Subjective memory deterioration in elderly people is associated with future dementia


Does subjective memory deterioration predict future dementia in elderly people with normal, non-demented, cognitive function?

MAIN RESULTS
At 5 years, 126 participants (6.7%) developed dementia. People with subjective memory deterioration (SMD) at baseline were more likely to develop dementia than those without SMD at baseline (absolute risk of dementia: 15% in people with SMD baseline v 6% in people without SMD, significance not stated). People reporting subjective memory deterioration at age 70 or 75 were significantly more likely to develop dementia than those not reporting subjective memory deterioration at these ages (age 70: HR 6, 95% CI 2.1 to 18; age 75: HR 3, 95% CI 1.6 to 6.2). However, there was no significant difference in the risk of dementia between people with and without subjective memory deterioration at age 80 (HR 2, 95% CI 0.9 to 3.1).

CONCLUSIONS
Subjective memory deterioration among younger elderly people (age 70 or 75) with normal cognitive function is associated with an increased risk of developing dementia. Measuring subjective memory may help identify people at high risk of developing dementia.

Supporting comments
Wang et al present a community based longitudinal study of over 1800 older adults investigating the temporal relationship between subjective memory decline and future dementia. In short, they found that subjective memory deterioration significantly predicted the development of dementia. They also provided additional analyses demonstrating consistencies with previous findings (e.g. cross-sectional associations between subjective memory decline and depression) as well as important modifying relationships from other variables. For example, they showed that advanced age diminished the strength of prediction of future dementia. They conclude by suggesting that subjective memory decline provides additional information about future dementia at a time when objective cognitive impairment is not observed (that is, with screening instruments).

The clinical implications of this study, if confirmed, are clear: assessment of subjective memory decline in older adults may be an important additional component of both screening and comprehensive cognitive assessments. Moreover, there appears to be decreasing utility of this information with increasing age, perhaps due to increasing executive or self-monitoring deficits with advancing age or the possibility that memory problems are more ubiquitous among the very old (≥80 years). Thus, distinguishing whether subjective memory decline represents an early indicator of dementia or a concomitant aspect of normal ageing is more difficult in the very old. Regardless, the findings of Wang et al provide important new information on the prediction of future dementia from subjective estimations of memory decline.

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