generation ages. So thank you for for that. Ravi, I was wondering if there was like one thing, one take away that you had that that you wish every patient or.
Family understood about dementia. What would that be?

Ravi Gupta 29:13
Yeah, I mean, there's so many, so many aspects of this that I would love for families to understand because there there is a lot more recognition and attention being paid to dementia these days. But I think one thing that I would like every.
Patient or family to understand about dementia is that dementia is more than memory loss. I think a lot of people will think, oh, my memory is not the same as it used to be and I have dementia, but it's much more than that. And this is what I've been talking about throughout this conversation because dementia.
Affects thinking. It affects judgment, mood, behavior, the ability to manage everyday tasks, and it can also lead to changes in personality or decision making, which can be just as important and just as real as forgetting, you know, as forgetfulness. And so it really is a syndrome, as I was saying at the beginning of the conversation.
As opposed to a kind of a single, single disease or issue.

Katie Caviness-Crolley 30:14

So as we wrap this up, you know, I was wondering if we could just end on the note of like separating fact from fiction. Are there common myths about dementia you'd love to clear up in these last couple minutes here on the podcast?

RG

Ravi Gupta 30:28

Yeah, I mean, there's a number of them, so we can just list off a few. I think 1 myth is that dementia is a normal part of aging. And while aging increases your risk of developing dementia, dementia is not normal aging and it's very distinct from normal aging as I was talking.

Talking about and memory changes that interfere with daily life or in medical evaluation. It's also a myth that dementia and Alzheimer's disease are the same thing. We've talked about that. Dementia is an umbrella term. Alzheimer's disease is 1 cause, but can other causes include vascular dementia, Lewy body and frontotemporal dementia, as I was talking about.

Um.

Another myth is that there's nothing that you can do to reduce your risk of dementia. We talked about all the things that you can do, and one aspect of reducing your risk of dementia that I forgot to mention is there's very recent, pretty strong evidence that getting the shingles vaccine can also reduce your risk of dementia.

And so making sure that you're up to date with your vaccinations, including the shingles vaccine, which anybody over the age of 50 is eligible for, is becomes strongly recommended at this point. And then I would say that.

RG

Ravi Gupta 31:41

One of the last myths that often comes up is that dementia only affects older adults, and that's just not true. There's increasing both recognition and rates of diagnosis of dementia in younger patients and younger onset, early onset dementia exists and it can occur in people as early as in their 40s.

50s or early 60s, and oftentimes this comes with different symptoms, different challenges. The progression of the disease can potentially be faster, and so being highly attuned to any concerns or symptoms that you have and raising them with your doctor is really important.

Bimal Ashar 32:20
Great. Thank you so much, Ravi. This was so enlightening and there's so many. I mean, it's exciting that we do have new things going on, but I think you put a very good kind of you're trying to temper the the enthusiasm with respect to the new biomarkers and things like that and.

Katie Caviness-Crolley 32:21
Yeah.
Thank you.

Bimal Ashar 32:40
You know, making it very practical. So thank you. Thank you for all that.

Ravi Gupta 32:43
Yeah, thank you for having me. This is great.

Katie Caviness-Crolley 32:45
Yeah, thank you. I agree. And thank you to our listeners. This has been Medicine Made General from GIM at Johns Hopkins. We appreciate you taking the time to tune in. We hope you found this conversation helpful. Until next time, stay informed, stay healthy.