

Cognitive Decline: A Snapshot of Georgia

More than 16 million people in the United States (U.S.) are living with cognitive impairment.¹ While cognitive impairment is not an inevitable result of aging, age is the greatest risk factor. As the U.S. population continues to age and the number of people aged 65 years and older increases, cognitive impairment is expected to also increase.

While having cognitive decline and impairment does not necessarily mean a person will develop future dementia, current research estimates that between 32 and 53 percent of individuals with mild cognitive impairment will experience some form of dementia later in life.^{2,3,4} There is also evidence that older adults with memory complaints have a greater risk than those without memory complaints for developing mild cognitive impairment (a potential precursor to Alzheimer's disease).⁵

In Georgia during 2013, the percent of adults who self-reported increased confusion or memory loss (ICML) was relatively consistent across different races and ethnicities; however, there were disparities by socioeconomic status, chronic disease risk behaviors and chronic diseases. Equitable access to care and early diagnosis are critical not only for maintaining quality of life and independence, but are important steps in reducing the potential economic burdens of cognitive impairment.

Some causes for cognitive decline such as depression, infections, medication side effects or nutritional deficiencies are reversible but they can be serious and should be treated by a health-care provider as soon as possible.⁶

In Georgia, the Alzheimer's Association estimates that 130,000 adults aged 65 years or older have Alzheimer's Disease or related dementia. These numbers are expected to increase to 190,000 by 2025, an increase of 46.2 percent.⁷

Some states are conducting surveillance to determine the burden of cognitive impairment and dementias. Surveillance will help target the best strategies, programs and policies to address the needs of those living with cognitive impairment while simultaneously being prepared to assist the growing population at risk for cognitive impairment. Public health efforts are critical to promote healthy behavior and extend independent life in the community.



What Is Cognitive Impairment?

Cognitive Impairment is when a person has trouble remembering, concentrating, learning new things, or making decisions that affect their everyday life. Cognitive impairment ranges from mild to severe. With mild impairment, people may begin to notice changes in cognitive function, but may still be able to do their daily activities. Severe levels of impairment can lead to the inability to understand the meaning or importance of something and the ability to talk or write, resulting in the inability to live independently. Alzheimer's is just one disease that may result in cognitive impairment and is not the only cause of cognitive impairment⁸.



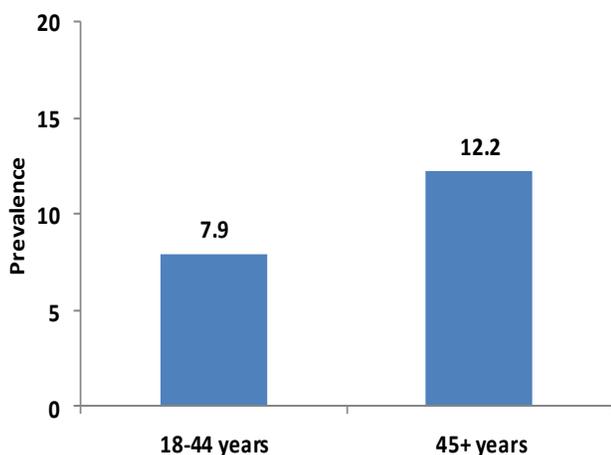
Assessing Cognitive Decline:

The Use of Increased Confusion or Memory Loss (ICML) as a Measurement Tool

The following data came from the 2013 Georgia Behavioral Risk Factor Surveillance System (BRFSS) Cognitive Decline Optional Module that was conducted in collaboration with the Centers for Disease Control and Prevention (CDC). This module asks about confusion or memory loss that is happening more often or getting worse over that past 12 months. The measure is referred to as “increased confusion or memory loss” (ICML). The BRFSS (www.cdc.gov/brfss) is a continuous data collection tool for states to gather data on health issues to use in setting priorities. As a result of the data collected from this module, Georgia will be in a better position to highlight opportunities to address the needs and improve the health of adults in Georgia affected by cognitive decline. Public health professionals and other public health partners will have state-level data to reference in developing programs and policies to address the needs of adults living with cognitive decline in communities across the state.

Prevalence of ICML, by Age Groups, Georgia, 2013

Prevalence of ICML among adults 45+ years, by age, Georgia 2013



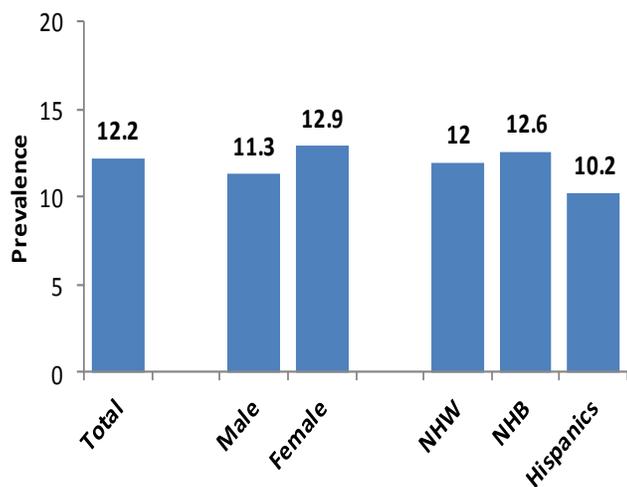
Although, not a normal part of aging, increasing age is the greatest known risk factor for memory loss. The majority of people with memory loss or dementia tend to be older adults.

In Georgia during 2013, experiencing increased confusion or memory loss (ICML) in the past 12 months was more common among adults 45 years and older (12.2 percent) than those aged 18 to 44 years old (7.9 percent).

Although, not significantly different, ICML was more common among females and non-Hispanic blacks.

The Big Picture: Older adults are the most at risk population for ICML. Aging of the U.S. population as the “baby boomer” generation continues to grow older will result in an increased number of individuals with ICML in the future.

Prevalence of ICML among adults 45+ years, by sex and race/ethnicity, Georgia 2013



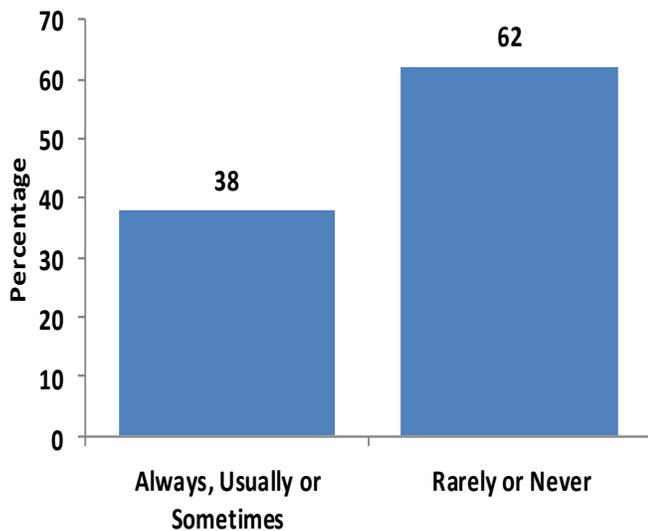
State agencies and key partners can focus on ensuring all age groups at elevated risk of ICML are included in planning and preparedness when working with those living with ICML. Adults under the age of 65 without access to Medicare or Medicaid may be particularly vulnerable and should be accounted for in planning.

State health agencies can ensure that strategic planning, surveillance and programmatic efforts are carried out by key public and private partnerships that support the health and well-being of older adults, including self-management programs.



Care Provided Due to ICML, Adults Aged 45+ Years, Georgia, 2013

Percentage of adults aged 45+ years who reported having care provided to them because of ICML, Georgia, 2013



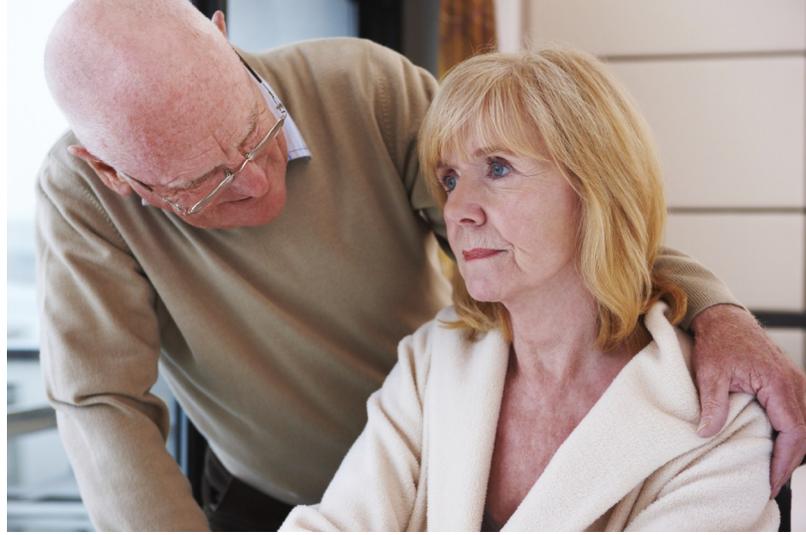
Approximately 38 percent of Georgia adults aged 45 years and older who reported ICML also reported needing care provided to them because of ICML.

The Big Picture: Care may be in the form of home or community-based services or nursing home placement; however, care is also often provided by family and friends. Family caregivers who provide most of the care for people with ICML have been shown to have increased levels of depression and anxiety, poorer self-reported physical health, and increased mortality.^{9,10} Severe ICML can also result in high costs to Medicaid and other state programs.

The average Medicaid payment for a person aged 65 or older with Alzheimer's or other dementias is nine times higher than that for other beneficiaries in the same age group without dementia. —*Alzheimer's Disease Facts and Figures, 2010*

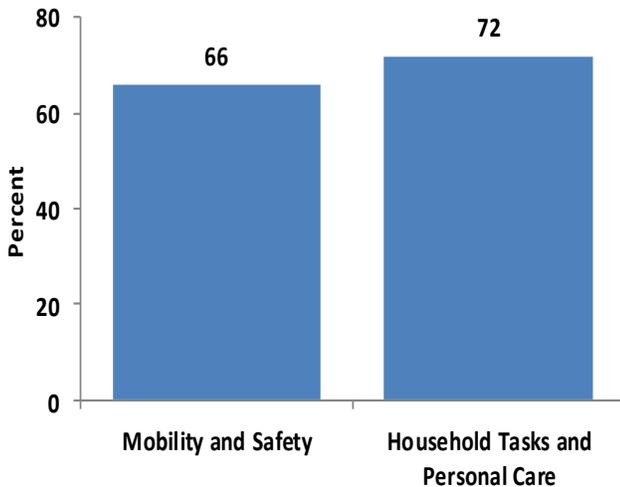
Impact of ICML on Caregivers

Cognitive impairment or ICML often leads to enormous emotional, physical and financial tolls on family caregivers. According to the Alzheimer's Association, Georgia caregivers provided 576 million hours of unpaid care in 2014 alone. Family caregivers also often report a decline in their own health as they try to balance the demands of caregiving for a loved one with their own needs and responsibilities.



Type of care provided for those with ICML, Adults Aged 45+ Years, Georgia, 2013

Percentage of adults aged 45+ years who reported ICML and needing care, and reported a specific type of care required due to ICML, Georgia, 2013



Types of care are not mutually exclusive. Of the 38 percent of respondents with ICML who reported needing care, when asked about the type of care required, respondents were able to report needing care in more than one area.

Among adults aged 45 years and older with ICML who reported needing care, approximately 66 percent reported needing care provided to them for transportation and safety purposes. Approximately 72 percent also reported needing care provided to them for other purposes, such as household tasks and personal care.

The Big Picture: Adults with ICML may need more assistance than those without ICML; however, individuals have differing needs and requirements. Ensuring individuals with ICML have personal care and household assistance, either through family caregivers, home services or nursing care is particularly important as cognitive function deteriorates. For those who may not need assistance at home, transportation and safety may still be important concerns. State agencies, local government, partner organizations and caregivers must all be planning not only for household needs, but ensuring there is adequate and safe transportation, and resources for individuals who may need assistance.

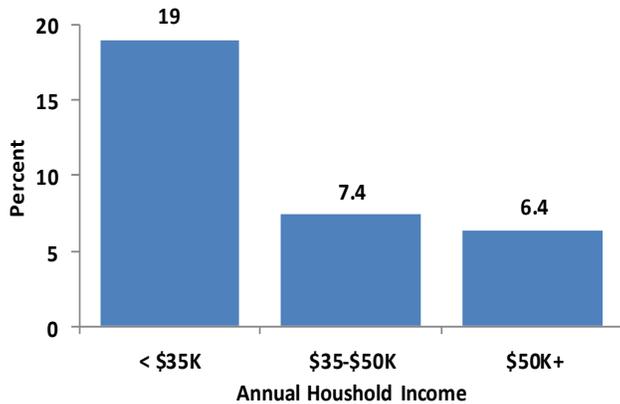
In Georgia, during 2014, there were an estimated 251 million dollars in additional health care costs for those providing care to patients, family, or friends with Alzheimer's or dementia — 2015 Georgia Alzheimer's Statistics

Measuring Socioeconomic Status: The Importance of Multiple Metrics

While socioeconomic status (SES) or similar concepts of categorizing social class have long been recognized as important factors in individual and population health, traditional metrics such as income and education have been shown to be inadequate indicators¹¹. In this summary, two social context questions from the BRFSS, “difficulty buying food” and “difficulty paying rent”, were also included as additional measures of SES.

Prevalence of ICML, by Income, Adults Aged 45+ Years, Georgia, 2013

Percentage of adults aged 45+ years who reported ICML, by income level, Georgia, 2013



The prevalence of ICML was significantly higher among individuals reporting difficulty in paying rent (20.5 percent) or buying food (24.8 percent), compared to those without difficulty paying rent (7.1 percent) or buying food (8.1 percent).

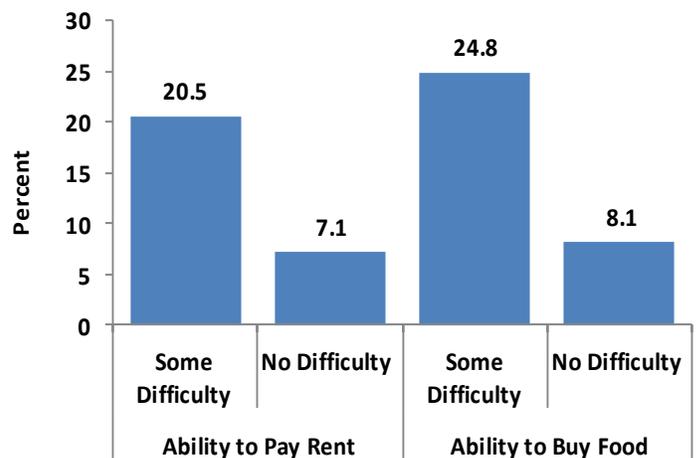
The Big Picture: *Difficulty in paying rent and buying food are important indicators of financial hardship. They may also indicate reduced access to personal and medical resources to manage the impacts of ICML. Situations of poverty may also place additional cognitive burden and stress on individuals, making it more difficult to maintain independence, high quality of life and manage symptoms of cognitive impairment.*¹⁵

The prevalence of ICML was 19% among adults aged 45 years and older whose annual household income was less than \$35,000, while it was 6.4% among those whose annual household income was greater than \$50,000.

The Big Picture: *A larger burden of ICML is apparent among those at the lower socioeconomic status. Particularly for those under age 65, those with lower income may have decreased access to medical services and ability of family to provide support.¹² Early diagnosis and access to care is important for those with ICML. For Alzheimer’s disease in particular, early-stage detection may slow progression of the disease.^{13,14} Ensuring all individuals with ICML can be linked to resources and early care will help improve quality of life and delay the need for more costly long-term care.*

Prevalence of ICML, by the Level of Difficulty Paying for Housing and Food, Georgia, 2013

Percentage of adults aged 45+ years who reported ICML, by self-reported difficulty in purchasing food or paying rent, Georgia, 2013



Responses were grouped into “no difficulty” (never, rarely), and “some difficulty” (sometimes, usually, always).



Chronic Disease and Cognitive Impairment

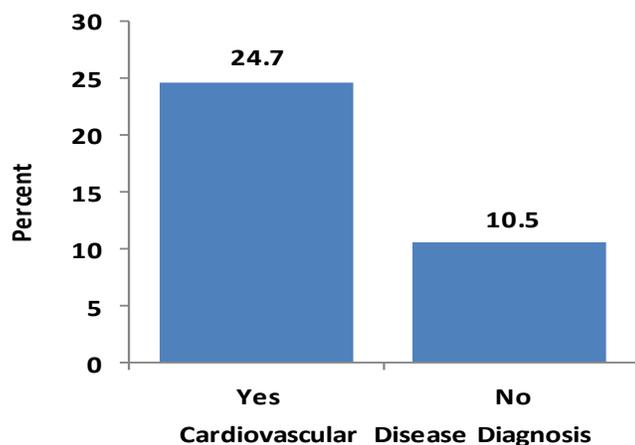
People with cognitive impairment are disproportionately affected by other chronic conditions, such as cardiovascular disease, diabetes, arthritis, and mental health conditions. These comorbidities pose critical challenges as they can potentially interfere with the ability for self-management and place additional demands on existing health care providers. There is some evidence of worse long term health outcomes for those individuals with both cognitive impairment and chronic conditions.^{16,17}

Approximately 44 percent of Georgia adults aged 45 years and older with poor mental health status also reported ICML.

The Big Picture: *Mental health is a growing concern among patients at risk of cognitive impairment or exhibiting symptoms such as ICML. A recent study reported 85% percent of patients with mild cognitive impairment and depression developed some form of dementia compared to 32 percent of non-depressed patients with mild cognitive impairment.³ Ensuring mental health resources and treatment are available to aging individuals could be an important factor in improving long term outcomes of cognitive impairment.*

Prevalence of ICML and Cardiovascular Disease, Adults Aged 45+ Years, Georgia, 2013

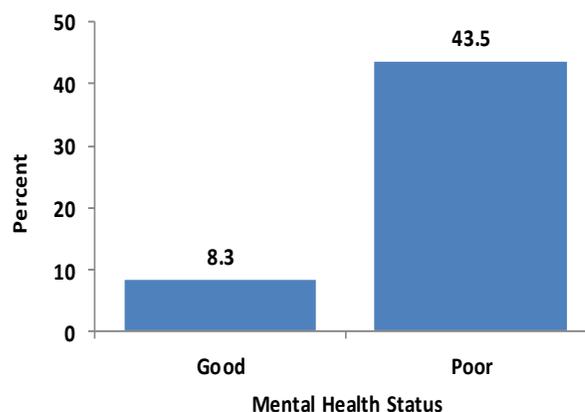
Percentage of adults aged 45+ years who report ICML, by cardiovascular disease status, Georgia, 2013



Cardiovascular Disease (CVD) was defined as the diagnosis of at least one of the following three conditions: angina, heart attack, and/or stroke.

Prevalence of ICML and Mental Health, Adults Aged 45+ Years, Georgia, 2013

Percentage of adults aged 45+ years who reported ICML, by mental health status, Georgia, 2013



Approximately 25 percent of Georgia adults aged 45 or older who reported diagnosed cardiovascular disease also reported ICML.

The Big Picture: *As individuals age, they are at increased risk for chronic diseases such as cardiovascular diseases. Confusion or memory loss may pose a significant challenge to proper self-management of many chronic diseases. This may lead to worse health outcomes and places additional burden on family members and caregivers. The prevalence of ICML was significantly higher among respondents who were current smokers (20.5 percent) than non-smokers (10.7 percent), who reported arthritis (19.6 percent) compared to those without arthritis (7.3 percent), and those who had general poor health (27.3 percent) compared to those who reported good health (7.3 percent).*

Alzheimer's Disease and Related Dementia State Registry

Data about Alzheimer's disease and related dementia (ADRD) is sparse in Georgia. To inform policy, planning, and research concerning ADRD in Georgia, during the 2014 Georgia Legislative Session, a legislation to establish and maintain an ADRD Registry within the Georgia Department of Public Health was passed.

For more information about the Georgia ADRD registry, please visit <http://dph.georgia.gov/alzheimers-registry>

What you can do^{7, 13}

- Some causes of cognitive impairment may be treatable or may be due to conditions that mimic cognitive impairment. These include depression, drug interaction, excess alcohol use, symptoms associated with certain vitamins, and dehydration. *Talk to a healthcare provider if you experience symptoms.*
- People with cognitive impairment are disproportionately affected by other chronic conditions such as heart disease and diabetes. Cognitive impairment may lead to difficulties in self-management of multiple conditions, resulting in potentially worse chronic disease outcomes. *Be aware that ICML could affect the ability to manage other chronic diseases.*

- While age is the primary risk factor for cognitive impairment, other risks include head injury, physical inactivity, poor dietary habits and chronic diseases such as diabetes and heart diseases. *Reduce your risk of ICML by maintaining regular physical activity, eating a healthy diet, keeping your mind active, maintaining healthy blood sugar levels and maintaining good heart health (e.g., quitting smoking, decreasing cholesterol levels, reducing sodium [salt] intake, and decreasing alcohol consumption). Protect your head from injuries by ensuring you wear a helmet when riding a bike, buckle your seat belt and remove objects that could lead to a fall in your home.*
- *Plan ahead.* Put financial and legal plans in place to express wishes for future care and decisions.

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LINKS TO RESOURCES

Alzheimer's Association: www.alz.org

National Institute on Aging: www.nia.nih.gov

Family Caregiver Alliance: www.caregiving.org

Centers for Disease Control and Prevention: www.cdc.gov/aging

Georgia Division of Aging Services: <https://aging.dhs.georgia.gov/>

Alzheimer's disease registry, Georgia: <http://dph.georgia.gov/>

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