Diversity and Dementia

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Overview

- Background
- Incidence and Prevalence of Dementia
- Why are these differences found?
- What’s important for diverse dementia patients
- Treatment and Survival
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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)
Figure 2: People everywhere are living longer.


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Figure 3: The growth in numbers of people with dementia in high income countries and low and middle income countries.

Numbers of people with dementia (millions)

- Low and middle income countries
- High income countries

Year

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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


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Diversity in California

California diversity in 2010 = US diversity in 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

2010, Alzheimer’s Disease Facts and Figures, Special Report
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). 

Gurland, International Journal of Geriatric Psychiatry 1999

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). 

Haan MN, JAGS, 2003
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>2.5</td>
<td>3.0</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></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

<table>
<thead>
<tr>
<th>Study</th>
<th>Age standardized annual incidence (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indianapolis-Ibadan Study**</td>
<td>1.2</td>
</tr>
<tr>
<td>Honolulu Asia Aging Study</td>
<td>1.0</td>
</tr>
<tr>
<td>Yoruba</td>
<td>2.5</td>
</tr>
<tr>
<td>African American</td>
<td>1.9</td>
</tr>
<tr>
<td>Japanese</td>
<td></td>
</tr>
<tr>
<td>Japanese-American</td>
<td></td>
</tr>
</tbody>
</table>

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**

![Graph showing the Modified Mini-Mental State Exam (3MS) scores for different categories.](image)

Mehta KM, JAGS 2004

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**Full assessment-Industry standard**

- Medical Exam
- Neurological Exam
- Psychiatric Exam
- Neuropsychological Exam
- Laboratory values
- MRI/scans
- Consideration from multidisciplinary team

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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

Level differences between Blacks & Whites, no difference in slope*

* slope simulated due to copyright restrictions
Duke Established Populations for Epidemiologic Studies of the Elderly (EPESE)

![Graph showing Short Portable Mental Status Questionnaire Score (0-10) over time for Whites and African Americans.](image)

Sachs-Ericsson, N 2005

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

![Graph showing cognitive decline over time for Latinos, African Americans, and Whites.](image)

Mehta KM, HRS unpublished data
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)

Vascular risk factors underlying race/ethnic differences
Vascular Risk Factors higher in African American and Latino adults with cognitive impairment, HRS data

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
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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

Chung, S., Mehta K, Shamway M. Value in Health, 2009
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.

ICAD, 2010, Dilworth Anderson

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Lower Report of Acetylcholine Esterase Inhibitor Use

![Graph showing odds ratio and 95% confidence intervals for different ethnicities.](image)

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

Mehta, Neurology 2005

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

<table>
<thead>
<tr>
<th></th>
<th>Nursing Home Placement</th>
<th>Raw %</th>
<th>Adjusted Hazard Ratio (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td></td>
<td>7</td>
<td>0.4 (0.3-0.7)</td>
</tr>
<tr>
<td>Latino</td>
<td></td>
<td>4</td>
<td>0.2 (0.1-0.6)</td>
</tr>
<tr>
<td>White</td>
<td></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.

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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

Mehta KM, 2008 Neurology

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

Abstract, 2010 ICAD meeting
Summary: Individual level
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

Summary: population level

- 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
Acknowledgements

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HRS
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- M. Kabeto

Columbia University
- Jeanne Teresi

Dementia and Diversity
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?