

# Preventing Dementia

What risk factors should we target and in whom?

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Associate Professor of Epidemiology, Harvard T.H. Chan School of Public Health;

Head, Epidemiology of Dementia Lab, Monash University;  
PI, the Brain and Cognitive Health (BACH) cohort study;



# Overview

- The changing landscape of dementia
- Vascular risk factors and dementia
- Lifestyle and dementia
- Sleep and dementia
- Conclusions

# Dementia: A Growing Health Concern

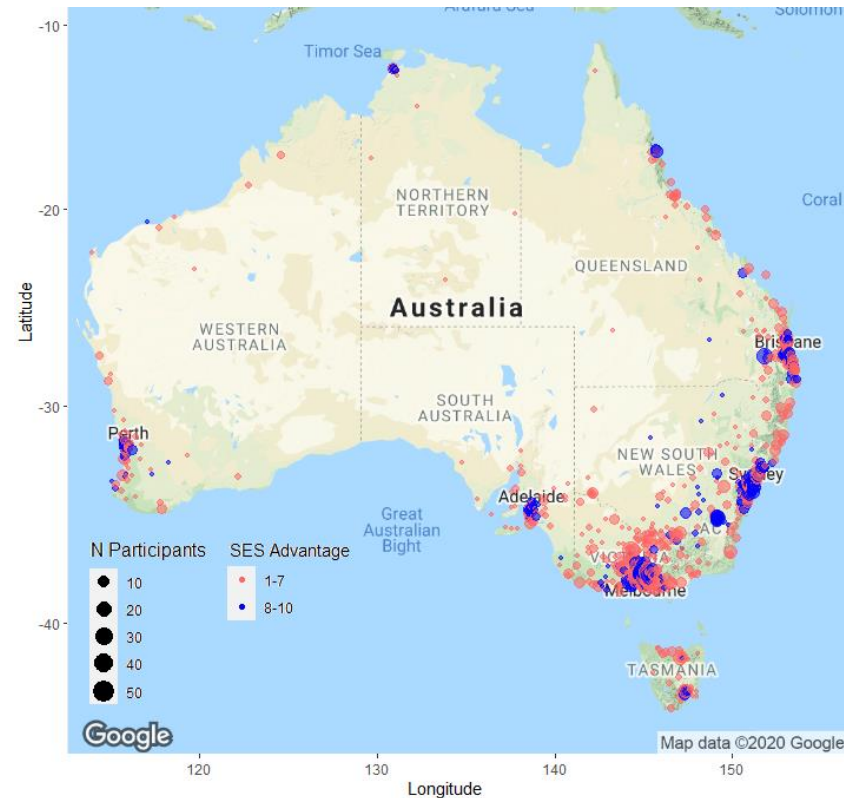
The global impact of dementia



Source: Dementia Alliance International

# Neighbourhood Advantage & Dementia Risk

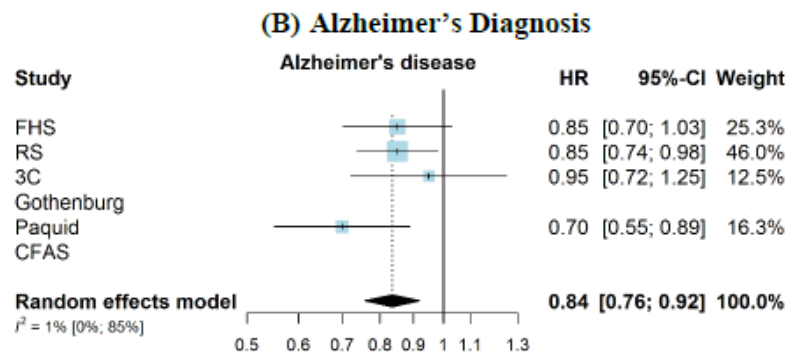
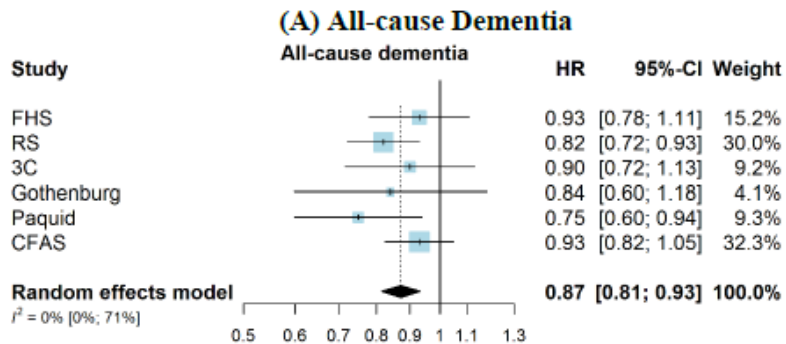
- Cross-sectional study of 4656 Australian adults aged 40 to 70 years
- Higher neighborhood-level SES was associated with better memory and lower dementia risk scores
- Findings were independent of rurality



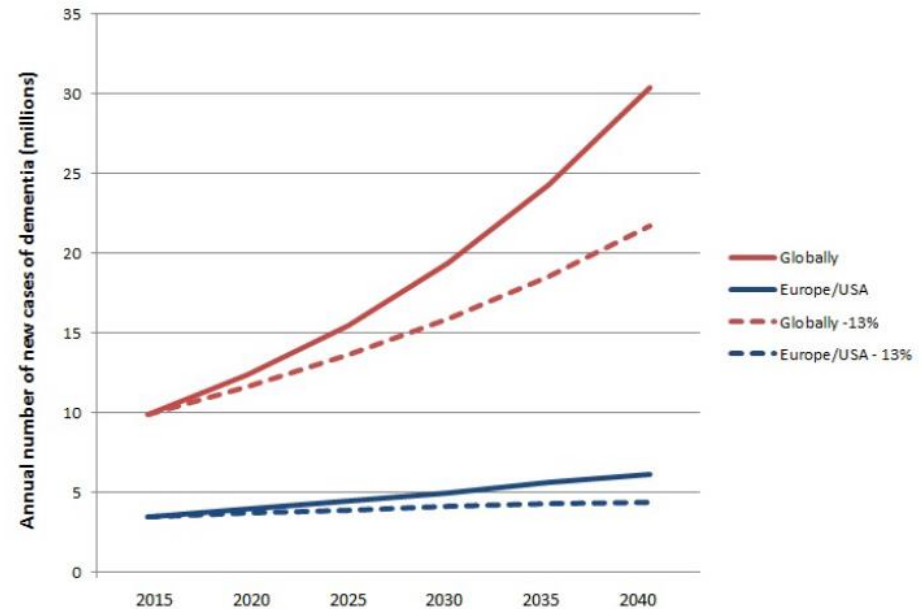
# The Average Persons Risk of Dementia Is:

- 1) Higher than that of their parents
- 2) Lower than that of their parents
- 3) The same as their parents

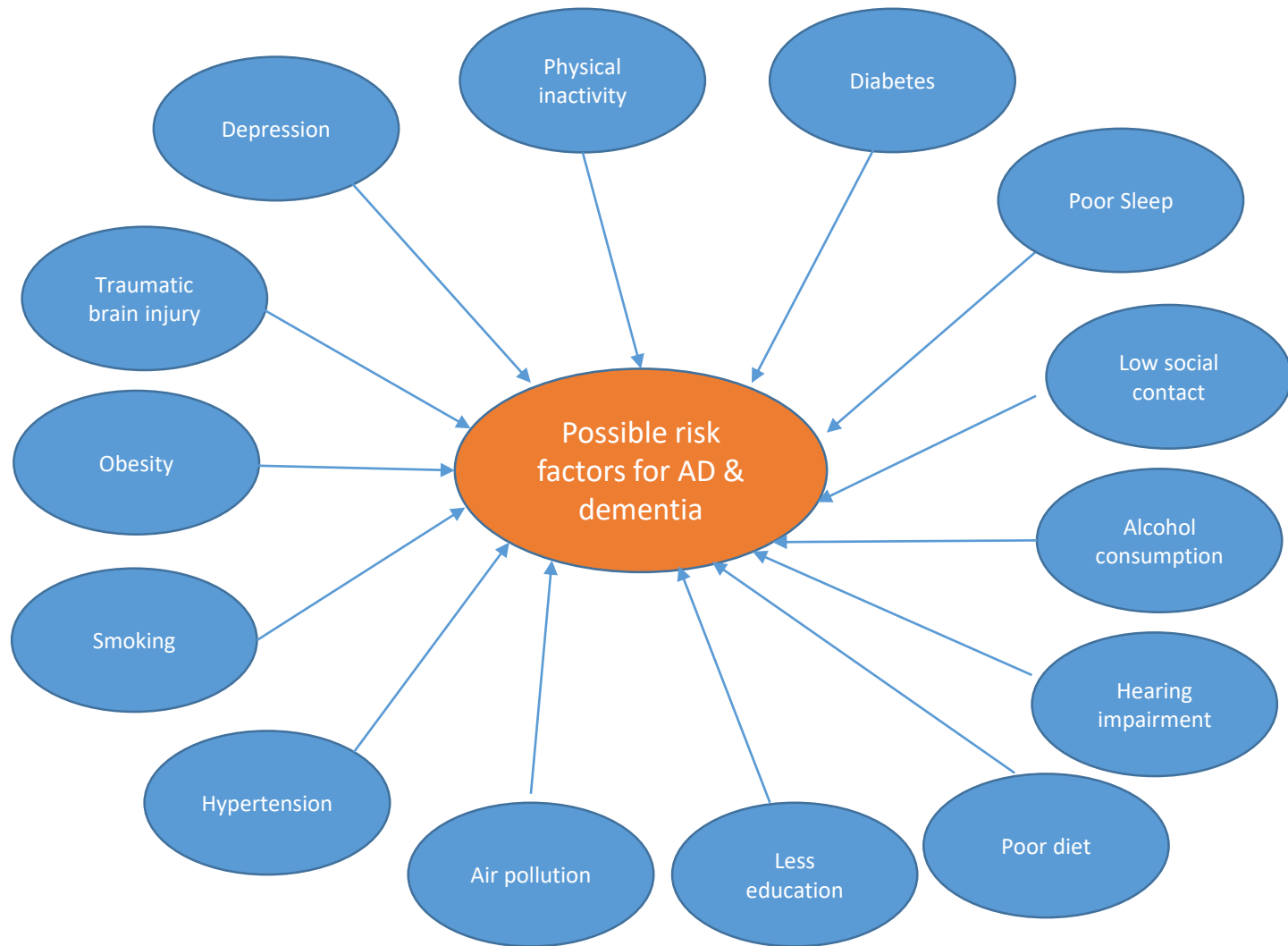
# The Changing Landscape of Dementia

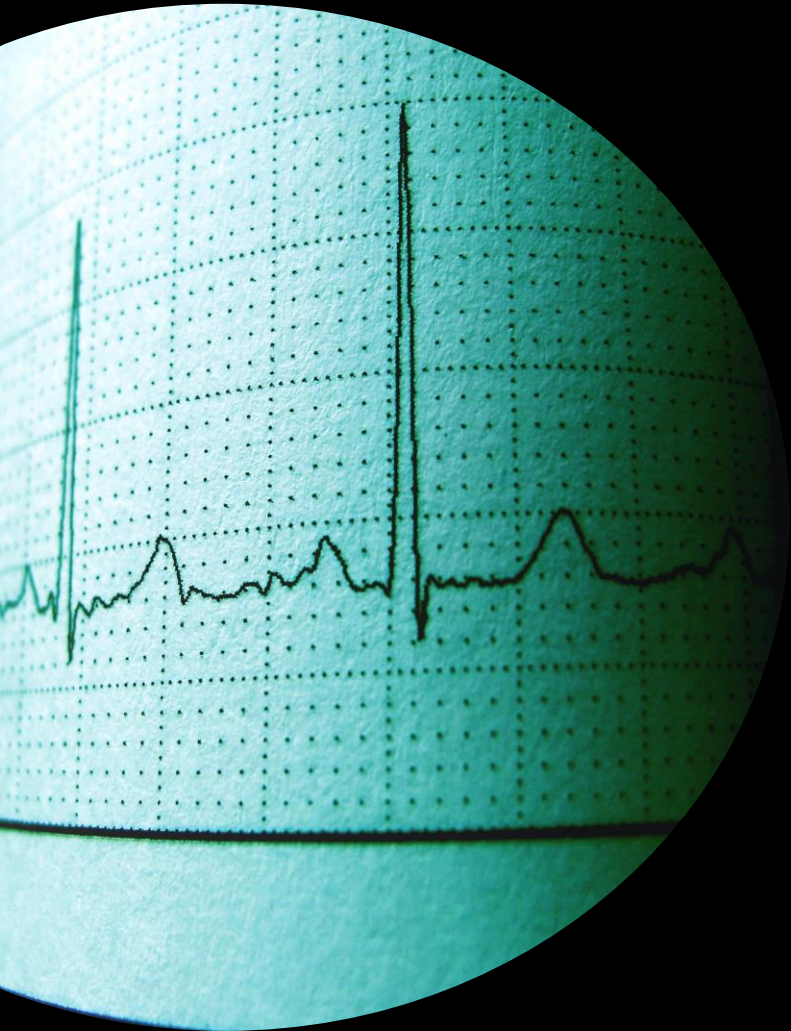


**Incidence trends per decade**  
( $N = 59,230$ ; 5,133 cases)



Projected incidence of dementia in millions based on current rates (solid lines) and assuming a decreasing trend (dashed lines)

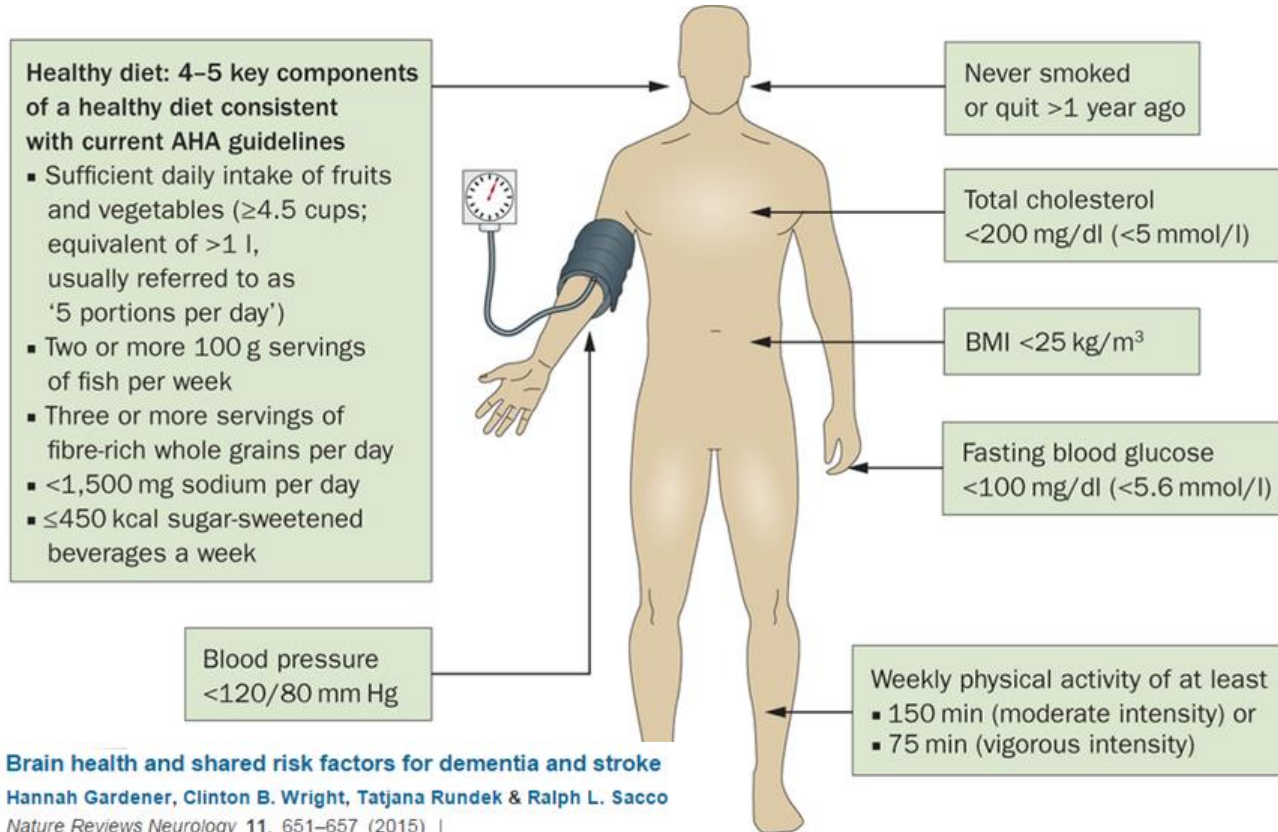




What is the  
Relationship  
between Vascular  
Health and  
Dementia?



# Ideal-CVH



AWARD 1 POINT FOR EACH:

1. Non Smoker
2. Optimal Cholesterol
3. Optimal BMI
4. Physically active
5. Optimal Blood Glucose
6. Optimal BP
7. Healthy Diet

**Brain health and shared risk factors for dementia and stroke**

Hannah Gardener, Clinton B. Wright, Tatjana Rundek & Ralph L. Sacco

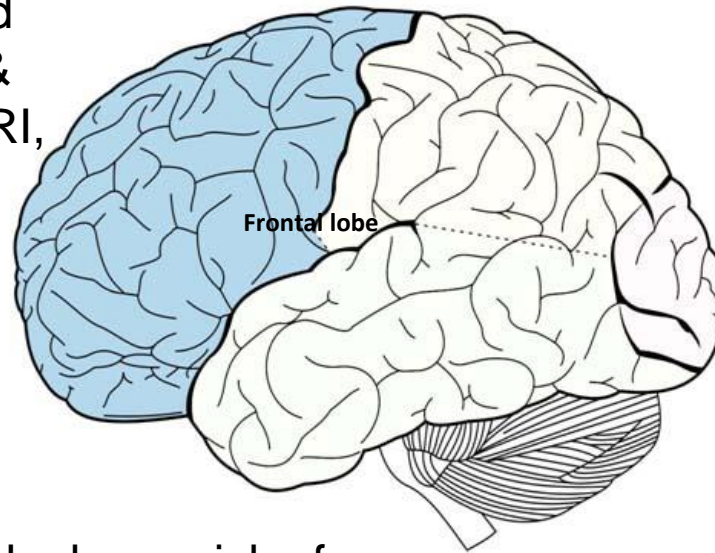
*Nature Reviews Neurology* 11, 651–657 (2015) |

Nature Reviews | **Neurology**

# Ideal-CVH Slows Vascular Brain Aging

## Methods

Over 2,500 subjects followed for 10-years with uninterrupted surveillance for dementia & multiple rounds of brain MRI, and neuropsych testing



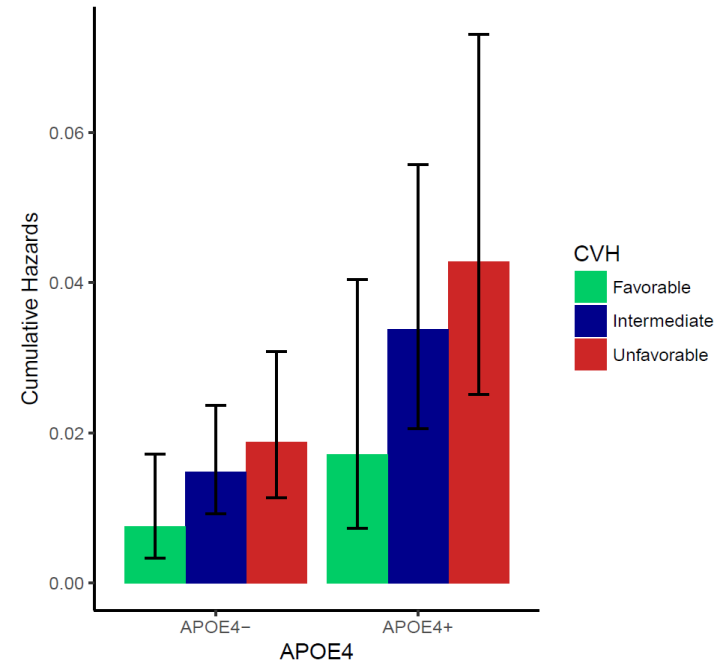
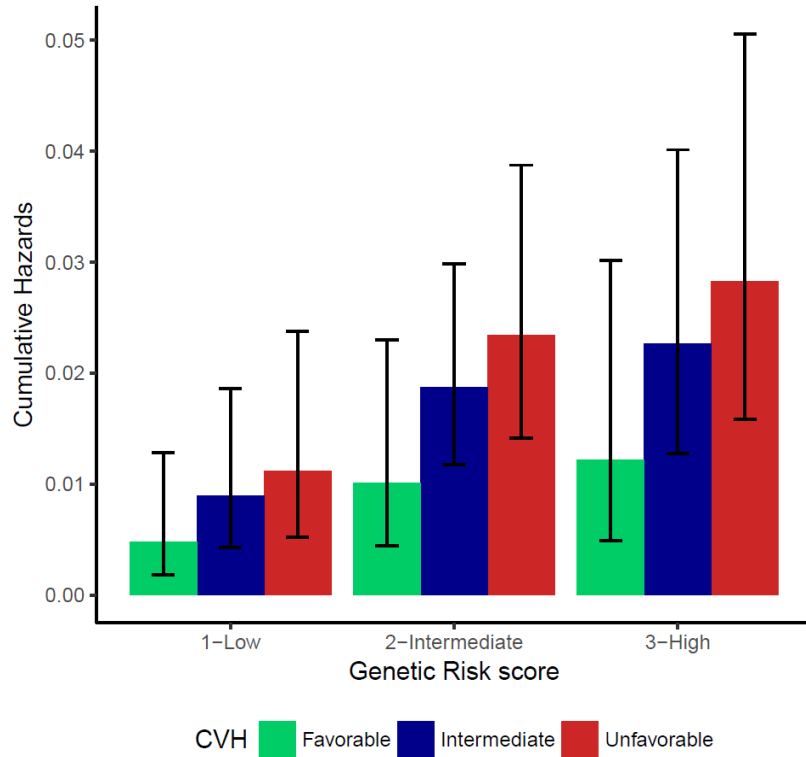
A 1-point higher CVH score reduced the rate of decline in frontal brain volume to that of someone 3.4 years younger

## Results

Higher Ideal CVH predicted a lower risk of

- Incident **stroke** (HR = 0.83, 95% CI 0.71-0.97)
- Incident **VaD** (HR = 0.61, 95% CI 0.39–0.95)
- Incident **AD dementia** (HR = 0.79, 95% CI 0.64–0.98)
- less **cognitive decline** (particularly visual memory and reasoning)
- less **brain atrophy** on MRI

# 5-Year Cumulative Hazards for Dementia by Genetic Risk and Ideal CVH



# Is the Association between Vascular & Brain Health Age Dependent?

HTN associated with  
7 years of brain  
ageing



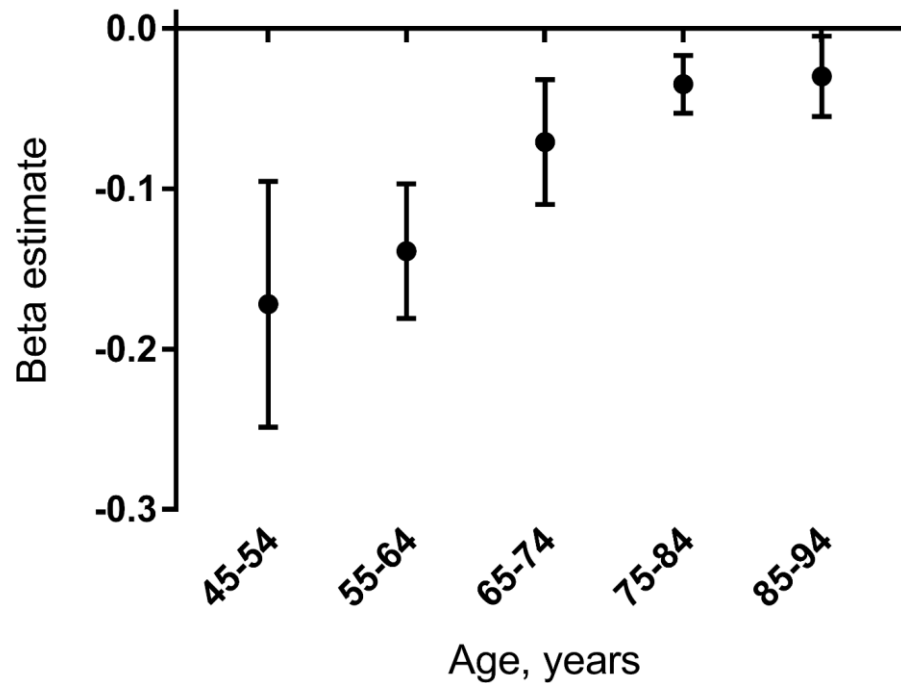
Mean age, 42 years

HTN associated  
with 2 years of brain  
ageing



Mean age, 62 years

# Association between VRF burden and Brain Volume is Age Dependent



(P for trend < 0.0001)

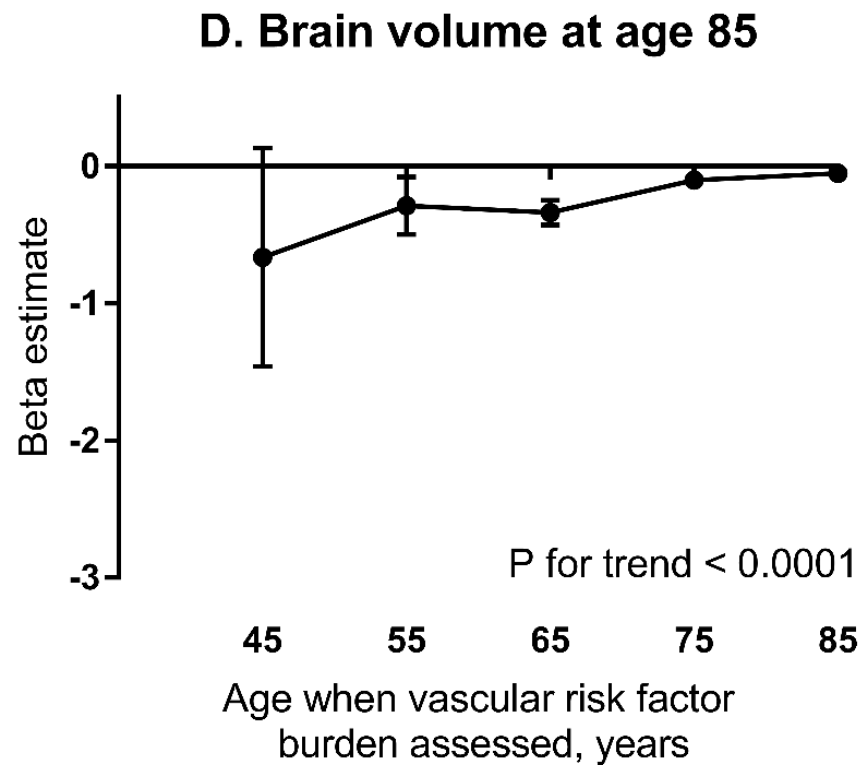
A lower value indicates a stronger link between vascular risk factors and smaller brain volume.

N = 2,887

# What Best Predicts MRI Brain Volume at Age 85?

- Vascular risk factors measured at the same time as the MRI (i.e. age 85)
- Vascular risk factors measured 10 years ago (i.e. age 75)
- Vascular risk factors measured 20 years ago (i.e. age 65)
- Vascular risk factors measured 40 years ago (i.e. age 45)

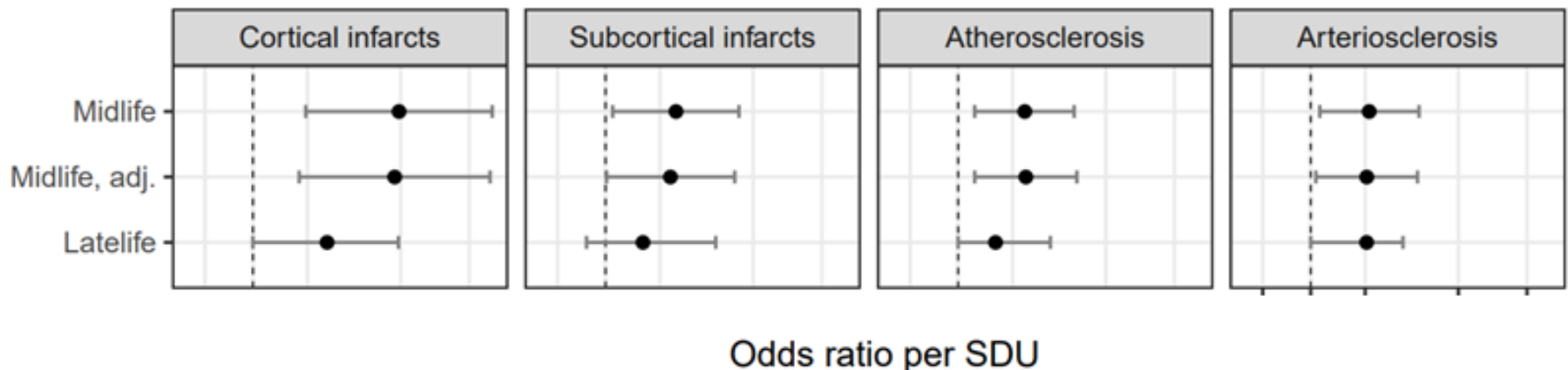
# Past VRF Burden & Brain Volume



N = 7,868

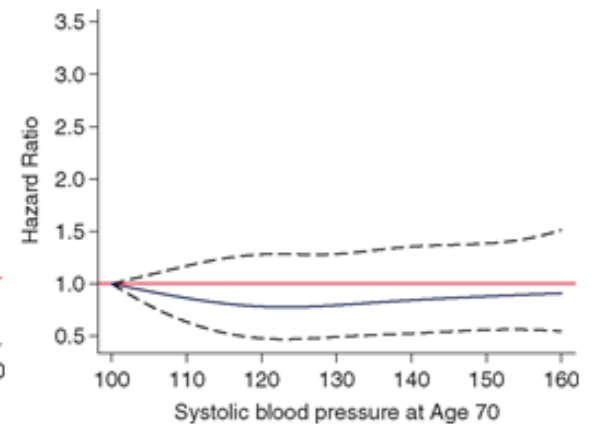
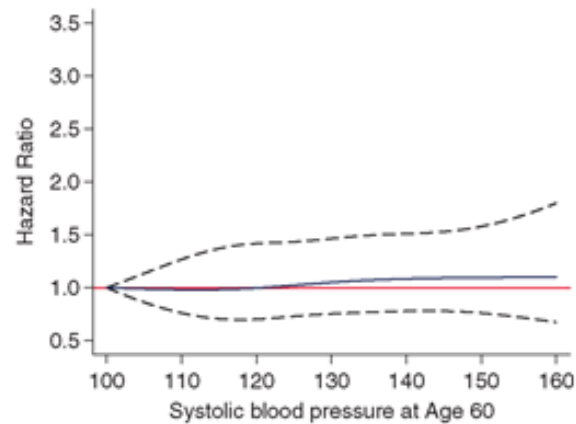
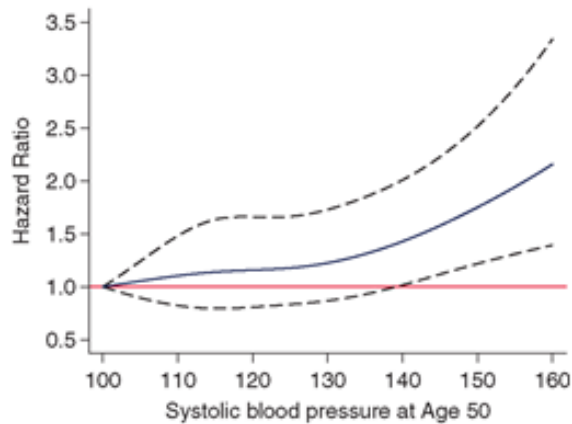
# VRF Burden & Neuropathology

- **Objective:** To examine the association between VRF burden and neuropathology at autopsy (N, 129)
- **Design:** VRF burden was measured in midlife (mean, 33 years < death) and as close to death as possible (mean, 4 years < death)





# Findings in Context



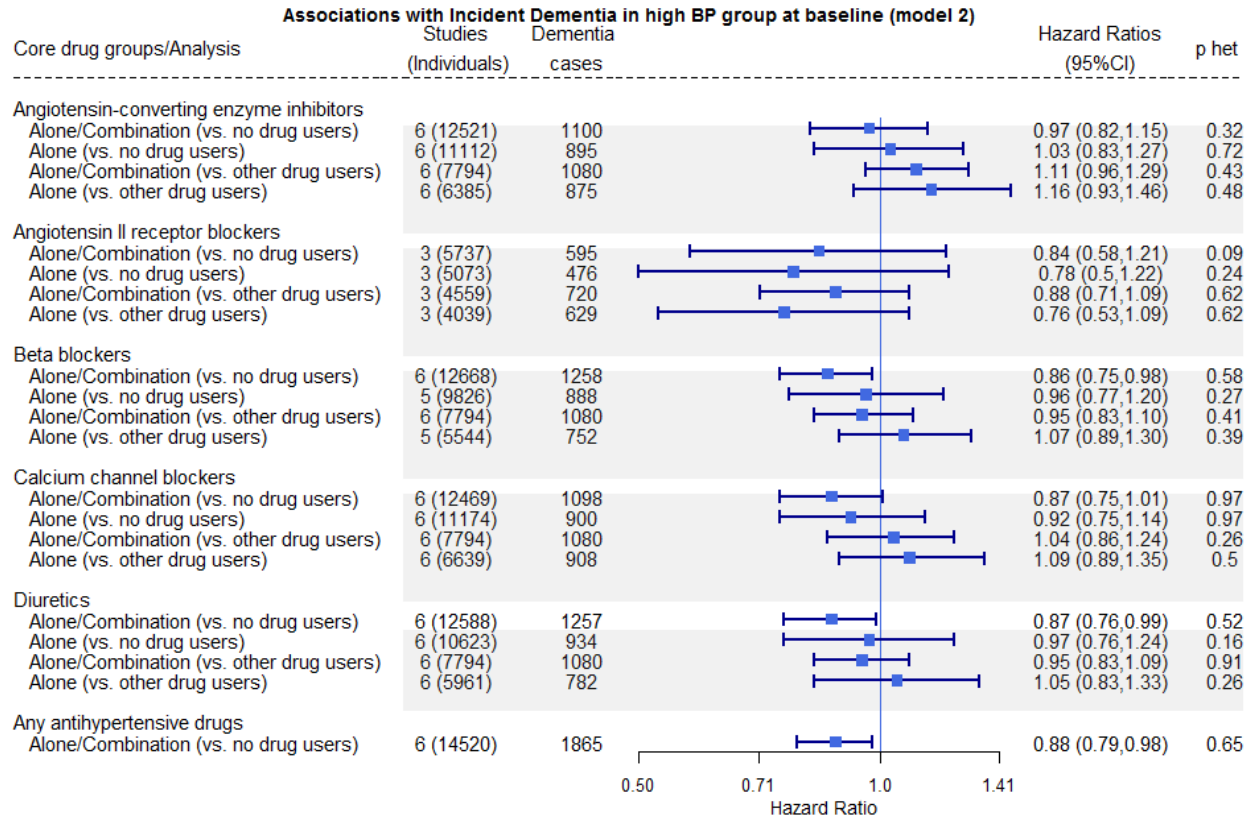
## Association between systolic blood pressure and dementia in the Whitehall II cohort study: role of age, duration, and threshold used to define hypertension

Jessica G. Abell<sup>1,2</sup>, Mika Kivimäki<sup>2</sup>, Aline Dugravot<sup>1</sup>, Adam G. Tabak<sup>1,3</sup>,  
Aurore Fayosse<sup>1</sup>, Martin Shipley<sup>2</sup>, Séverine Sabia<sup>1,2†</sup>, and  
Archana Singh-Manoux<sup>1,2†</sup>

# What BP lowering meds are most effective for dementia prevention?

- 1) ACE Inhibitors
- 2) ARBs
- 3) Beta-blockers
- 4) CCB
- 5) Any

# Can Treating High BP Reduce Dementia Risk?



In people with high BP, treatment for high BP was associated with a reduced risk of developing (HR, 0.88; 95% CI 0.79-0.98)

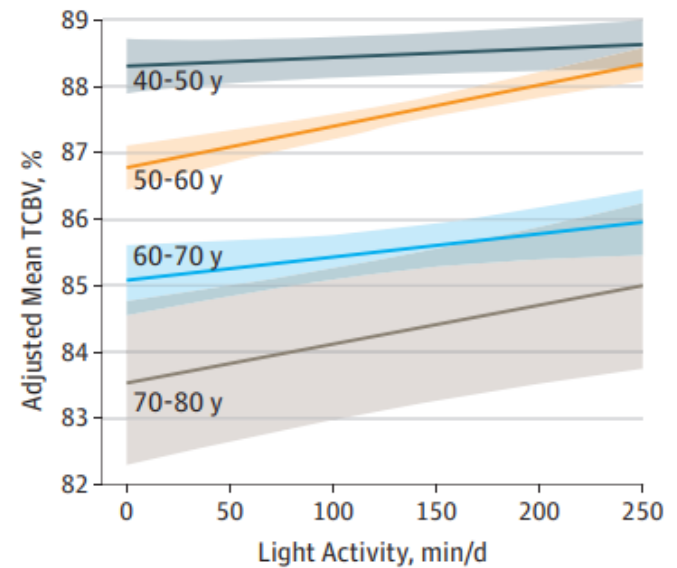
# What is the Relationship between Lifestyle Risk Factors and Dementia?



# Light Intensity PA & Brain Volume

- **Background:** Most adults do not meet the recommended PA guidelines (150min moderate to vigorous PA/week)
- **Design:** Cross-sectional assessment of MRI brain volumes and accelerometry-derived total activity (steps/d) and intensity.
- **Results:** Each additional hour of light intensity PA was associated with larger brain volumes (equiv. to 1.1y of aging), even among persons not meeting current PA guidelines.
- **Importance:** Benefits of PA on brain aging may accrue at a lower more achievable level of intensity or duration

**C** Light activity and TCBV



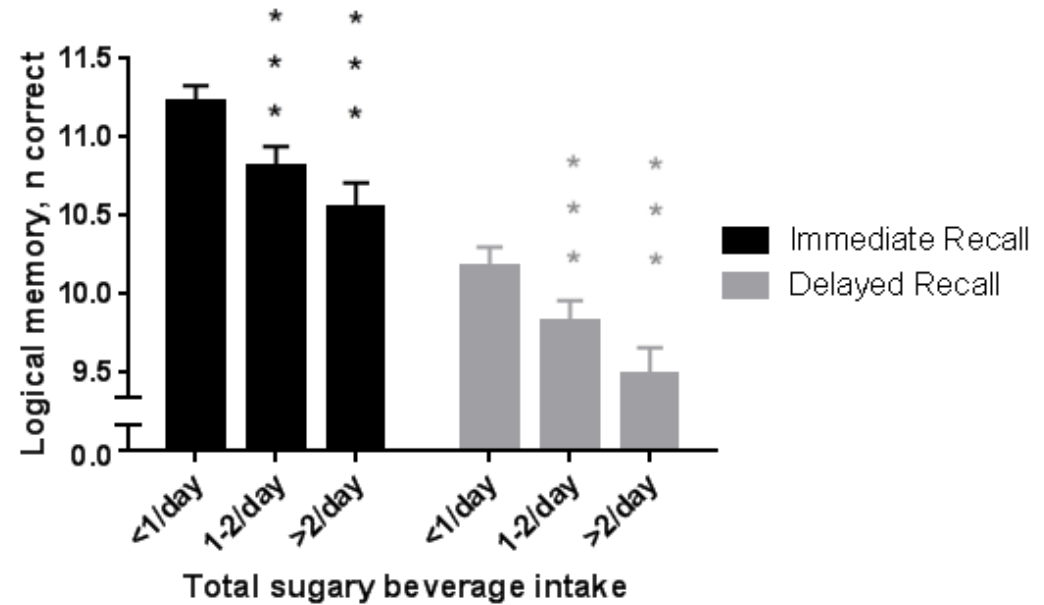
JAMA Network | **Open**

Original Investigation | Neurology

Association of Accelerometer-Measured Light-Intensity Physical Activity With Brain Volume  
The Framingham Heart Study

Nicole L. Spartano, PhD; Kendra L. Davis-Plourde, MA; Jayandra J. Himali, PhD; Charlotte Andersson, MD, PhD; Matthew P. Pase, PhD; Pauline Maillard, PhD; Charles DeCarli, MD; Joanne M. Murabito, MD, ScM; Alexa S. Beiser, PhD; Ramachandran S. Vasan, MD; Sudha Seshadri, MD

# Sugary Drinks & Brain Aging




# Sugary Drinks & Brain Aging

## DIET SODA TOUGH ON THE BRAIN?

By AMERICAN HEART ASSOCIATION NEWS

New research suggests drinking at least one artificially sweetened soda a day greatly increases the risk of stroke and Alzheimer's disease, compared with less than one drink a week.



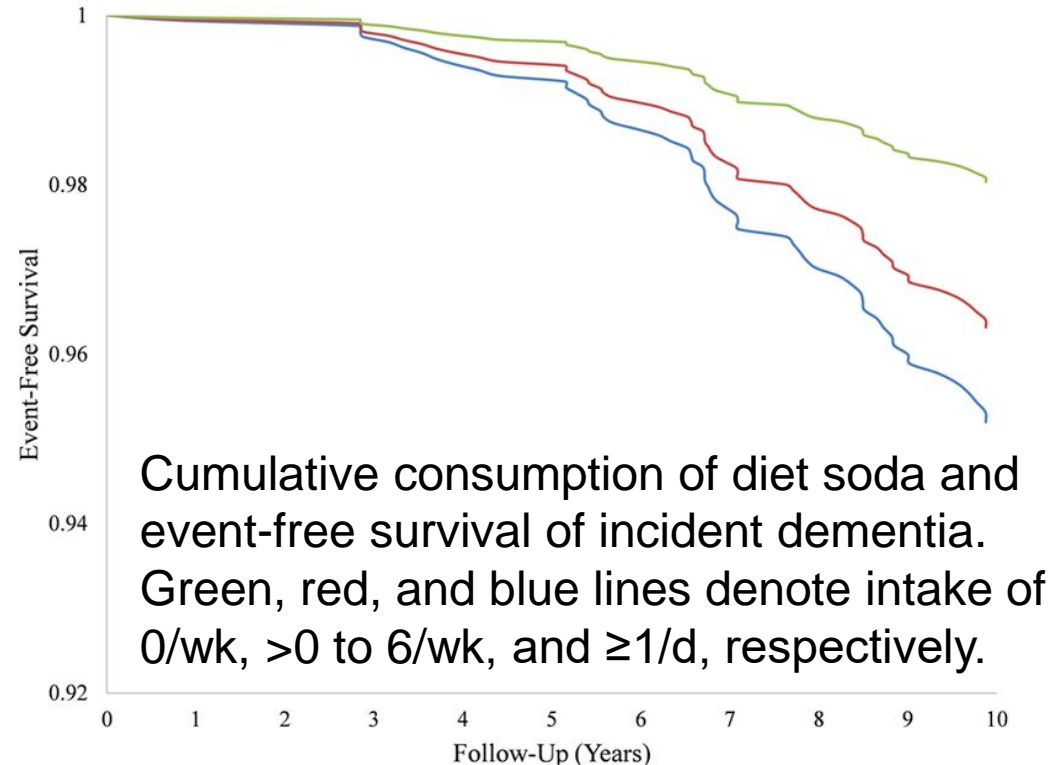
**2.89**  
TIMES  
ALZHEIMER'S  
DISEASE RISK

**2.96**  
TIMES  
STROKE RISK

Source: Stroke

Published April 20, 2017

Photo Source: American Heart Association





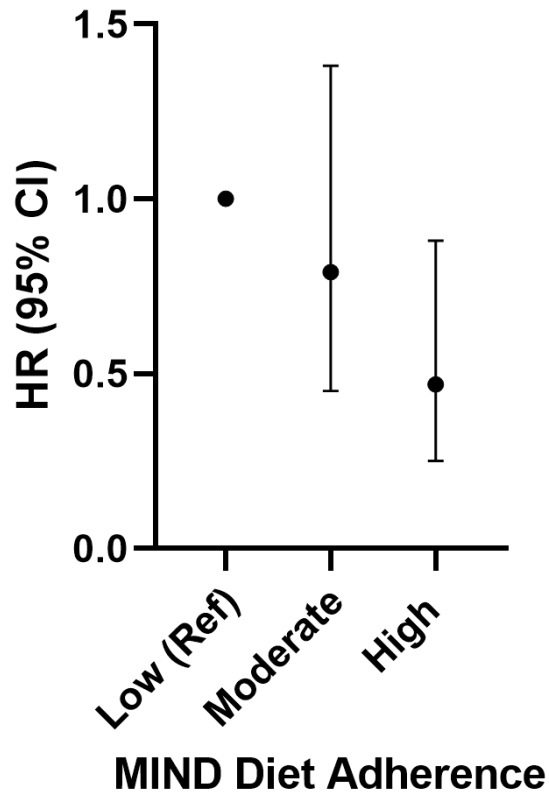
# MIND Diet & the Brain

Table 1  
Dietary component servings and maximum scores for the DASH, Mediterranean, and MIND diet scores

DASH*		MedDiet <sup>†</sup>		MIND	
DASH components	Max score	Mediterranean diet components	Max score	MIND components	Max score
Total grains $\geq 7/d$	1	Nonrefined Grains $>4/d$	5	Whole Grains $\geq 3/d$	1
Vegetables $\geq 4/d$	1	Vegetables $>4/d$	5	Green Leafy $\geq 6/wk$	1
		Potatoes $>2/d$	5	Other Vegetables $\geq 1/d$	1
Fruits $\geq 4/d$	1	Fruits $>3/d$	5	Berries $\geq 2/wk$	1
Dairy $\geq 2/d$	1	Full-fat Dairy $\leq 10/wk$	5		
Meat, poultry and fish $\leq 2/d$	1	Red meat $\leq 1/wk$	5	Red Meats and products $<4/wk$	1
		Fish $>6/wk$	5	Fish $\geq 1/wk$	1
		Poultry $\leq 3/wk$	5	Poultry $\geq 2/wk$	1
Nuts, seeds & legumes $\geq 4/wk$	1	Legumes, nuts & beans $>6/wk$	5	Beans $>3/wk$	1
				Nuts $\geq 5/wk$	1
Total fat $\leq 27\%$ of kcal	1			Fast/fried food $<1/wk$	1
Saturated fat $\leq 6\%$ of kcal	1				
		Olive oil $\geq 1/d$	5	Olive Oil primary oil	1
				Butter, margarine $<1 T/d$	1
Sweets $\leq 5/wk$	1			Cheese $<1/wk$	1
Sodium $\leq 2400$ mg/d	1			Pastries, sweets $<5/wk$	1
		Alcohol $<300$ mL/d but $>0$	5	Alcohol/wine 1/d	1
Total DASH Score	10	Total MedDiet Score	55	Total MIND Score	15



# MIND Diet & the Brain



- We studied 2092 dementia-free participants followed for 10-years
- MIND diet scores were averaged across 3 timepoints
- Higher MIND diet scores also predict superior global cognition, verbal memory, visual memory, processing speed, verbal comprehension, and larger brain volume on MRI

## Mind Diet Adherence and Cognitive Performance in the Framingham Heart Study

Debora Melo van Lent<sup>a,b,c,d,\*</sup>, Adrienne O'Donnell<sup>c,e</sup>, Alexa S. Beiser<sup>b,c,e</sup>, Ramachandran S. Vasan<sup>c,f</sup>, Charles S. DeCarli<sup>h</sup>, Nikolaos Scarmeas<sup>i,j</sup>, Michael Wagner<sup>d,k</sup>, Paul F. Jacques<sup>c,l</sup>, Sudha Seshadri<sup>a,b,c</sup>, Jayandra J. Himali<sup>a,b,c,e,l</sup> and Matthew P. Pase<sup>c,m,n,l</sup>

# What is the Relationship between Sleep and Dementia?



# Sleep is Vital for Brain Health

## **Sleep Drives Metabolite Clearance from the Adult Brain**

Lulu Xie,<sup>1\*</sup> Hongyi Kang,<sup>1\*</sup> Qiwu Xu,<sup>1</sup> Michael J. Chen,<sup>1</sup> Yonghong Liao,<sup>1</sup> Meenakshisundaram Thiyagarajan,<sup>1</sup> John O'Donnell,<sup>1</sup> Daniel J. Christensen,<sup>1</sup> Charles Nicholson,<sup>2</sup> Jeffrey J. Iliff,<sup>1</sup> Takahiro Takano,<sup>1</sup> Rashid Deane,<sup>1</sup> Maiken Nedergaard<sup>1†</sup>

[www.sciencemag.org](http://www.sciencemag.org) SCIENCE VOL 342 18 OCTOBER 2013

‘The restorative function of sleep may be a consequence of the enhanced removal of potential neurotoxic waste products that accumulate in the awake CNS’ (Xie et al., 2013 *Science*)

# Insomnia & Cognition

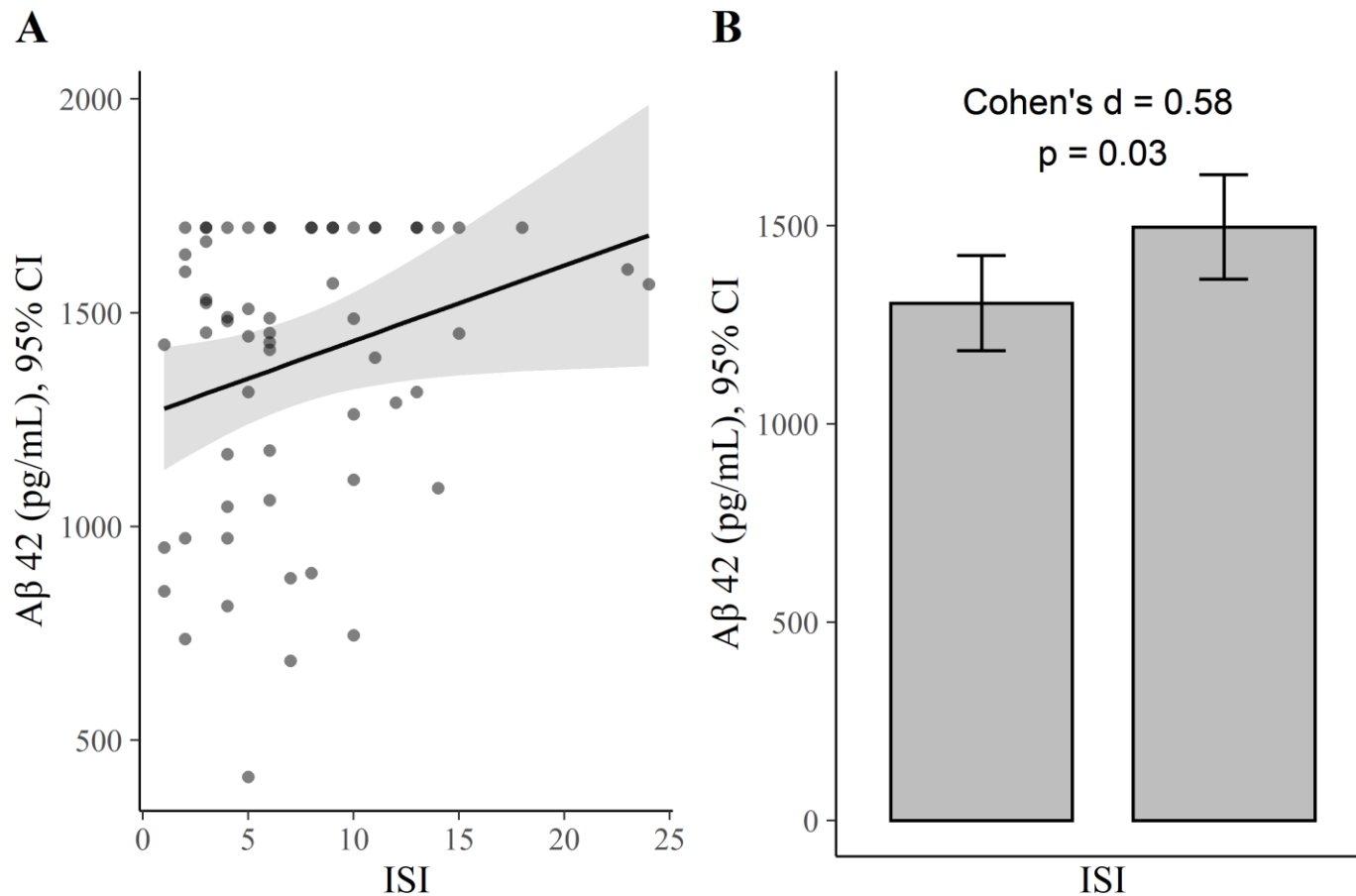
- 511 participants (aged 59±9 years; 49% men) from the community with self reported insomnia symptoms and cognition 3 years later
- Increased severity of insomnia symptoms was associated with poorer global cognition and verbal episodic memory measured approximately 3 years later
- The effect was particularly apparent in APOE e4 carriers

Baril...Pase, *Alzheimer's & Dementia* (2021)

**TABLE 3**

Cognitive performance	Insomnia symptom severity, five questions	
	$\beta$ (standard error)	P*
<i>Composite global cognitive score</i>		
Model 1	-0.098 (0.035)	.020
Model 2	-0.098 (0.038)	.023
<i>Logical Memory, immediate recall</i>		
Model 1	-0.382 (0.140)	.020
Model 2	-0.447 (0.150)	.014
<i>Logical Memory, delayed recall</i>		
Model 1	-0.452 (0.146)	.014
Model 2	-0.521 (0.156)	.013
<i>Trail Making Test, Part A (inverted)</i>		
Model 1	-0.006 (0.014)	.812
Model 2	0.005 (0.015)	.812
<i>Trail Making Test, Part B minus A (inverted)</i>		
Model 1	-0.009 (0.009)	.470
Model 2	-0.007 (0.010)	.657
<i>Similarities</i>		
Model 1	-0.279 (0.154)	.123
Model 2	-0.326 (0.162)	.090
<i>Hooper Visual Organization Test</i>		
Model 1	-0.002 (0.023)	.935
Model 2	-0.009 (0.025)	.812

# Insomnia & AD biomarkers



**(A)** Association between Insomnia Symptom Severity (ISI) score (continuous variable) and Aβ42 **(B)** Association between ISI score (high vs low) and Aβ42. Models are adjusted for age and sex.

# Sleep Time & Dementia Risk

Sleep time in the past  
(13 years earlier)

Sleep time at baseline

10-year risk of dementia

## Prolonged sleep duration as a marker of early neurodegeneration predicting incident dementia

Andrew J. Westwood, MD  
Alexa Beiser, PhD  
Nikita Jain  
Jayandra J. Himali, PhD  
Charles DeCarli, MD  
Sanford H. Auerbach, MD  
Matthew P. Pase, PhD\*  
Sudha Seshadri, MD\*

### ABSTRACT

**Objective:** To evaluate the association between sleep duration and the risk of incident dementia and brain aging.

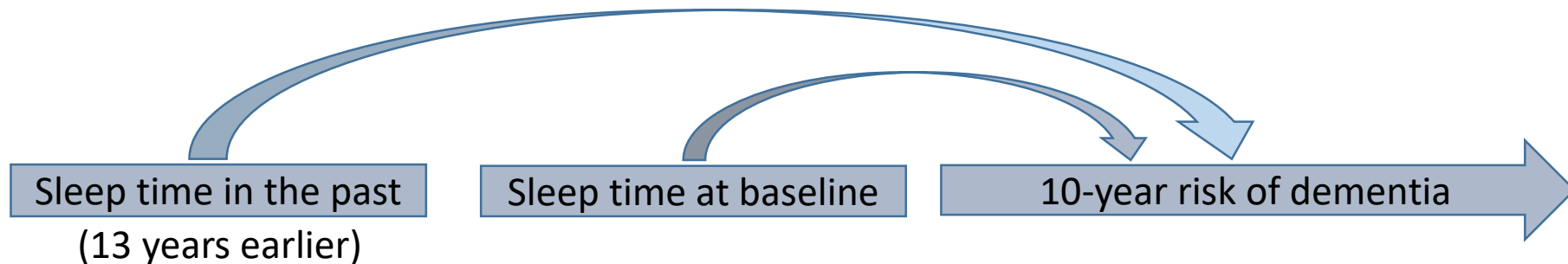
**Methods:** Self-reported total hours of sleep were examined in the Framingham Heart Study (n = 2,457, mean age  $72 \pm 6$  years, 57% women) as a 3-level variable: <6 hours (short), 6-9 hours (reference), and >9 hours (long), and was related to the risk of incident dementia over 10 years, and cross-sectionally to total cerebral brain volume (TCBV) and cognitive performance.

**Results:** We observed 234 cases of all-cause dementia over 10 years of follow-up. In multivariable analyses, prolonged sleep duration was associated with an increased risk of incident dementia (hazard ratio [HR] 2.01; 95% confidence interval [CI] 1.24-3.26). These findings were driven



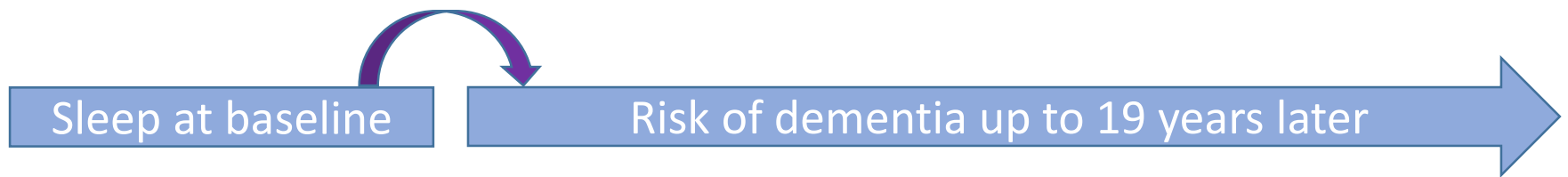
*Neurology. 2017.88(12):1172-1179*

# Sleep Time & Dementia Risk



<b>Sleeping &gt;9 hrs:</b>	x 2 ↑ risk of dementia	HR, 2.04 (95% CI: 1.26-3.30)
<b>Always sleeping &gt;9 hrs:</b>	no ↑ in risk of dementia	HR, 1.34 (95% CI: 0.42-4.26)
<b>Recently sleeping &gt;9 hrs:</b>	x2.4 ↑ in risk of dementia	HR, 2.43 (95% CI: 1.44-4.11)
<b>Recently sleeping &gt;9 hrs + having thinking problems:</b>	x 6 ↑ in risk of dementia	HR, 6.01 (95% CI: 1.48-24.43)

# Sleep Architecture & Dementia Risk



	All-Dementia		AD Dementia	
	HR (95% CI)	p	HR (95% CI)	p
<b>Stage 1, %</b>	1.08 (0.99, 1.17)	0.10	1.05 (0.94, 1.17)	0.37
<b>Stage 2, %</b>	1.01 (0.98, 1.04)	0.70	1.01 (0.97, 1.04)	0.71
<b>SWS, %</b>	1.07 (0.82, 1.40)	0.61	1.10 (0.80, 1.52)	0.56
<b>REM, %</b>	<b>0.91 (0.86, 0.97)</b>	<b>0.004</b>	<b>0.92 (0.86, 0.99)</b>	<b>0.02</b>

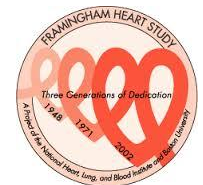
Models are adjusted for age and sex. Results were unchanged with adjusting for BMI, education level, APOE  $\epsilon$ 4, smoking, SBP, Rx for hypertension, DM, CHD, depressive symptoms, sleeping meds, antidepressants, & anxiolytics.



# Slow Wave Sleep & Brain Aging

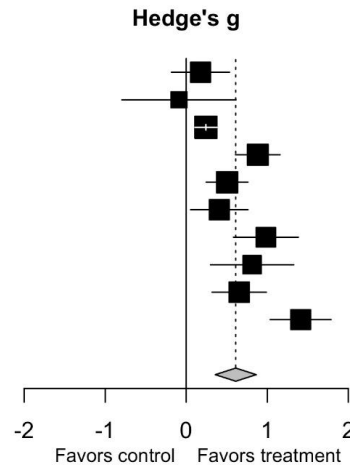
- **Methods.** N = 492 with a brain MRI and in-home overnight PSG
- **Results:** Longer SWS duration associated with higher cortical and subcortical brain volume, and lower WMHV volume. SWS duration did not associate with hippocampal volume.
- **Interpretation:** More SWS was associated with a healthier brain

	Absolute SWS duration		SWS percent	
	$\beta$ (SE)	p	$\beta$ (SE)	p
<b>Total brain volume, % of ICV</b>	0.08 (0.03)	<b>0.017</b>	0.12 (0.07)	0.056
<b>Cortical GM volume, % of ICV</b>	0.08 (0.03)	<b>0.003</b>	0.15 (0.06)	<b>0.008</b>
<b>Subcortical GM volume, % of ICV</b>	0.009 (0.005)	0.082	0.02 (0.01)	<b>0.047</b>
<b>Hippocampal volume, % of ICV</b>	-0.001 (0.001)	0.590	-0.001 (0.002)	0.465
<b>WMHV, % of ICV</b>	-0.05 (0.02)	<b>0.002</b>	-0.08 (0.03)	<b>0.009</b>



# Does Treating Sleep Apnea Improve Cognition?

First author (year)	g	95% CI	p
Barnes - CPAP (2004)	0.18	[-0.18; 0.54]	.34
Dalmases (2015)	-0.09	[-0.79; 0.61]	.80
Kushida (2012)	0.24	[0.11; 0.38]	< .01
Martínez-García (2015)	0.88	[0.61; 1.16]	< .01
McMillan (2015)	0.50	[0.25; 0.76]	< .01
Monasterio (2001)	0.41	[0.05; 0.76]	.02
Pelletier-Fleury ≥30 (2004)	0.98	[0.58; 1.38]	< .01
Pelletier-Fleury <30 (2004)	0.81	[0.30; 1.33]	< .01
Ponce (2019)	0.65	[0.32; 0.99]	< .01
Wu (2016)	1.41	[1.04; 1.79]	< .01
<b>Random effects model</b>	<b>0.61</b>	<b>[0.36; 0.86]</b>	
Heterogeneity: $I^2 = 84\%$ , $p < .01$			
Test for overall effect: $z = 4.73$ ( $p < .01$ )			



Treating sleep apnoea reduces daytime sleepiness but has no effect on cognition

## Pooled effects CPAP treatment on cognition

	Studies	Pooled effect				$I^2$ %
		Hedge's g	95% CI lower	95% CI upper	p	
Long-term storage/retrieval	5	-0.08	-0.41	0.25	.64	80
Short-term memory	5	0.00	-0.22	0.22	.98	44
Reaction time	2	0.09	-0.13	0.31	.42	0
Processing speed	9	-0.05	-0.14	0.03	.23	0
Visual processing	2	0.21	-0.28	0.70	.40	75

# Summary

Dementia risk differs by age, geographic location, advantage, and time

Maintaining a healthy heart at an early age is important for preserving brain health with advancing age

Aspects of lifestyle, such as adequate sleep, may be involved in dementia pathogenesis



# Acknowledgements

## Epidemiology of Dementia Lab at Monash University

A/Prof Matthew Pase (PI)  
Dr Marina Cavuoto  
Dr Stephanie Yiallourou  
Jess Nicolazzo  
Ella Rowsthorn  
Kath Franks  
Lachlan Cribb  
Maddie Gibson

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## Key collaborators on this work

Drs Jayandra Himali, Andree-Ann Baril, Sudha Seshadri, Alexa Beiser, Emer McGrath, Charles DeCarli, Nicole Spartano, Gina Peloso, Frank Wolters, Sarah Conner, Debora Melo Van Lent



Australian Government

NHMRC National Institute for Dementia Research

