

PREVALENCE AND INCIDENCE OF DEMENTIA IN RACE/ETHNIC POPULATIONS IN THE U.S.

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

Mehta and Yeo

Search

. 1229 studies reviewed

Data
Base

. 114 with appropriate recruitment
and diagnostic methods included
in data base

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)
PR Veterans ≥ 65 : 13%
- Cuban American (women)
 ≥ 65 : 13%
- Caribbean Hispanic (Dominican, PR, & Cuban)
65-74: 8%
75-84: 28%
 ≥ 85 : 63% in those aged 85 and over.

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

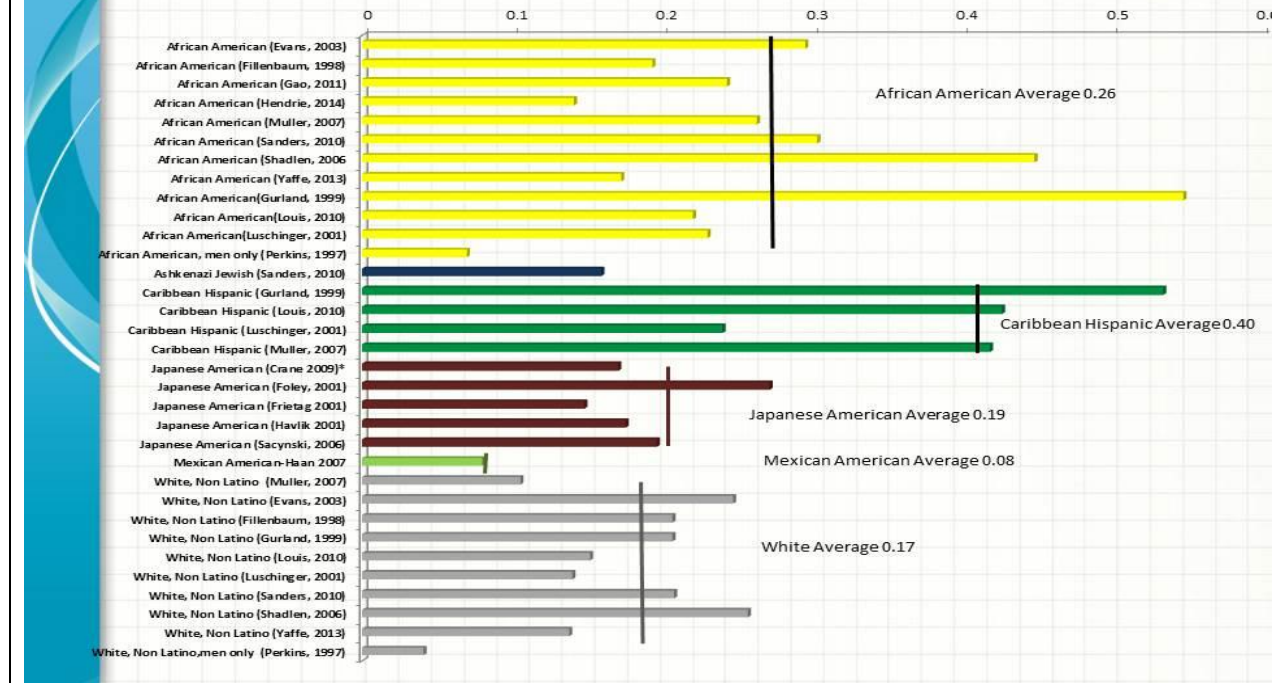
American Indian Prevalence

- NO RELIABLE REPORTS AMONG
AMERICAN INDIAN POPULATIONS

Pacific Islander Prevalence

- Chamorros (indigenous population of Guam)
≥ 65: 12% (9% Guam Dementia)

AVERAGE ANNUAL INCIDENCE BY RACE/ETHNICITY



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 categories only?
 - By 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 categories used by OMB.

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

Northern CA Kaiser Permanente Multi-Ethnic Incidence Study, 2016

Followed 274 thousand patients ≥ 60 for 14 years,
age adjusted dementia incidence rates per 1000
person/years were:

Asian American	15.2
NL White	19.4
Pacific Islander	19.6
Latino	19.6
American Indian/AN	22.2
African American	26.6

Mayeda et al.

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
- Require inclusion of target community members in research team

NEXT STEPS

KNOWLEDGE OF
RISK FACTORS

INTERVENTIONS

DECREASE IN
DISPARITIES