How To Reverse Alzheimer’s And Boost Your Brain Health Transcript

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Introduction to cognitive health and dementia prevention

Well. Hey, everybody, is that Drew Ramsey, your co-host? I'm so glad you're here for another talk around anxiety and depression solutions. We've been wanting to talk to experts who have ideas and inspiration for all of us, of ways that we can really take control of our mental health.

And I'm so excited to be here with Heather Sanderson, who's a naturopathy doctor and also just an expert in cognitive health. When I think about things, especially this begin to age around my age, that I've told you many times in the summer and I just turned 50, I.

You think about your cognitive health, how to preserve it, you know, some changes and you wonder and particularly if you struggled with anxiety or depression, it comes up.

We know that depression is one of the risk factors that ups to double the risk of dementia, at least the last statistic I saw. So I wanted to bring in an expert as part of the summer to talk about cognition and cognitive decline.

And most importantly, again, with our hopeful sense of what can we do to take better care of this amazing miracle we have. So, Heather, thank you so much for joining us.

It's a really treat to have you as part of our summit. And pleasure to be here. Thanks for having me, drew. Well, so we just heard about it, I guess, you know, when I went to medical school, it was kind of sounds horrible.

Neurology, who takes care of dementia is kind of like adios. And diagnosis is, I think, unfortunately, what got kind of joked about meaning there wasn't a lot I'm sorry diagnosis.

And so it wasn't a lot to do in terms of dementia. And I also think there wasn't a lot of focus on prevention. And so I wonder if you can just start telling us a little bit about how you've seen the science progress in dementia, in terms of treatment and prevention over the past just let's say decade.

Yeah, it's been such an exciting time. So exactly a decade ago, in 2014, doctor Dale Bredesen, a mentor of mine, he published a case series showing that it was possible for people with cognitive decline associated with Alzheimer's on that path to actually improve their cognition.

And this was really the first time, as you said, that audio diagnosis and audios. Right. Like, we have nothing for you. We've got to take away your driver's license.

You're going to be more socially isolated. This was very depressing information to get as a as a patient. But also if you were caring for a loved one who was diagnosed with Alzheimer's or another form of dementia, there's really nothing.

There's no medication that can reverse this disease process. You know, we see these like the splashes and the news of this exciting new medication. And yet even the brand new, very expensive amyloid antibody therapies are only hopeful in the sense that they reduce the rate of decline.

And this means that they actually draw out a very torturous process.

How dementia treatment and prevention science has evolved

We don't you don't get better. It's not like a medicine, I take it. And then my dementia gets better. Unfortunately, no. And the medications that we've had around for a long time, then the Mantiene Namenda and an episode or aricept these medications also don't improve cognition over the course of time.

Sometimes people get a little bump in cognition for the first 3 to 6 months, but if you compare those who have never taken the medicine to those who have taken one, one or both of these medications, five years later, the cognition of those who have taken it is worse than those who never started.

And so this doesn't mean to stop those medications today. In fact, do not do that, because that is a dangerous thing to do. You want to work with your neurologist or your primary care provider if you want to come off of those, to wean off of them very slowly, and I don't recommend weaning off of them until you've been getting good results on the broadest and protocol for at least 12 months, because it will reduce your cognitive function.

Just going through the stressful event of taking away these medications that have a big impact on the amount of neurotransmitters that are in your brain.

So you asked about the science and the science. It's actually really, really exciting. So ten years ago in 2014, Doctor Bateson was publishing a case series and then 2022, him and his group published the first trial that showed these improvements.

They took a cohort through a 25 member cohort through the British, an approach over nine months. And they had Moca scores of Montreal cognitive assessments down to 19.

So a Moca is a 30 point scale. It's a one page worksheet where you identify zoo animals. You copy a clock identifier, identify where you are in time and space, and then you get a score out of 30.

30 is perfect. 26 and above is normal. And they took participants with Moca scores down to 19. So as you get closer to zero, the more progressed your cognitive decline is.

So after nine months, they showed that 84% of participants improve their cognition. This was published in the Journal of Alzheimer's Disease and 2022 in July.

And the first author on that paper is Cat Tube's a huge contributor to this field. And then a year later, we published the clinical trial that we did in my office, very similar design.

We took 23 participants and we took them through Doctor Pederson's approach, but we only had six months, and we took patients with Moca scores down to 12 and up to 23.

So they were more cognitively advanced or they were more cognitively progressed down the spectrum of dementia. So it was more severe dementia. And we saw that 74% of our participants improved their cognition.

We also saw improvements not just in Moca, but in Cambridge Brain Sciences and in that battery of cognitive testing and quality of life scores and in sleep scores.

And then this year, in 2024, the first randomized control trial was published by doctor Dean Ornish, up at UCSF, where he showed that in a control group that did not have the intervention, the lifestyle intervention that he described, it was there were some supplements, there was group support for kind of support groups for people with dementia and with that mild cognitive impairment and early Alzheimer's disease.

And then there were supplements, there was activity, and there was a meditation practice. It was a lifestyle intervention, and it included a vegan diet.

So alternatively, we recommend typically an organic ketogenic diet and getting into at least mild ketosis. But Doctor Ortiz showed that the intervention group improved their cognition compared to the control group.

So this was the first RCT to show that a lifestyle intervention can lead to improvements in cognitive function. It's such a thing that people struggle with or that maybe there's some some ways these two pieces of research, one of which suggesting, some group work, mindfulness meditation, some supplements and a vegan diet is the way to go compared with the more kind of Edison protocol.

The protocol kind of, keto leaning or ketogenic diet. And is there a way that that patients, especially patients with depression and anxiety, let's say, who are thinking about the, dementia prevention, and those are kind of the two that have been most presented, I'm going to say to all of us or to us because I'm in that group and sometimes I'm not sure which to pick if I mess up eating, like a lot of plants and a lot of keto foods, you know, or I'm like, somewhere in.

But I'm like, plant based keto, I think maybe. And and it makes me worried that I'm not committing that. I'm not saying, hey, it's time to get rid of not the plants, big time to get rid of the curves.

Or really, it's time to get rid of all of my fatty fish and grass fed beef. Can you help us to think through? How do we make that decision based on giving?

There's data for both. Yeah. And then when you listen to Stephen Gantry, he actually does say to eliminate some plants or at least cook them differently.

So the way that I square the circle is it's really exciting to me because the lifestyle intervention, you get better results with a lifestyle intervention than you do with any of the medication.

So this is super empowering and there's not just one way to do it. So if the thought of going keto is totally gross to you and you don't want to do that, or if you know many of my South Asian patients, they have been vegetarian their whole life and they don't want to add a bunch of animal protein.

So it makes more sense for them to go vegan. And for other people think, like I, they grew up in the Midwest and they have had meat their entire lives, and they're not ready to give it up.

And they the thought of giving up carbs is actually totally doable for them. It's better for them to go vegan to go keto. Excuse me, but I think that ultimately, the overarching dietary advice, it's good for our brains, it's good for our body, it's good for our metabolic health.

Diet strategies for brain health: keto, vegan, and processed foods

It's good for everything. Our teeth. Right? If to get rid of processed foods, to eliminate as many highly processed foods, especially the highly, probably highly palatable, highly profitable packaged foods in the middle of the aisles in the grocery store.

Get rid of those. Eliminate those from your diet. And that's on all of these diets. The mind diet, the keto diet, the vegan diet, all of the diets that you see out there eliminate processed foods.

For the most part. And then after that, I think that what we'll see play out in the literature is that going back and forth will be what's most helpful.

And that's what I personally do. And if you think about, you know, these ancestral diets, what are we designed to eat? What are we designed to metabolize.

It's not processed foods, right. Nothing that comes in a package with maltodextrin. Dextre and and guar gum. Right. Like that. That is not what we're that is not food that doesn't nourish us.

But if we look at these ancestral diets, if we think back to our ancestors 100,000 years ago, the consistent thing about this diet was inconsistency. It was that there was not blueberries available 365 days a year.

There wasn't meat available 365 days a year. In fact, there wasn't even food available, 365 days a year. So there were periods of fasting. There were periods of ketosis.

There were periods of abundant plants, you know, in the in the fall and in the, summer. There were a lot of berries, fruits, lots available. And so eating seasonally, going in and out of ketosis, going back and forth with a plant based

diet, I suspect will be the best diet for our brain.

It metabolically extant. It's it's this hermetic effect, right? Keto. The keto diet is a fasting mimicking diet. And it gets us into this hermetic space where we're stressing the system in order to build more resilience.

Now, when it comes. This is going to everybody listening to homeostasis as we're trying to keep everything the same. And it is hard. Misses is where we're getting kind of intentional stressors to our system to make a sort of what it's a biological term for.

What doesn't kill us makes us stronger, I think. Is that right, Heather? Yeah, exactly. The idea that we're stressing, we're stretching the system so that we get more resilience. Right.

This is a sign of health when we can we can tolerate environments that are hot or cold that. We can for time. I'm hungry, actually, or I'm in an uncomfortable environment or, I just prefer that I feel like I may be coming down with something.

And so as I've been, like, sitting here, kind of like trying, you know, getting ready, holding on, there's something about, you know, the strength of that.

Or sometimes when I feel myself really low blood sugar and, you know, maybe I'm about to get on a flight. I know it's going to be some time before I can eat.

Really? To think about it intentionally. It's like my body's totally designed for this, you know, like, I almost feel like it's from Star Wars. One where Obi-Wan comes in.

This is like, no, there is no hunger here. And, there are no drones here. Not to say we want to ignore hunger or develop, you know, disordered eating, but that some of the signaling that we've gotten used to when we have this, you know, dietary pattern, especially nutritional psychiatry, we want to have a mediterranean dietary pattern.

And I think what Heather's pointing out is inconsistency gets left out of that. As a mediterranean dietary pattern, you know, in a and for example, if you're, in the Mediterranean region, you're in Greece, you're part of a Greek Orthodox church, you're fasting for like two months a year just as part of your religious doctrine, for sure.

But that doesn't get included, right? Where I was like hummus, more hummus, a mediterranean and feta. Don't forget the feta. And and so the idea that a dietary pattern includes, shifting, you eat different things in different months.

You eat more abundantly at different times. I think it's it. No one else has said that in the summer. That is a huge, huge point. Heather, I really appreciate you bringing your attention to it.

And I love that notion of it's not one or the other. Folks do both these things. Try eating fewer carbohydrates sometimes. See how that feels right? If you're a plant person, can you do that with avocados and olive oil?

And really like fatty protein heavy, you know, crunchy car plants? If you're midwesterner, do that, you know, the more traditional ways maybe. And then also try really going plant based for a little bit.

Yeah, I don't recommend doing keto vegan that or a vegan keto. Right. What even is that is that that's like olive oil avocado. Coconut. Coconut, coconut oil.

Way too much. Maybe not way too much, but that's just kind of all medium chained and saturated fat calories. You know, I think you can do it for a week or two.

There's actually a lot of variety and it can be very tasty. But I do think it's too restrictive. And you, you end up I think it can trigger eating disorders.

I think it can it can be triggering and of deficiencies. I think you have to be really mindful about B12, but about a lot of things that we don't realize as we start to eat.

I had a patient once who he only a broccoli and steak. That was all he could tolerate. And he ended up with a thallium toxicity from the broccoli. And it's like it was just this really clears early my career.

And I was like, this is such a great illustration of like when we're trying to do something good for ourselves, when our trying to heal our gut by limiting our diet, we actually can end up creating new problems.

And what we want in terms of food is variety. And so I feel like if we're headed in the direction of cutting too many things out, that's just not my style.

As a doctor. We're cutting too many things out. We're going to get limited, and we don't realize there's just a reverence for the complexity of foods, and especially plants, and all of the abundance of the types of foods that we have access to these days.

There are nutrients in that and are cravings. When we eat really intuitively, we might crave more. My daughter eat sardines and I think they're disgusting and they stink.

But she loves them, and I suspect it's because her brain and her body need them for her development. When I was pregnant, I craved carbs. You could not have kept them away from me.

And I think it's because it's those are the nutrients. When we really eat intuitively, we are attracted to nutrients that we are deficient in. And so when we start to have these diets that are too restrictive, we we might lose some of that, we might lose some of that wisdom or that intuition or that that we.

Might like, ignore it. You know, the difference between being like, oh, I'm disturbing the earth, I'm starving, I'm hungry, all that stuff. And like, I remember I had a vegan friend run.

She's like, I'm craving seabass. I was like, I'm sorry. She's like Ceiba. It was like so specific. And I was like, what are you mean? If she's like, I'm going to go eat some sea bass, you know, as a very as you're describing, so, so thinking about what some of those signals are, and I certainly heard that over my career where people really, you know, start craving certain foods during pregnancy or during certain periods of development.

And I think listening to some of that, especially when it's healthy whole foods like sardines and sea bass, I think really, really important. Had you ever heard a phrase of yours, that really intrigued me that you, think about, this mantra connection, overcorrection, I think is that is that is that right?

Yeah. And I think it was initially, inspired by the parenting community, but it works just as well in the Alzheimer's community. So, I mean, you know, we're here to talk about depression and anxiety and caregiver.

Is there a huge burden? Caring for someone with Alzheimer's can be very isolating. It can be physically exhausting, emotionally exhausting. It can be financially very burdensome.

And that can put us at risk for developing anxiety and depression, but also for developing and being diagnosed with Alzheimer's later in life.

Caregiver burden, self-care, and building support

Someone who cares for someone with dementia is anywhere from two and a half to six times more likely to have an Alzheimer's diagnosis later on than someone who never serves the caregiver.

And so with that in mind, we need to. If you are serving as a caregiver, if you know someone who is a caregiver, taking care of our mental health is so crucial because it can help to reduce the burden of caregiving, and that happens through self-compassion.

It happens through socializing. I recommend all caregivers get eight hours a day to themselves that they are not responsible for caring for grandkids, or someone with dementia, or anyone else they are.

They just get to enjoy their hobbies. And this connection overcorrection piece is you can only get there when you're feel creative, when you feel rested, when you feel when you are coming to that caregiving role with your cup full right, with you, with you cannot serve from an empty vessel.

And when you're completely depleted and drained because you're not eating well, you're not exercising, you're not seeing your friends, you're not sleeping, you aren't able to do that.

And it, it it has a detrimental effect on the care the care givers experience, but also on the person, the patient, the person being cared for. And so by putting that extra effort into investing, that extra effort into self-care and into time on your own, into your hobbies, into your sleep, into your exercise, this helps with mental health and reduces that burden of caregiving, so that we can prevent you from becoming a patient yourself.

I really, I like that. I think a lot of people who are in caregiving maybe hear that, and they wonder how you how people do it. You know, that that a lot of caregivers I talked to are burned out.

It's all the time. It's, you know, trying to a lot of folks I find trying to handle it on their own. I've talked to actually a number of families this week where, you know, the kids are kind of trying to understand how to help a situation be safer, you know, or help parents accept more help in terms of skilled nursing coming in a few times in getting the break.

And a lot of families struggle with this, whether it's resources, whether it's, you know, resistance to the idea that the help is needed, how do you help people get the self-care that they need when they're in a caregiver role?

Yeah. You know, I really encourage people to do it earlier than they think they need it, because often there are these this mantra of like, oh, no one can do it as well.

No one knows him as well as I know him. And there's feelings of guilt that if I step away for the weekend or if I slip away for the day, something's going to happen, or he's going to miss me, or she's going to miss me or no one can give her the care that I give.

And he only lights up like that when I walk in the room. And those things are all true. And yet I'd like to kind of get rid of the guilt because you will be a better care partner if you are rested, if you are taking care of yourself.

We see that people who have a caregiver who is suffering with a lot of burden, they're more likely to fall. They are more likely their their dementia accelerates within.

They're not getting as good of care. And it actually can put both people into a dangerous situation. The other thing that happens that I've seen over and over again is unfortunately, if caregivers have their own health issues come up right, someone will have a fall or someone's daughter will need them on the on the other side of the country, something will happen and the caregiver will be called away.

And now the family is in a very desperate situation where they just need a warm body to show up and babysit. And now we are definitely not getting someone who is a blind, who understands, who knows the food, the dislikes and the like.

So whether it's the foods or the exercise or how to engage them. And so I think finding that partner caregiving is not a one person job. It is not a full time job.

It is a, you know, all hands on deck, often at the same time. Some people need two people, a two person assist to get up, to get dressed, to toilet, to to shower.

And so this is not a one person job, you know, one can do this on their own. And so it's about finding that care team

and doing it before you think you need to.

So they can be well set up for when the time comes that you actually do it, it is necessary that you have more support. A big part of, you know, strictly thanks for that, by the way.

I know everybody listening, finds it helpful, I think so many people who are struggling with depression and anxiety, particularly sort of 30s, 40s and 50s, this, this issue of, when to, hang on one second.

I'm so sorry. Sorry. Editor. The Freudian psychiatry. Too much going on. So many people are, struggling with kind of caregiving and how to make space for it and how to make space for it.

And, you know, especially for families where you're taking care of kids, you're taking care of parents, you're taking care of career. You're also trying to take care of yourself, trying to help out your partner.

It gets to be a lot and it gets to be overwhelming. And a lot of your work seems to emphasize, you know, routine and getting into certain routines that I want to know.

There's some specific routines you see really helping people and helping, you know, in, in this situation where there's a lot going on and you're also a caregiver.

Yeah. So, I mean, this is where Marama was born from, and we opened a residential care facility for the elderly because of exactly what you're describing, right, of people.

This sandwiched generation of feeling just sandwiched between kids at work, parents who need care. It can be too much. And, having a place where you can send your loved one who is suffering with dementia is can be a huge weight off your shoulders.

And you know there. But they're getting good care. It's not an option for everyone. However, and so setting up routines, I think of the bookends of the day.

Meditation routines and practical tools for mental resilience

So it's easiest to start a new routine when you attach it to an anchor that you already have in place. Right? We all have a morning routine. We all have an evening routine.

There's things we do before we go to sleep and the things that we do right when we get up. Now, we might not all be proud of what we do. Then we might not all share that publicly, but we all do it.

And when we intentionally so, if we all if we're showing up here for an anxiety and depression summit, we are here because we value our mental health, we're ready to make changes, and we're committed to doing what it takes to optimize our mental health.

Right. And I think one of the simplest, easiest things you can do is anchor a meditation, prayer or gratitude practice to either your nighttime routine or your morning routine.

And I am speaking from personal experience here. Meditation for me is the best medicine, and I can occasionally get away for a weekend long meditation retreat.

And it's amazing. But then I have to come back to real life and what I have learned and taught myself over and over again over the decades is that if I just get 20 minutes of a meditation in, I'd like to do a guided meditation.

I like to mix it up. I use Tara Brock and then Duson Church, and then I use all kinds of guided meditations. But. That's helpful to a lot of people that you take a couple of folks you mentioned, or I'm sure you probably also have resources on your site of meditations that you listen to to kind of help you.

So you're not just sitting like, don't think about things, don't think about things. I think about things. You're you're really kind of listening to a soothing voice guide you someplace perhaps, or ask you some prompts or questions.

And I think that's a just a point that everybody because when I meet people and I ask them about things like mindfulness, I get a lot of the same here. I've tried it.

It doesn't work. And I think one of the reasons is that people aren't engaged sometimes in some of what I call the more active meditations, you don't have to empty your mind out of everything.

If you get a nice gratitude prompt and guided to a beautiful field where you lay down and feel the sun in your body, okay. Like I think that's just as good for your mental health as, you know.

Maybe that more silent, mantra based meditation. So great. Well, certainly my experience is that it is just as it's better for my mental health because I'm able to do it right.

And even when I sit there going, oh, this isn't working, and I'm caught in my thoughts. If I skip a day of meditation or a couple days of meditation because travel comes up or whatever happens, I notice the difference.

I'm not as creative. I'm not as articulate. I'm not as patient. I'm not as kind. It's a I am a different person when I am meditating regularly, and that is why I emphasize it so much for other people and so many people.

I mean, I have I have a daughter, I have multiple businesses, you know, lots going on. And when people say, I'm too busy to meditate or I can't sit still, that is how you know you need it, right?

That is the message that you need it more than most people. And just 20 minutes. There's also, like yoga nidra where you can do things that are very calming for the brain, very relaxing, that actually help you potentiate sort of the benefits of deep sleep, but you're not sleeping.

And so in a compressed amount of time, you know, we're also like productivity driven. I hesitate to share this with people, but you can get this really deep rest in very quick amounts of time that help you feel more rejuvenated.

So you can go back to work, to parenting, to caring for an elderly loved one with dementia. And I really think that it's free. It's totally accessible.

You can go on YouTube, there's tons of apps. You don't have to pay for any of the apps. There's tons of this available for free online. And there's tons of resources out there.

And I really think that if everybody meditated, the world would be different. My world is different when I meditate. Yeah. I mean, just, you know, you know, you're a different person, you know, and it I mean, you have different values.

Just you show up for the world in a different way and probably focusing a little more open hearted, a little more gracious, a little more positive, or some of the data they found about people who engage in these activities on a regular basis.

And that all helps fight depression and anxiety. And in turn, that all helps fight dementia and and the consequences. I mean, that statistic, the dementia caregivers, they have two and a half to six times as likely to develop dementia, if that's, you know, something really to pay attention to and think about all of the they know good advice, but also clear protocols that are emerging in terms of what helps people with, prevention.

Yeah. So there's a particular type of meditation that's a highly researched kirtan kriya, which is sa to there's a finger component to it. There's a chant, the autonomy component to it.

And this has many, many publications, review articles that show that it is helpful for caregivers as well as for those suffering with dementia, that it increases telomere length, which is associated with aging.

It reduces inflammation, reduces pain, helps with blood sugar management and of course, anxiety and depression. And so this particular type of meditation is very well researched.

I mean, the most important thing is that you do it right. You choose a technique that you are going to do with that you're going to put to work. But Kirtan Kriya only takes 12 minutes.

You can have it guided on YouTube. And we do this at Marama. We do this every day with our residents there. But also we have our staff do it with them because it changes the environment, it changes.

There's a there's a feel when you walk in right after everyone's meditated compared to 20 minutes earlier before everyone kind of takes that deep breath.

You're calmer again. We show up as better versions of ourselves when we're meditating regularly. And if for my patients who say, oh, you know, I have a religious faith that it doesn't align with meditation, totally find a prayer, practice a Bible study, a gratitude journal.

There are lots of other techniques for, helping to support mindfulness and getting the benefits of that. Well, I love the positivity, Heather, and I hope one appreciates the encouragement, but also some of the really specific recommendations.

A lot of people we've never tried yoga nidra, you know, and, and so this encouragement, which is not something that is to say, you're, you know, ten years ago, but now it's so, so many people do, and it's so helpful.

What a quick YouTube video. Go get guided by one of the world experts, you know, use all this information and, use, the resources. We'll have some great resources from Heather in the bonus section and the resource section, of course.

But I love this idea that there's a lot accessible to us that can become part of your routine. And what's important is that you find it, that we find it and engaging it on a regular basis.

Everyone, there's so much more information about cognition and caregiver care, but I hope you really share this encouragement. Make more connection, focus on that.

More on correcting things. And Heather, thank you so much for your wisdom and and all of the, encouragement and excitement I want. I'm excited to learn more about a residential facility and just doing, a lot of different, wonderful and exciting things when it comes to taking care of people and their mental health and their cognition.

Everyone. There's been another wonderful, informative episode of the Depression and Anxiety Solutions Summit. I'm Doctor Ramsey, your co-host. Please check out the transcripts and the audio files of this one to get really back into all these details and incorporate these changes in your life.

I'll see you in the next episode. Thanks so much.