Systematic Review of Dementia Prevalence and Incidence of Dementia in United States Race/Ethnic Populations

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How Common is a Disease in a Population?—Two Measures

Prevalence
- Number or percent of the population diagnosed with the disease at one point in time
- Gives an idea of the "burden" of the disease

Incidence
- Number or rate of new cases of a disease during a specific time period.
- Gives an idea of the rate of change over time
- Can compare time periods or populations

Search
- 1229 studies identified through PubMed reviewed

Database
- 114 with appropriate recruitment and diagnostic methods were included in database

Analysis
- Comparisons very difficult
- Different ages, methodologies, reporting styles
What Do We Know About Dementia Prevalence in Race/Ethnic Populations?

**African Americans**

- (10 of the 19 studies)
- ~ ages of samples from 40+ to 100+
- ~ prevalence ranges from 0.01% to 68%
- ~ four reported age ≥65: 7%, 8%, 16%, 22%
- ~ four reported age ≥85: 18%, 23%, 32%, 59%

In the 8 studies who also had a non-Latino white comparison group, all but one showed lower rates for whites.

**Latino/Hispanic Prevalence**

- **Mexican American** (SALSA)
  - ≥ 60: 5%
  - ≥85: 31%
- **Puerto Rican** (PR Veterans)
  - ≥ 65: 13%
- **Cuban American** (women)
  - ≥ 65: 13%
- **Caribbean Hispanic** (No. Manhattan Dominican, PR, & Cuban)
  - 65-74: 8%
  - 75-84: 28%
  - ≥ 85: 63%.
Asian American Prevalence

Japanese Americans
- Honolulu Heart Study/HAAS Men
  - ≥ 65: 8%; ≥85: 33%
- Kame Study (Seattle area)
  - ≥ 65: 6%

Korean American
- MASK-MD (screening data only) ≥ 60: 7%

NO DATA AVAILABLE ON OTHER ASIAN AMERICAN POPULATIONS

American Indian Prevalence

NO RELIABLE REPORTS AMONG AMERICAN INDIAN POPULATIONS

Pacific Islander Prevalence

- Chamorros (indigenous population of Guam)
  - ≥ 65: 12% (9% Guam Dementia)
### Effects of Ethnicity & Education

**North Manhattan Study**

- In follow up analysis, age and education had the strongest association with risk of dementia.

- When differences in age and education were controlled, there were NO differences between the ethnic groups in rates of dementia.

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**Prevalence**

- **Hisp.**
- **Af. Am.**
- **NH White**

Gurland et al., 1997
What Did We Learn?

There are major gaps in the evidence for rates of prevalence or incidence among different race/ethnic populations.

- American Indians
- Most Asian American populations
  - Chinese, Filipino, Asian Indian, Vietnamese
  - Smaller Asian groups
- Most Pacific Islander populations

What Did We Learn?

- It is impossible to compare results of studies fairly within or across population groups because of differences in:
  - Age of subjects
  - Recruitment and inclusion strategies
  - Diagnostic methods
  - How results are reported (by age or gender categories only)

Result: Disparities cannot accurately be documented
What Did We Learn?

*It is important to disaggregate data on ethnic populations within the large race/ethnic minority categories used by the Census.*

For example, the lowest and highest rates are found among populations classified as Hispanic/Latino. If lumped together, the results are misleading.

Recommendations to Increase our Knowledge about Disparities

- Develop standardized protocol for race/ethnic epidemiological research
- Prioritize funding for ethnic specific populations with little or no data
- Include ethnic community members in research teams
CLINICAL IMPLICATIONS

- LANGUAGE, EDUCATION, & LITERACY
  - Appropriate Assessment
  - Use of Interpreters

- COMORBIDITY
  - Diabetes
  - Hypertension, Stroke

- CAREGIVING
  - Support Programs
  - Caregiver Health

NEXT STEPS

- KNOWLEDGE OF RISK FACTORS
- INTERVENTIONS
- DECREASE IN DISPARITIES
Thank You

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