Neurologist Identifies Social Determinants, Disparities in Dementia’s Impact on Older Adult

Study finds age, race, ethnicity and income can all affect health outcomes

A new study led by a University of Miami Miller School of Medicine neurologist has identified multiple differences in how dementia affects older adults. The findings have significant clinical implications for physicians, patients and families.

“Dementia is known to affect different racial and ethnic
groups differently, and it is important to study the underlying medical and social determinants of these disparities,” said James E. Galvin, M.D., M.P.H, professor of neurology and director of the Miller School’s Comprehensive Center for Brain Health. “Our research highlights how age, race, ethnicity and income all play a role in brain health and dementia.”

Dr. Galvin was the lead author of a study, “Medical and Social Determinants of Brain Health and Dementia in a Multicultural Community Cohort of Older Adults,” published recently in the Journal of Alzheimer’s Disease. Co-authors were Stephanie Chrisphonte, M.D., research assistant professor of neurology at the Miller School, and Lun-Ching Chang, Ph.D., assistant professor of mathematical sciences at Florida Atlantic University.

The findings were based on a large-scale study of 374 adults from various backgrounds aged 55 and older, residing in Manhattan, Brooklyn and Queens, New York, who enrolled in cognitive aging studies between 2012 and 2015. To better understand the relationships among multiple variables, the researchers separated the participants into three clusters related to age, race, ethnicity, and socioeconomic status (SES) based on household income, education, and occupation.
Although the prevalence of chronic comorbidities was similar in older adults with high and low SES, older adults with high SES had the best health outcomes, while older adults with low SES had the worst health outcomes, according to Dr. Galvin. Significantly, white older adults had better outcomes than Black or Hispanic older adults. The reasons for poorer outcomes might include difficulties in accessing care, resulting in delays in diagnosing and managing dementia, but could also reflect differences in care provided once accessing healthcare providers, he said.

The study found also nuances in dementia’s impact on minorities. For instance, older Hispanic adults had lower self-ratings of physical and mental health, along with more depressive symptoms and worse dementia scores, while older Black adults had worse physical performance.

Dr. Galvin said all older adults should have access to appropriate treatment, regardless of race, ethnicity or SES. Early diagnosis and care is particularly important for Black and Hispanic populations, who have a substantially higher risk of Alzheimer’s disease and related dementias compared with
white patients, according to numerous prior studies.

The study breaks new ground by contributing to a more personalized approach to dementia care, said Dr. Galvin. “For a Black adult with limited economic means, physical frailty may be contributing to cognitive problems. However, depression in a Hispanic adult should also be considered as a negative factor on brain health. If we don’t fully take into account these contributing factors, we may fail to provide the best care.

“Our study highlights the need to critically address these relationships so older adults from different backgrounds can better engage their primary care providers and health systems to improve delivery of care and medical decision-making.”

Content Type article