




SIU MEDICINE
DALE & DEBORAH SMITH CENTER
FOR ALZHEIMER'S RESEARCH
& TREATMENT

"USE IT OR LOSE IT"
The Role of Brain Exercises


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- Nothing to disclose
- Proprietary names used in this presentation are for the purpose of examples and are not intended to serve as a product or company endorsement



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LEARNING OBJECTIVES

1. Define neuroplasticity and cognitive reserve
2. Identify and describe three classes of cognitive interventions
3. Describe the benefits of cognitive stimulation
4. Delineate the types of activities for brain exercises



COGNITION

Cognition – the mental activities and processes involved in receiving, comprehending, storing, retrieving, and using information.



COGNITIVE DOMAINS

- memory
- attention
- executive functions
- language
- calculation



COGNITIVE DOMAINS

reasoning
processing speed
visual-spatial skill



CONCEPTUAL BASIS

Neuroplasticity

Cognitive resilience

Cognitive reserve

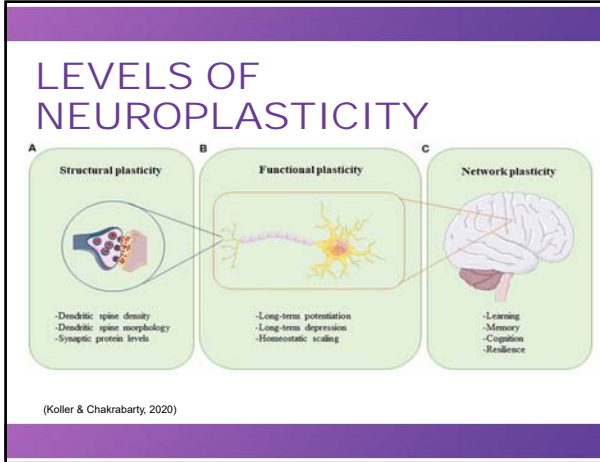


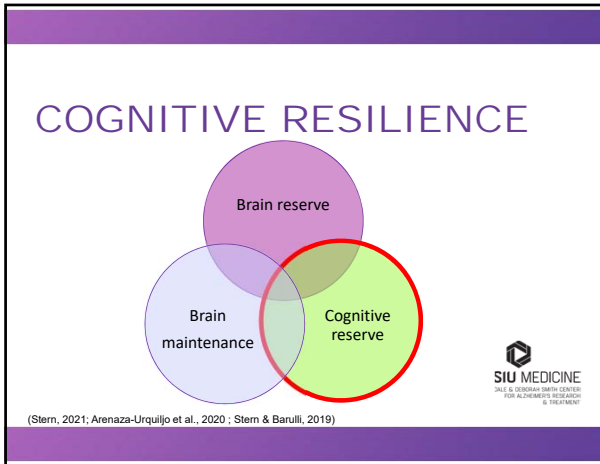
NEUROPLASTICITY

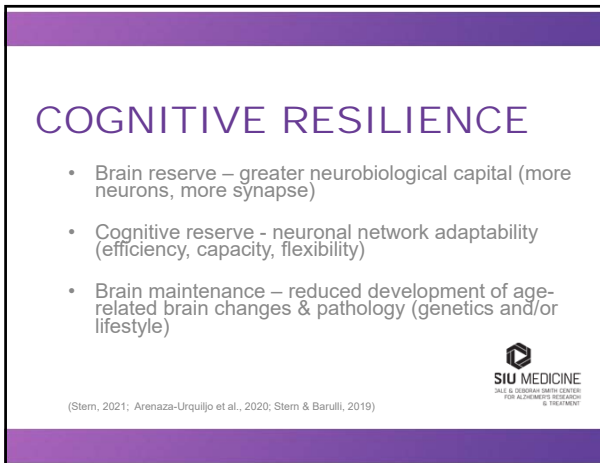
- ability of the brain to modify, change, and adapt structure and function in response to experience across the life span
- essential for healthy brain function



(Nelson, Jester, Petkus, & Andel, 2021; Arenaza-Urquillo et al., 2020; Voss et al., 2017)







COGNITIVE RESILIENCE

Brain reserve
Brain maintenance
Cognitive reserve

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(Stern, 2021; Arenaza-Urquijo et al., 2020 ; Stern & Barulli, 2019)

COGNITIVE RESERVE

- neuronal network adaptability (efficiency, capacity, flexibility)
- individual differences in cognitive or functional brain processes determine cognitive reserve

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(Nelson, Jester, Petkus, & Andel, 2021; Arenaza-Urquijo et al., 2020.; Stern & Barulli, 2019; Voss et al., 2017)

COGNITIVE RESERVE

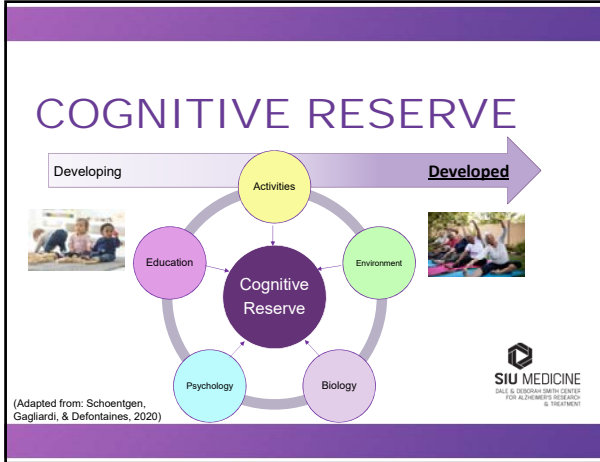
Developing → Developed

Education, Activities, Environment, Psychology, Biology

Cognitive Reserve

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(Adapted from: Schoentgen, Gagliardi, & Defontaine, 2020)



COGNITIVE EXERCISE

COGNITIVE STIMULATION

COGNITIVE TRAINING

COGNITIVE REHABILITATION

(Clare et al., 2018; Bahar-Fuchs, Clare, & Woods, 2013)

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COGNITIVE EXERCISE

COGNITIVE STIMULATION

- non-specific engagement in a range of activities and discussions either individually or in a group setting i.e. reality orientation, reminiscence activities

(Clare et al., 2018; Bahar-Fuchs, Clare, & Woods, 2013)

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COGNITIVE EXERCISE

COGNITIVE TRAINING

- guided approach involving practice of standardized tasks targeting a particular cognitive function such as attention, memory, or problem solving
- computerized cognitive training (CCT)

(Clare et al., 2018; Bahar-Fuchs, Clare, & Woods, 2013)



COGNITIVE EXERCISE

COGNITIVE REHABILITATION

- individualized approach with functional goals, creates compensatory strategies

(Clare et al., 2018; Bahar-Fuchs, Clare, & Woods, 2013)



COGNITIVE EXERCISE

COGNITIVE STIMULATION (CS)

COGNITIVE TRAINING (CT, CCT)

COGNITIVE REHABILITATION (CR)

(Clare et al., 2018; Bahar-Fuchs, Clare, & Woods, 2013)



ACTIVITIES – COGNITIVE STIMULATION

Discussion of past and/or present events

Word games

Puzzles – crossword, word search, sudoku, jigsaw

Music

Board games



ACTIVITIES – COGNITIVE STIMULATION

Indoor gardening

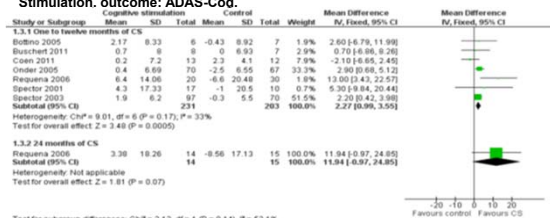
Creative activities – baking, crafting, sewing

Socialization



EVIDENCE FOR CS

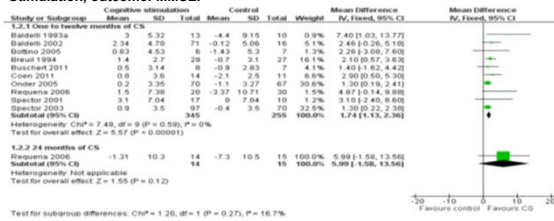
Figure 2. Forest plot of comparison: 1 Cognitive Stimulation vs No Cognitive Stimulation, outcome: ADAS-Cog.



Test for subgroup differences: Chi² = 2.13, df = 1 (P = 0.14), I² = 53.1%
(Woods, et al., 2012)

EVIDENCE FOR CS

Figure 3. Forest plot of comparison: 1 Cognitive Stimulation vs No Cognitive Stimulation, outcome: MMSE.



Test for subgroup differences: Chi² = 1.20, df = 1 (P = 0.27); I² = 16.7%

(Woods, et al., 2012)

ACTIVITIES – COGNITIVE TRAINING

Memory card games

Memorizing information/lists

Pattern detection games

Use of touch screens games to increase thinking speed



ACTIVITIES – COGNITIVE TRAINING

Board games

Dance

Art

Music



ACTIVITIES – COMPUTERIZED CT (CCT)

BrainHQ – Healthy older adults, ADHD, bipolar disease, depression, MCI, dementia, PD, MS, stroke, TBI

CogniFit – Healthy older adults, ADHD, depression, PD, stroke, PD, dyslexia, dyscalculia, insomnia, fibromyalgia

CogniPlus – Brain damage, ADHD, MCI



(Irazoki et al., 2020; O'Shea et al., 2019)

ACTIVITIES – CCT

Cogmed – ADD, TBI, stroke, learning disorders, cognitive impairment

Luminosity – Healthy older adults



(Irazoki et al., 2020; O'Shea et al., 2019)

EVIDENCE – CT MIDLIFE

Computerized Cognitive Training (CCT)

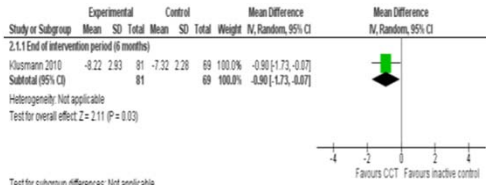
- Cognitive training group performed slightly better on reasoning (executive function)
- Control group performed slightly better on working memory
- No group difference on episodic memory



(Gates et al., 2019)

EVIDENCE – CT LATE LIFE

Figure 7. Forest plot of comparison: 2 Computerized cognition-based training versus inactive control, outcome: 2.1 Episodic Memory.



(Gates, et al., 2020)

EVIDENCE – CT MCI

CCT versus Active & Inactive Controls

1. None of the 8 trials examined development of dementia
2. No data to state that CT prevents dementia
3. Low quality evidence favoring CCT for improvement in global cognitive function, episodic memory, and working memory

(Gates et al., 2019)



EVIDENCE – PREVENTION

CCT - MCI

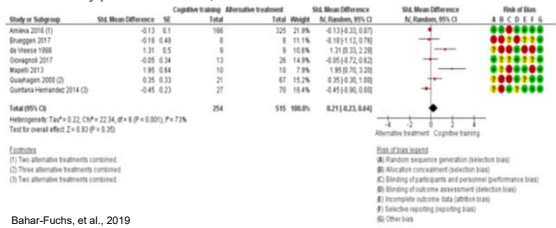
1. No evidence that CCT prevents dementia
2. Improvement in visual and/or verbal episodic memory
3. Improvement in other cognitive domains

(O'Shea, De Wit, & Smith, 2019)



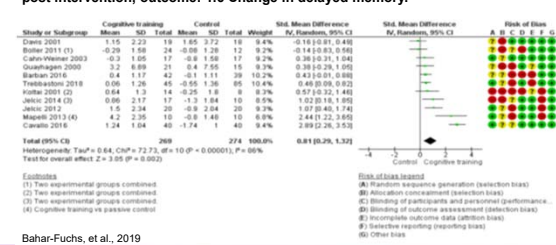
EVIDENCE – CT DEMENTIA

Figure 6. Forest plot of comparison: 3 Cognitive training vs alternative treatment immediately post intervention.



EVIDENCE – CT DEMENTIA

Figure 9. Forest plot of comparison: 1 Cognitive training vs control immediately post intervention, outcome: 1.6 Change in delayed memory.



EVIDENCE – CT EXERCISE

Simultaneous versus Sequential Exercise

1. Significant improvement in composite memory in SIM group
2. Executive function and reaction time improved in the SEQ group
3. Non-verbal abstract reasoning and complex attention in SIM group

(McEwen et al., 2018)



EVIDENCE SUMMARY

1. CS, CT, or CCT does not prevent dementia
2. The evidence is mixed as to the effectiveness of CS, CT, or CCT in improving global and specific cognitive domains.
3. CS, CT, and CCT may offer some improvements in certain cognitive functions



EVIDENCE SUMMARY

4. CS, CT, and CCT may offer some improvement in quality of life and ability to perform Activities of daily living for some individuals
5. Combining CS, CT, or CCT with aerobic exercise may offer a synergistic effect for improving certain cognitive functions



EVIDENCE SUMMARY

6. There is no evidence to date for significant harm from CS, CT, CCT other than the cost of commercially available programs



RECOMMENDATIONS

RESEARCH

1. There is a significant need for further research in this area:
 - a. higher quality studies
 - b. leveraging newer technologies i.e. virtual reality, artificial intelligence/machine learning



RECOMMENDATIONS

CLINICAL

1. Healthy older people should be encouraged to participate in CS and CT activities despite the modest benefits
2. Those with subjective cognitive complaints and MCI should be encouraged to use CS and CT



RECOMMENDATIONS

CLINICAL

3. Those with dementia should be encouraged to participate in CS programs
4. Brain health should be incorporated into the public health paradigm from a life span perspective beginning in childhood



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