

**GLENN SMITH:** Hello. I'm Glenn Smith, a neuropsychologist with the Mayo Clinic Department of Psychiatry and Psychology. And I'd like to talk to you today about the progress we've made in identifying conditions that may eventually turn into dementia and our efforts to bring new treatments for those conditions. I've had the good fortune while here to work with a multidisciplinary team of neurologists, psychiatrists, neuropathologists, radiologists, and others to promote concepts like mild cognitive impairment, a condition where we can measure cognitive function that's abnormal for people's age, but not yet associated with functional problems in daily living. More recently, given the advance of biomarker tools like PiB, amyloid imaging, and tau PET imaging, we can now identify people who have brain changes, like Alzheimer's disease, well in advance of even being symptomatic. These advances give us the opportunity to think about prevention, both primary prevention and secondary prevention strategies that can help people possibly avoid dementia, or at least function as well as possible, for as long as possible.

Most recently, we've launched a program called HABIT, Healthy Action to Benefit Independence and Thinking for people with mild cognitive impairment. In this intensive 50-hour program, we try to use the person's preserved habit memory skills to compensate for their impairments in declarative memory. We teach them tools for memory compensation and try to develop a habit of daily exercise, daily cognitive engagement, and daily social engagement. These same strategies are likely to prove useful in primary prevention, where we try to engage all people as they age, in healthy lifestyles to reduce or eliminate their risk for dementia. Again I'm Glenn Smith, a neuropsychologist with the Department of Psychiatry and Psychology at Mayo Clinic.