Transcript Details

This is a transcript of a continuing medical education (CME) activity. Additional media formats for the activity and full activity details (including sponsor and supporter, disclosures, and instructions for claiming credit) are available by visiting:
https://reachmd.com/programs/cme/inequity-and-illness-understanding-mci-disease-course-and-severity-for-racial-minorities/26341/

Released: 07/25/2024
Valid until: 07/25/2025
Time needed to complete: 1h 03m

ReachMD
www.reachmd.com
info@reachmd.com
(866) 423-7849

Inequity and Illness: Understanding MCI Disease Course and Severity for Racial Minorities

Announcer:
Welcome to CME on ReachMD. This episode is part of our MinuteCE curriculum.

Prior to beginning the activity, please be sure to review the faculty and commercial support disclosure statements as well as the learning objectives.

Dr. Sabbagh:
This is CME on ReachMD and I'm Dr. Marwan Noel Sabbagh. Today we're going to discuss understanding mild cognitive impairment disease course and severity for racial minorities. We now recognize that underrepresented groups actually have the dual effect of having poorer access to healthcare and increased risk for neurodegenerative diseases.

When we actually look at this, it is more prevalent in non-Caucasian populations, such as African Americans and Hispanics. So, we know that they have more, worsening memory loss, they have some early signs of Alzheimer's disease. It is very prevalent. The rule of thumb is, in underrepresented groups, it could be 20 to 25% more prevalent than in their age-matched Caucasian counterparts. So, we need to be able to identify and recognize this risk factor.

Part of the reason is, is that in the populations across the board, age, population is growing, right? It doesn't matter if you're Caucasian, African American or Hispanic, the population is aging. And what we're also seeing with it is increased risks of projected numbers of patients developing Alzheimer's disease/dementia. And if you actually look at the – by the late, in this century, population of Hispanics Alzheimer's disease dementia is going to triple to actually 3.72 million Hispanic people with Alzheimer's disease/dementia. So, right now it's already at almost a million, and that will just keep growing and growing, so we have to acknowledge that this is not a trivial thing. The longer the ethnic groups age, the higher their likelihood of developing Alzheimer's disease.

So, we have spent a lot of time coalescing the idea of dementia as a neurodegenerative disorder with an amyloidopathy. And the question, then, has become, if you look at non-Caucasian, underrepresented groups, like African Americans and Latino Americans, is it the same? We know that in African Americans, they're twice as likely to develop Alzheimer's. And in Latinos, it's 1.5 more likely to develop Alzheimer's disease. And the reason it's important is, we also understand that there is much more other diseases that can increase the risk, including stroke, obesity, heart disease and diabetes, all of which increase risk for stroke and dementia, but also increase risk for Alzheimer's disease. So, we have to understand that the risk factors might overlap, but not are always the same.

So, the reason I bring this to your attention is that a lot of people mix up the term Alzheimer's disease and Alzheimer dementia. Dementia is the end-stage, terminal stage where we're looking at patients who have lost their functional independence. When you look at the red line on the bottom right, you see that the dependent phase, meaning that your cognitive impairment is to the point where you've lost your independence, that is the dementia phase. But the pathology that becomes dementia had been accumulating up to 20 years before the onset symptoms. So, by the time they come into your clinic, that's the end of the disease, not the beginning of it. Mild cognitive impairment is the prodrome of dementia, and, we know it's an intermediate course.

So, our ideal scenario is that we identify patients well before the onset of symptoms. And if you actually look at the risk factors and the

rate in 5 ethnic racial groups, you see that African Americans and Hispanics and Asian Americans have age-adjusted, education-adjusted higher increased risk at each age-point of developing Alzheimer's compared to their Caucasian counterparts. So, this is very important to understand that this is not a rare thing, it's common, and it is both age and racial interaction, that's important here.

And we, again, when we look at it from a multi-pathology standpoint, it may not be exclusively or heavily driven by amyloid as we would on the right-hand side of this slide. There might be mixed pathology, more mixed pathology, including vascular, Lewy body, socioeconomic factors, small vessel disease, atherosclerosis, genotype, prevalence. So, my point is that the interaction with pathology and risk factors might be different depending on if you're Caucasian or non-Caucasian.

And with that, I say to you that we need to look at underrepresented groups through the same lens of developing dementia, but maybe think about other risk factors or other causes.

Thank you for listening.

Announcer:
You have been listening to CME on ReachMD. This activity is provided by TotalCME LLC. and is part of our MinuteCE curriculum.

To receive your free CME credit, or to download this activity, go to ReachMD.com/**CME**. Thank you for listening.