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Lower Risk of 10-Year Incident Cognitive Impairment for Mexican Americans Aged 75 and Older in 2004-05 Compared to 1993-94

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Introduction: There is growing evidence for a decline in the prevalence and incidence of Alzheimer's disease and related dementias. These findings have been attributed to greater educational attainment, reduced incidence of stroke, and better management of chronic health conditions. However, limited research has examined if the declining trend in dementia risk are also occurring in minority populations, especially Mexican Americans.

Methods: Data: This analysis used data from the Hispanic Established Populations for the Epidemiologic Study of the Elderly (H-EPESE) to examine differences in the 10-year risk of cognitive impairment for Mexican Americans aged 75 and older in 2004-05 compared to Mexican Americans aged 75 and older in 1993-94. The H-EPESE is an ongoing longitudinal study of Mexican Americans aged 65 years and older living in the southwestern United States. The first observation wave was completed in 1993-94 and follow-up observation waves have been completed approximately every two years. Of the 3,050 participants interviewed at wave one, 1132 participants were 75 years of age and older. At wave five (2004-05), a new cohort of 902 participants aged 75 and older were added to the sample. Wave one is the baseline observation wave for the Original Cohort and wave five is the baseline observation wave for the New Cohort. We excluded participants who were cognitively

impaired at baseline, required a proxy to complete the baseline interview, or were missing data for one or more covariates at the baseline interview (see measures). The final sample included 1311 participants, 763 from the Original Cohort and 548 from the New Cohort.

Measures: Cognitive impairment was defined as scoring ≤ 18 points on the Mini-Mental Status Exam. Cox-proportional hazards regression models adjusted for age and gender were used to examine the risk for 10-year incident cognitive impairment for participants in the New Cohort compared to the Original Cohort. Subsequent models controlled for education, health conditions (diabetes, hypertension, stroke, heart disease, and depression), and having ever smoked ≤ 100 cigarettes.

Results: Compared to participants in the Original Cohort, those in the New Cohort were more likely to be born in the U.S., completed more years of education, had a higher prevalence of diabetes and hypertension, and were more likely to have smoked ≤ 100 cigarettes. The Original Cohort was more likely to have high depressive symptoms than the New Cohort. The results from model one showed that the New Cohort had a significantly lower risk for incident cognitive impairment compared to the Original Cohort (hazard ratio [HR] = 0.81, 95% CI=0.66–0.99). The increased risk was reduced and no longer statistically significant after controlling for years of education (HR=0.89, 95% CI=0.72–1.09). The results were consistent after controlling for health conditions and smoking history (HR=0.90, 95% CI=0.73–1.11).

Conclusions: This analysis produced evidence that the risk for incident cognitive impairment over a 10-year period is lower for Mexican Americans aged ≤ 75 in 2004-05 compared to those aged ≤ 75 in 1993-94. The lower risk for cognitive impairment was due in part to cohort differences in educational attainment. Continued research is needed to identify other characteristics of more recent cohorts of older Mexican Americans that may contribute to a lower risk of cognitive impairment.

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