Diversity and Dementia

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Updates on Dementia

Overview
- Background
- Incidence and Prevalence of Dementia
- Why are these differences found?
- What’s important for diverse dementia patients
- Treatment and Survival

Cost of Dementia
- Total cost of dementia worldwide in 2010
  - 604 billion dollars
- 70% of global cost
  - North America and Western Europe
- Annual cost of caring for people with AD is at least $172 billion (NIA)
So what about the US?

Projected Changes in AD prevalence by state

Diversity in Older Adults (65+) is on the Rise

2010 | 2050
---|---
20% | 42%

Latinos & Asians - fastest growing populations

Diversity in California

California diversity in 2010 = US diversity in 2050

State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000-2050.

Dementia is a condition of diverse populations

Worldwide | United States

Race and Ethnic Diversity

- US Census, Self-report
- Mutually exclusive categories,
  - Latino (Hispanic Ethnicity)
  - African American, Non-Latino
  - Asian, Non-Latino
  - White, Non-Latino
  - Other race/ethnic groups
- Each category diverse, example: Latino = many different Latin American, South American, and Caribbean countries

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Health and Retirement Study (HRS)

- Large, population based survey 50+
- Biennial assessment from 1992
- Health and Wealth
- Race/ethnic groups based on self report
  - African American, Latino, White
- Cognitive impairment defined using a standardized cognitive test developed for HRS

African American and Latino older adults have 2-3x higher prevalence of cognitive impairment compared to White older adults in US HRS

African American and Caribbean older adults have 2-3x higher prevalence of Alzheimer’s Disease and Dementia compared to White older adults in Washington Heights (n=2162)

Mexican American older adults have similar prevalence of Alzheimer’s Disease and Dementia compared to White older adults in Sacramento Area Longitudinal Study on Aging (SALSA)

Prevalence vs. Incidence

- Prevalence = Number of dementia cases in a defined population at a designated time
- Incidence = number of new cases in a defined population in a designated time interval

African American older adults have Higher AD Incidence compared to White Older Adults

<table>
<thead>
<tr>
<th>Study</th>
<th>Non-Latino White</th>
<th>African American</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chicago Health and Aging Project</td>
<td>3.0</td>
<td>3.5</td>
</tr>
<tr>
<td>Cardiovascular Health Study</td>
<td>1.9</td>
<td>3.5</td>
</tr>
<tr>
<td>Indianapolis-Ibadan Study</td>
<td>2.5</td>
<td>4.2</td>
</tr>
<tr>
<td>Northern Manhattan</td>
<td>1.9</td>
<td>4.2</td>
</tr>
</tbody>
</table>
Cross Cultural Studies Show Higher AD Incidence in US Compared to Country outside US

![Graph showing AD incidence percentages for different studies.]

Race/Ethnic Differences
- African American: increased prevalence and incidence
- Latino:
  - Caribbean Americans: increased prevalence
  - Mexican Americans: have similar prevalence
- Japanese Americans: increased rates compared to Japanese
- Other race/ethnic groups: Asian subgroups, American Indian, less frequently studied

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Socioeconomic factors underlying race/ethnic differences

Education and Literacy Account for Most of the Race Difference in Modified Mini-Mental State Exam Scores

Full assessment-Industry standard
- Medical Exam
- Neurological Exam
- Psychiatric Exam
- Neuropsychological Exam
- Laboratory values
- MRI/scans
- Consideration from multidisciplinary team
Screens understood differently by race/ethnic groups

- Mini-Mental State Exam
- Modified Mini-Mental State Exam
- Telephone Interview for Cognitive Status

All show differential item functioning by race

How does this affect assessment?

- ↓ specificity of cognitive measures in diverse older adults
- ↓ specificity can lead to misdiagnosis of cognitive impairment
- Racial/ethnic differences occur across cognitive domains

How best to use screening tests

- Cognitive decline over time has similar slope in African American, Latino and non-Hispanic white groups
- So use each patient as their own control

MAP/MARS: Level differences between Blacks & Whites, no difference in slope

Duke Established Populations for Epidemiologic Studies of the Elderly (EPESE)

Latino, African American and White older adults in HRS have similar cognitive decline over time

Sachs Ericsson, N 2005
What do you do if you only have a few minutes?
- For low literacy populations in community settings, items that are more ‘culture fair’
- Immediate and Delayed word recall
  - The change between how many words recalled immediately and the number recalled after a delay is highly predictive across populations
- Animal naming
  - (people can do it, it is quick and informative)

Case Vignette: Mrs. M.
- Older Latina woman (83 years)
- Came to the US at age 15
- Education to age 8 in Mexico
- Scored 24/30 on Spanish version of MMSE
- Dementia?

Vascular risk factors underlying race/ethnic differences

The link between diabetes and Alzheimer’s is important for minority adults
- People with mid-life diabetes have 2x the risk of dementia when they are older
- Diabetes is a risk factor for heart problems and renal failure and they, in turn, increase AD risk
- Diabetes is higher in African Americans and Latino older adults

Vascular Risk Factors higher in African American and Latino adults with cognitive impairment, HRS data

LDL-C predicts worse cognitive decline after AD diagnosis
- LDL-c associated with faster cognitive decline after AD diagnosis
- Simultaneously assessed other factors like diabetes and HDL
- When these accounted, no r/e differences found
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Risk perception

- Perceived risk of AD was measured by respondents' estimate of their percent chance (0-100) developing AD in the next 10 years.
- African Americans had a lower perceived risk than non-Latino whites

Symptoms recognized later?

- Qualitative study of 22 families
  - Whites (7)
  - Blacks (10)
  - American Indians (5)
- Ethnic minority groups often seek a diagnosis much later than their White counterparts.

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Lower rates of Nursing Home Placement for African American and Latino adults after Significant Cognitive Decline (>1SDpts).

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Raw %</th>
<th>Adjusted Hazard Ratio (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>7</td>
<td>0.4 (0.3-0.7)</td>
</tr>
<tr>
<td>Latino</td>
<td>4</td>
<td>0.2 (0.1-0.6)</td>
</tr>
<tr>
<td>White</td>
<td>9</td>
<td>Reference</td>
</tr>
</tbody>
</table>

Adjusted for fixed and time-dependent covariates: age, sex, education, total net worth, potential caregiver network, self-reported medical history of hypertension, heart disease, diabetes and stroke, body mass index, vigorous activity performed 3x per week, smoking, alcohol consumption, and cognitive function over time.

Lower Report of Acetylcholine Esterase Inhibitor Use

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Odds Ratio and 95% Confidence Intervals*</th>
</tr>
</thead>
<tbody>
<tr>
<td>White (ref)</td>
<td></td>
</tr>
<tr>
<td>All Non-White</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td></td>
</tr>
<tr>
<td>Latino</td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td></td>
</tr>
</tbody>
</table>

*Adjusted for: age, education, sex, living arrangement, caregiver, insurance status, medical history of diabetes, hypertension, MMSE Score and functional severity

Mehta, Neurology 2015
Longer survival in African Americans and Latino AD patients compared to White AD patients seen at ADC centers

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>% Mortality</th>
<th>Hazard Ratio*</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>30</td>
<td>0.85</td>
<td>0.74-0.96</td>
</tr>
<tr>
<td>Latino</td>
<td>21</td>
<td>0.57</td>
<td>0.46-0.69</td>
</tr>
<tr>
<td>Asian</td>
<td>17</td>
<td>1.06</td>
<td>0.81-1.39</td>
</tr>
<tr>
<td>American Indian</td>
<td>38</td>
<td>1.13</td>
<td>0.91-1.40</td>
</tr>
<tr>
<td>White</td>
<td>41</td>
<td>1.0 (ref)</td>
<td></td>
</tr>
</tbody>
</table>

*Adjusted for Demographics (age as the timescale, gender, educational level, ADC site as a clustering variable, current marital status, living situation), Mini-Mental State Exam Score, and age at first dementia symptom

HRS data, African American and Latino adults with Significant Cognitive Decline live longer than White older adults

For minority older adults this means
- Higher rates of Alzheimer’s/Dementia
- Symptoms recognized later
- Lower medication use
- Lower Nursing Home placement
- Longer survival
  = HIGH BURDEN

Dementia & Diversity: Summary
- Race/ethnic diversity is growing in the US older adult population with dementia
- Incidence and prevalence of dementia ↑ in some groups, data strongest for AA/white difference
- Socioeconomic and vascular risk factors may be causes of group differences
- African American and Latino with cognitive impairment/dementia may live longer with the disease resulting in more caregiving at home

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