

Can We Reverse Dementia?

Randy Vawdrey, NP-C

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Full Disclosure

Physicians Immediate Care Center  
RecoverMe™ (SNF/ALF Dementia Consulting)  
GetWell<sup>3</sup>- Weight Loss and Supplementation  
Psychotropic Drug Review Committee Chair

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Experience & Epiphanies

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### What Has Dr. Willey Taught Me?

1. The power of proper nutrition for making improvements in chronic disease management.
2. Safe and Effective Hormone Replacement
3. 'Optimize hormones while you work on weight loss and restoring gut health'
4. Balance out Cortisol, Thyroid, Sex Hormones (Estrogen, Testosterone, Progesterone)

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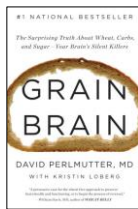
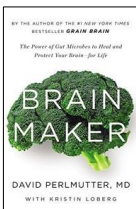
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### Dr. David Perlmutter- Neurologist




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### Dr. David Perlmutter- Neurologist

1. The potential challenges of dietary grains for those who are susceptible (hypothyroid, GERD, IBS, Family History of Dementia)
2. The toxicity of 'sweet' (in all of its forms)
  - a. Sugar
  - b. High Fructose Corn Syrup
  - c. Artificial Sugars / Sugar Alcohols
  - d. Natural Starches (potatoes and rice)
3. The power of healthy fats!

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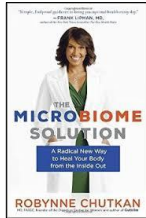
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### Dr. Robynne Chutkan- Gastroenterologist




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### Dr. Robynne Chutkan- Gastroenterologist

1. The destructive nature of Antibiotics to our body's ecosystem (local zoo animals)
2. The destructive nature of PPI/Antacids (Prilosec, Omeprazole, Nexium, Prevacid, Lansoprazole, Pepcid, Zantac, Ranitidine, etc.)
3. 'Remove, Restore, Replace'
4. "Live Dirty, Eat Clean"
5. Paleo + Vegan = 'Pegan' or 'Valeo' Diet

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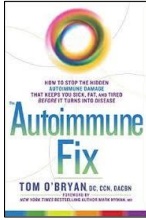
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Dr. Tom O'Bryan- Chiropractor, CCN




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Dr. Tom O'Bryan- Chiropractor, CCN

1. "Leaky Gut" and its role in the production of Autoimmune Disorders
  - a. Hypothyroid
  - b. Lupus
  - c. 'Myositis Disorders' like Fibromyalgia
2. Can we differentiate between Celiac Disease, Non-Celiac Gluten Sensitivity and Wheat Allergy
3. Failure of Traditional Medical Laboratory Testing

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Dr. Dale Bredesen- Neurologist

Study Title: Reversal of Cognitive Decline:  
A Novel Therapeutic Program

reference: Aging; Sept 27, 2014

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## Dr. Dale Bredesen- Neurologist

1. There have been 244 drug trials for medications that researchers thought could improve Alzheimers Dementia
2. 243 Failures
3. Sole Survivor- Namenda

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## 243/244 Failed Drug Trials

“The uniform failure of recent drug trials in Alzheimer’s disease has highlighted the critical need for a more accurate understanding of the fundamental nature of Alzheimer’s disease. Dr. Bredesen’s research has led to new insight that explains the erosion of memory in Alzheimer’s disease and has opened the door to a new therapeutic approach.”

reference: <http://www.buckinstitute.org/bredesenLab>

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## 9/10 Patients Improved in 3-6 months

- 6/10 quit working or were struggling with job  
All 6 returned to work or continued working with improved performance
- Cognitive improvement noted in 3-6 months and was ‘marked and sustained’ as far out as 2.5 years after study ended
- Results suggest cognitive decline may be related to metabolic processes (at least in early dementia)
- Drugs that might fail as monotherapy, may succeed as part of a therapeutic platform of approaches
- 1 failure was ‘late stage dementia’

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## Bredesen's Protocol

**M**etabolic **E**nhancement for **N**euro-**D**egeneration

See handout

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## Vawdrey's Protocol

**M**etabolic **E**nhancement for **N**euro-**D**egeneration +

**F**unctional **U**nderpinnings of **N**euro **C**ognitive **T**rauma  
from auto**I**mmunity, **O**xidation, **N**utritional deficits,  
**I**nflammation, e**N**teropathy, and **G**enetics

Memory Care/LTC Algorithm: **MEND FUNCTIONING**

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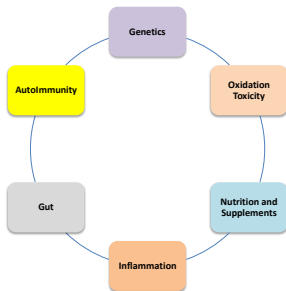
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## MEND FUNCTIONING



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### What does your Dementia Care Unit Look Like?

- Locked Doors, Secure Units
- Shaped like an indoor track so that people can wander incessantly, never arrive at their destination, but never care?
- “Best Staff” in all the world
- “Best Activities Program” in all the world
- “Certified” (MANDT, NVCI etc...)

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### What I think most Dementia Care Units Look Like?

1. A place where you warehouse residents
2. Medicated them into a delirium
3. No Good Dementia Treatment Solutions!
  - a) “Dementia is Not Reversible!!!”

**Myth #8** (alz.org)- There are treatments available to stop the progression of Alzheimer’s disease.

**Reality:** At this time, there is no treatment to cure, delay or stop the progression of Alzheimer’s disease. FDA-approved drugs temporarily slow worsening of symptoms for about 6 to 12 months, on average, for about half of the individuals who take them.

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### What Could Your Dementia Unit Look Like?

1. Create a Plan- Establish some New Treatment Expectations with Disclosures (Time Sensitive)
  - a. Diet / Nutrition
  - b. Supplementation
  - c. Medication Toxicity
2. Include Family / DPOA in setting timeframes and individualized planning
3. Admission Lab Testing- APOe, HLA/DQ2/8, MTHFR
4. Medication Changes / Orders- Eliminate Toxicity
  - a. Eliminate PPI’s / antacids
  - b. Resist antibiotic use (D-mannose)
5. Bowel Tracking Program
6. Rethink your Nutrition Plan- See attached handout
  - a. No grain, high fat, fermented food (kefir, kombucha)
7. Supplements
8. Dementia Assessments
9. Video Monitoring/Progress

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## Goals of Medication Management

Goals (within reason)\*:

- Limit benzo's
- Limit narcotics
- Limit NSAID'S (ibuprofen, naproxen, meloxicam)
- Reduce and Discontinue Reflux medications
- Question statin benefit (Post MI)
- Limit antibiotics by strengthening the small bowel
- Limit Psychoactive drugs (antipsychotics)

\*No decision is ever made independent of the DPOA/Health Care Proxy and is always done by disclosure. No decision is permanent and can always be revised.

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## Supplements

Starting Point (depends on medication compliance):

- B complex (topical if not taking PO meds)
- CoQ 10 + Selenium (anti-oxidant + Thyroid support)
- Zinc Picolinate (if hypothyroid)
- N- Acetyl Cysteine NAC (Liver Detox)
- Fish Oil (Anti-inflammatory, Synaptic Improvement)
- Coconut Oil (gut healing protocol MCT)
- Vitamin D<sub>3</sub>
- Alpha-Lipoic Acid / Cinnamon / Berberine
- Magnesium Threonate/Glycinate
- Curcumin

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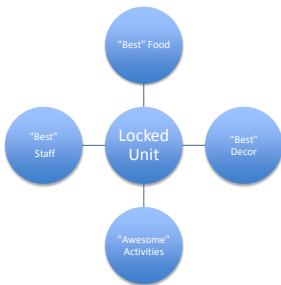
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## Conclusion: Status Quo




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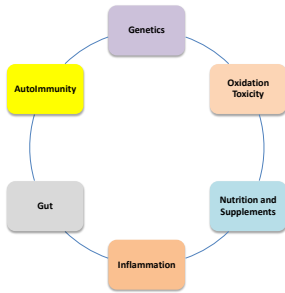
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### Conclusion: The New Norm



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### Challenges of a New Norm

1. Stop Saying: This is not what we do!
2. Start Saying: What could we do different? What are we missing?
3. Doctors and Nurses- Can we teach old dogs new tricks?
4. Toothless Residents
5. Dietary Restrictions- Is administration on board? Is the dietary manager on board?
6. Education- What will families think?
7. What will the surveyors do to us?
8. Money
9. Cultural Shift
10. Others?

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### Questions

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