

Dementia

Current Awareness Bulletin

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1. How to manage catatonia, Parkinson and dementia in ICU

Authors: Attali, David;Calligaris, Charlotte;Grabli, David and Slooter, Arjen J. C.

Publication Date: 2024

Journal: Current Opinion in Critical Care 30(2), pp. 151-156

Abstract: Purpose of Review: The rising prevalence of neurodegenerative and mental disorders, combined with the challenges posed by their frailty, has presented intensivists with complex issues in the intensive care unit (ICU). This review article explores specific aspects of care for patients with catatonia, Parkinson's disease (PD), and dementia within the context of the ICU, shedding light on recent developments in these fields.; Recent Findings: Catatonia, a neuropsychiatric syndrome with potentially life-threatening forms, remains underdiagnosed, and its etiologies are diverse. PD patients in the ICU present unique challenges related to admission criteria, dopaminergic treatment, and respiratory care. Dementia increases the risk of delirium. Delirium is associated with long-term cognitive impairment and dementia.; Summary: While evidence is lacking, further research is needed to guide treatment for ICU patients with these comorbidities. (Copyright © 2024 Wolters Kluwer Health, Inc. All rights reserved.)

2. Innovative Approaches Using the Arts to Support Persons with Dementia and Caregivers

Authors: Blazek, Mary;Lehmann, Susan and Gilbert, Mark

Publication Date: 2024

Journal: American Journal of Geriatric Psychiatry 32(4), pp. S6-S7

3. Effectiveness of nonpharmacological multi-component intervention on depressive symptoms in patients with mild cognitive impairment and dementia: A systematic review and meta-analysis

Authors: Cai, Mingjin;Bai, Dingxi;Hou, Dongjiang;You, Qian;Wang, Wei;Lu, Xianying and Gao, Jing

Publication Date: 2024

Journal: International Journal of Mental Health Nursing 33(2), pp. 297-308

Abstract: Patients with mild cognitive impairment (MCI) and dementia are more prone to depression than people without MCI or dementia. Some studies have found nonpharmacological multi-component intervention to be more effective than single-component intervention in improving the condition of patients with MCI and dementia; however, their effect on depressive symptoms is still inconsistent. Therefore, it is necessary to explore the effectiveness of nonpharmacological multi-component intervention in improving depressive symptoms in patients with MCI and dementia. This review retrieved papers from PubMed, Embase, Cochrane Library, CINAHL, PsycINFO and CNKI. The retrieval time limit was set from 1 January 1990 to 25 November 2022. The PRISMA 2020 guideline was used to report the included studies. The result showed that nonpharmacological multi-component intervention could improve depressive symptoms in patients with MCI and dementia. Among them, nonpharmacological multi-component intervention with a duration of <6 months, physical and cognitive activities, or other activities had significant effects. However, each study differed in terms of specific measures, duration and frequency of intervention methods. Accordingly, more randomized controlled trials with larger samples are required to discover the best scheme for nonpharmacological multi-component intervention.

4. Neighborhood Social Environment and Dementia: The Mediating Role of Social Isolation

Authors: Choi, Eun Young;Cho, Gawon and Chang, Virginia W.

Publication Date: 2024

Journal: The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences 79(4)

Abstract: Objectives: Despite the potential importance of the neighborhood social environment for cognitive health, the connection between neighborhood characteristics and dementia remains unclear. This study investigated the association between the prospective risk of dementia and three distinct aspects of neighborhood social environment: socioeconomic deprivation, disorder, and social cohesion. We also examined whether objective and subjective aspects of individual-level social isolation may function as mediators.; Methods: Leveraging data from the Health and Retirement Study (2006-2018; N = 9,251), we used Cox proportional hazards models to examine the association between time-to-dementia incidence and each neighborhood characteristic, adjusting for covariates and the propensity to self-select into disadvantaged neighborhoods. We used inverse odds weighting to decompose significant total effects of neighborhood characteristics into mediational effects of objective and subjective social isolation.; Results: The risk of dementia was associated with deprivation and disorder but not low cohesion. In deprived neighborhoods, individuals had an 18% increased risk of developing dementia (cause-specific hazard ratio CHR] = 1.18, 95% CI: 1.02 to 1.38), and those in disordered areas had a 27% higher risk (CHR = 1.27, 95% CI: 1.03 to 1.59). 20% of the disorder's effects were mediated by subjective social isolation, while the mediational effects of objective isolation were nonsignificant. Deprivation's total effects were not partitioned into mediational effects given its nonsignificant associations with the mediators.; Discussion: Neighborhood deprivation and disorder may increase middle to older adults' risks of dementia. The disorder may adversely affect cognitive health through increasing loneliness. Our results suggest a clear need for dementia prevention targeting upstream neighborhood contexts, including the improvement of neighborhood conditions to foster social integration among residents. (© The Author(s) 2024. Published by Oxford University Press on behalf of The Gerontological Society of America. All rights reserved. For permissions, please e-mail: journals.permissions@oup.com.)

5. The effects of different exercise types on cognitive and physical functions in dementia patients: A randomized comparative study

Authors: Guzel, Ilkem and Can, Filiz

Publication Date: 2024

Journal: Archives of Gerontology & Geriatrics 119, pp. N.PAG

Abstract: • Balance and combined exercises offer broader benefits in dementia than aerobics. • Balance and combined exercises provide more improvement than aerobics in dementia. • The effects of balance and combined exercises are similar, except for visual memory. The physical and cognitive effects of aerobic exercise on dementia have been extensively studied. Further investigation of other types of exercise with different physiological effects is still needed. This study aimed to determine cognitive and physical effects of 6-week aerobic, balance, and combined (aerobic-balance) exercise programs on dementia. A total of 31 mild to moderate dementia patients aged 65–90 years were divided into three exercise groups. Before and after the 6-week exercise program, mental rotation, spatial orientation, visual memory, and mental status were assessed for cognitive functions, while fall risk, reaction time, lower limb strength, and frailty were assessed for physical functions. Comprehensive cognitive and physical assessments were performed to provide a holistic approach to dementia. When post-exercise values were compared with pre-exercise values, only frailty decreased significantly in the aerobic exercise group ($p = 0.017$). After exercise program in balance and combined exercise groups, mental rotation ($p = 0.005$, $p = 0.032$), spatial orientation ($p = 0.020$, $p = 0.035$), mental status ($p = 0.007$, $p = 0.014$), and lower extremity strength ($p = 0.010$, $p = 0.005$) increased significantly, while fall risk ($p = 0.005$, $p = 0.005$), reaction time ($p = 0.028$, $p = 0.016$), and frailty ($p = 0.020$, $p = 0.009$) decreased significantly. Moreover, in contrast to combined and aerobic exercise, improvement in visual memory was also observed in the balance exercise group ($p = 0.016$). These findings suggest that balance and combined exercises may have broader effects on dementia than

aerobic exercise. It emphasizes the importance of designing exercise programs for dementia patients, considering the cognitive and physical deficits of the patients, and creating a multidimensional treatment approach.

6. Virtual reality-based simulation intervention for enhancing the empathy of informal caregivers of people with dementia: A mixed-methods systematic review

Authors: Huang, Yaqi;Ho, Ken Hok Man;Christensen, Martin;Wong, Duo Wai-Chi;Wang, Shanshan;Su, Jing Jing;Zhao, Ivy Yan;Kor, Patrick Pui Kin;Liu, Justina Yat Wa;Cheung, James Chung-Wai;Leung, Angela Yee Man and Cheung, Daphne Sze Ki

Publication Date: 2024

Journal: International Journal of Mental Health Nursing 33(2), pp. 241-258

Abstract: Dementia is a long-term and progressive syndrome that not only influences the person with dementia (PWD) but also the caregiver. However, informal caregivers are not always empathic and understand the symptoms of dementia, leading to destructive caregiving relationships and poor quality of caregiving. VR-based simulation interventions can provide a more realistic and memorable learning experience for caregivers to walk in PWDs' shoes. This review aimed to provide practitioners and researchers with insights on developing and/or adopting an effective VR-based simulation intervention for enhancing the empathy of informal caregivers of PWD. A mixed-methods systematic review was conducted. Quantitative, qualitative, and mixed-methods studies were searched from MEDLINE, PsycINFO, CINAHL, Scopus, Embase, and Cochrane Library updating. Standard JBI critical appraisal instruments were used for the quality appraisal. A convergent segregated approach was used to synthesize and integrate the data. A total of seven studies were included. Inconsistent quantitative results were reported on the effects of VR-based simulation on empathy enhancement. Significant effects were reported on knowledge of dementia and emotion-focused coping strategies. Two themes were generated from the qualitative studies, including "Informal caregivers gained better insight into problems encountered by older people with dementia" and "Thinking from the perspective of older people with dementia, leading to changes in attitudes and behaviours towards dementia". The qualitative synthesized evidence showed that informal caregivers gained better insight into problems encountered by PWD, but the quantitative synthesized results are inconsistent. Yet, informal caregivers experienced a change in attitude by thinking from the perspective of PWD.

7. Clinical laboratory tests and dementia incidence: A prospective cohort study

Authors: Huang, Yu-Yuan;Wang, Hui-Fu;Wu, Bang-Sheng;Ou, Ya-Nan;Ma, Ling-Zhi;Yang, Liu;Cheng, Wei and Yu, Jin-Tai

Publication Date: 2024

Journal: Journal of Affective Disorders 351, pp. 1-7

Abstract: Background: Dementia is a major public health issue and a heavy economic burden. It is urgently necessary to understand the underlying biological processes and to identify biomarkers predicting risk of dementia in the preclinical stage for prevention and treatment.; Methods: By using the data of the 367,093 white British individuals from UK Biobank, we investigated the relationship between 56 laboratory measures and 5-year dementia incidence using logistic regression. Adjusted odds ratios for dementia incidence with values below or above the 95 % confidence interval (97.5th percentile) on each of clinical laboratory tests were computed.; Results: We observed that markers of endocrine dysregulation: elevated hemoglobin A1C (AOR = 2.01 1.35, 2.88]) was associated with increased dementia incidence. Indicators of liver dysfunction: elevated gamma glutamyltransferase (AOR = 2.28 1.49, 3.32]), and albumin (AOR = 2.01 1.15, 3.25]), indicators of renal impairment: high urea (AOR = 1.69 1.15, 2.40]), and cystatin C (AOR = 1.89 1.30, 2.67]), and some immune markers, like elevated neutrophil count, low lymphocyte count, and indicators of anemia were also observed to be associated with increased dementia incidence. Both low and high concentrations of insulin-like growth factor 1

were found to be risk factors for dementia.; Limitations: This is an observational study.; Conclusion: Several systemic biomarkers were associated with dementia incidence. These results implicate a contributory role of diverse biological processes to dementia onset, and enrich our understanding of potential dementia prevention strategy.; Competing Interests: Declaration of competing interest The authors declare no competing interests. (Copyright © 2024 Elsevier B.V. All rights reserved.)

8. Protective effects of β -blocker use on bone loss in older men with dementia in the health ABC study

Authors: Khuc, K.;des Bordes, J. K.;Ogunwale, A. N.;Madel, M. -B;Ambrose, C. G.;Schulz, P. E.;Schwartz, A. V.;Elefteriou, F. and Rianon, N. J.

Publication Date: 2024

Journal: Research in Social & Administrative Pharmacy 20(4), pp. N.PAG

9. Sensory Loss and Risk of Dementia

Authors: Lad, Meher;Sedley, William and Griffiths, Timothy D.

Publication Date: 2024

Journal: The Neuroscientist : A Review Journal Bringing Neurobiology, Neurology and Psychiatry 30(2), pp. 247-259

Abstract: Sensory loss in olfaction, vision, and hearing is a risk factor for dementia, but the reasons for this are unclear. This review presents the neurobiological evidence linking each sensory modality to specific dementias and explores the potential mechanisms underlying this. Olfactory deficits can be linked to direct neuropathologic changes in the olfactory system due to Alzheimer disease and Parkinson disease, and may be a marker of disease severity. Visual deficits potentially increase dementia risk in a vulnerable individual by reducing resilience to dementia. Hearing deficits may indicate a susceptibility to Alzheimer disease through a variety of mechanisms. More generally, sensory impairment could be related to factors associated with resilience against dementia. Further research is needed to tease out the specific and synergistic effects of sensory impairment. Studying sensory loss in relation to neurodegenerative biomarkers is necessary to clarify the mechanisms involved. This could produce new monitoring and management strategies for people at risk of dementia.; Competing Interests: Declaration of Conflicting InterestsThe authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

10. Socioeconomic status, lifestyle and risk of incident dementia: a prospective cohort study of 276730 participants

Authors: Ou, Ya-Nan;Zhang, Yan-Bo;Li, Yu-Zhu;Huang, Shu-Yi;Zhang, Wei;Deng, Yue-Ting;Wu, Bang-Sheng;Tan, Lan;Dong, Qiang;Pan, An;Chen, Ren-Jie;Feng, Jian-Feng;Smith, A. D.;Cheng, Wei and Yu, Jin-Tai

Publication Date: 2024

Journal: GeroScience 46(2), pp. 2265-2279

Abstract: Healthy lifestyle might alleviate the socioeconomic inequities in health, but the extent of the joint and interactive effects of these two factors on dementia are unclear. This study aimed to detect the joint and interactive associations of socioeconomic status (SES) and lifestyle factors with incident dementia risk, and the underlying brain imaging alterations. Cox proportional hazards analysis was performed to test the joint and interactive associations. Partial correlation analysis was performed to reflect the brain imaging alterations. A total of 276,730 participants with a mean age of 55.9 (± 8.0) years old from UK biobank were included. Over 8.5 (± 2.6) years of follow-up, 3013 participants were

diagnosed with dementia. Participants with high SES and most healthy lifestyle had a significantly lower risk of incident dementia (HR=0.19, 95% CI=0.14 to 0.26, $P < 2 \times 10^{-16}$), Alzheimer's disease (AD, HR=0.19, 95% CI=0.13 to 0.29, $P = 8.94 \times 10^{-15}$), and vascular dementia (HR=0.24, 95% CI=0.12 to 0.48, $P = 7.57 \times 10^{-05}$) compared with participants with low SES and an unhealthy lifestyle. Significant interactions were found between SES and lifestyle on dementia ($P = 0.002$) and AD ($P = 0.001$) risks; the association between lifestyle and dementia was stronger among those of high SES. The combination of high SES and healthy lifestyle was positively associated with higher volumes in brain regions vulnerable to dementia-related atrophy. These findings suggest that SES and lifestyle significantly interact and influence dementia with its related brain structure phenotypes. (© 2023. The Author(s), under exclusive licence to American Aging Association.)

11. Prevalence, treatment, and neural correlates of apathy in different forms of dementia: a narrative review

Authors: Parrotta, Ilaria;Cacciatore, Stefano;D'Andrea, Flavio;D'Anna, Marianna;Giancaterino, Giulia;Lazzaro, Giovanni;Arcara, Giorgio and Manzo, Nicoletta

Publication Date: 2024

Journal: Neurological Sciences : Official Journal of the Italian Neurological Society and of the Italian Society of Clinical Neurophysiology 45(4), pp. 1343-1376

Abstract: Objectives: The aim of this review is to provide an overview on prevalence and clinical tools for the diagnosis of apathy, as well as on neurophysiological and neuroimaging findings obtained from studies in patients with apathy in different forms of dementia, including Alzheimer's disease (AD), vascular (VaD) and mixed dementia, frontotemporal dementia (FTD), and Parkinson's disease dementia (PDD).; Methods: Randomized controlled trials, non-randomized controlled trials, controlled before-after studies, and interrupted time series from four databases (WebOfScience, Scopus, Pubmed, and PsycINFO) addressing apathy in adults or older people aged over 65 years of age affected by dementia were included.; Results: The prevalence of apathy was 26-82% for AD, 28.6-91.7 for VaD, 29-97.5% in PDD, and 54.8-88.0 in FTD. The assessment of apathy was not consistent in the reviewed studies. Methylphenidate was the most successful pharmacological treatment for apathy. Neurobiological studies highlighted the relationship between both structural and functional brain areas and the presence or severity of apathy.; Conclusion: Apathy is a very common disorder in all types of dementia, although it is often underdiagnosed and undertreated. Further studies are needed to investigate its diagnosis and management. A consensus on the different evaluation scales should be achieved. (© 2023. The Author(s).)

12. Meeting Summary of The NYO3 5th NO-Age/AD Meeting and the 1st Norway-UK Joint Meeting on Aging and Dementia: Recent Progress on the Mechanisms and Interventional Strategies

Authors: Wang, He-Ling;Siow, Richard;Schmauck-Medina, Tomas;Zhang, Jianying;Sandset, Per Morten;Filshie, Clare;Lund, Øystein;Partridge, Linda;Bergersen, Linda Hildegard;Juel Rasmussen, Lene;Palikaras, Konstantinos;Sotiropoulos, Ioannis;Storm-Mathisen, Jon;Rubinsztein, David C.;Spillantini, Maria Grazia;De Zeeuw, Chris,I.;Watne, Leiv Otto;Vyhnalek, Martin;Veverova, Katerina;Liang, Kristina Xiao, et al

Publication Date: 2024

Journal: The Journals of Gerontology.Series A, Biological Sciences and Medical Sciences 79(4)

Abstract: Unhealthy aging poses a global challenge with profound healthcare and socioeconomic implications. Slowing down the aging process offers a promising approach to reduce the burden of a number of age-related diseases, such as dementia, and promoting healthy longevity in the old population. In response to the challenge of the aging population and with a view to the future, Norway and the United Kingdom are fostering collaborations, supported by a "Money Follows Cooperation

agreement" between the 2 nations. The inaugural Norway-UK joint meeting on aging and dementia gathered leading experts on aging and dementia from the 2 nations to share their latest discoveries in related fields. Since aging is an international challenge, and to foster collaborations, we also invited leading scholars from 11 additional countries to join this event. This report provides a summary of the conference, highlighting recent progress on molecular aging mechanisms, genetic risk factors, DNA damage and repair, mitophagy, autophagy, as well as progress on a series of clinical trials (eg, using NAD+ precursors). The meeting facilitated dialogue among policymakers, administrative leaders, researchers, and clinical experts, aiming to promote international research collaborations and to translate findings into clinical applications and interventions to advance healthy aging. (© The Author(s) 2024. Published by Oxford University Press on behalf of The Gerontological Society of America.)

13. The effect of dual-task training on cognitive ability, physical function, and dual-task performance in people with dementia or mild cognitive impairment: A systematic review and meta-analysis

Authors: Yu, Dan;Li, Xun;He, Shutang;Zhu, Huina;Lam, Freddy Man Hin and Pang, Marco Yiu Chung

Publication Date: 2024

Journal: Clinical Rehabilitation 38(4), pp. 443-456

Abstract: Objective: To summarize the effect of dual-task training on cognitive, physical function, and dual-task performance in people with mild cognitive impairment or dementia. Data sources: Embase, PEDro, PsycINFO, PubMed, CINAHL, The Cochrane Library, and a forward search conducted via Web of Science have been searched from inception to July 2023. Review methods: Good-quality randomized controlled trials compared dual-task training with no/placebo intervention or single-task training among people with a primary diagnosis of mild cognitive impairment or dementia were included. The PEDro scale was used to evaluate the methodological quality of individual studies. The Grading of Recommendations, Assessment, Development and Evaluations system was adopted to appraise the quality of evidence for each outcome. Results: Eighteen trials (1325 participants) were included, and 17 provided data for meta-analysis. Comparing with no intervention, dual-task training led to significant improvements on attention (mean difference (MD) = -20.66, 95%CI -39.42, -1.90]), functional mobility (MD = -2.73; 95%CI -3.98, -1.49]). Compared with single-task training, dual-task training had greater effects on overall cognitive function (standardized mean difference (SMD) = 0.29, 95%CI 0.09, 0.49]), balance (SMD = 0.78, 95%CI 0.40, 1.15]) and functional mobility (MD = -1.17; 95%CI -1.77, -0.58]). Its effect on dual-task performance remains inconclusive due to the inconsistent results reported. Conclusion: Low- to moderate-quality evidence supports that dual-task training has beneficial effects on cognitive function and physical function in individuals with dementia or mild cognitive impairment. The optimal training protocol of dual-task training on cognitive and physical functions, and dual-task performance remains uncertain. Well-designed, randomized studies with large enough sample sizes are warranted.

14. Atrial fibrillation increases the risk of all-cause dementia, Alzheimer's disease, and vascular dementia: A cohort study of 373, 415 participants in the UK Biobank

Authors: Zhai, Yinghong;Hu, Fangyuan;Yuan, Lei;Ye, Xiaofei;Shi, Wentao;Yang, Rongqing;Cao, Yang;Sun, Jinhai;He, Jia and Xu, Feng

Publication Date: 2024

Journal: Journal of Affective Disorders 351, pp. 323-330

15. Conducting family meetings on families with dementia: An integrative review

Authors: Zhang, Huiyue;Wang, Nan;Bai, Nan and Yin, Min

Publication Date: 2024

Journal: Journal of Clinical Nursing (John Wiley & Sons, Inc.) 33(4), pp. 1362-1375

Abstract: Aim: To explore the role of family meetings for individuals living with dementia and their family caregivers. Design: Integrative review. Methods: We conducted searches in the Cochrane Library, PubMed, CINAHL, and Embase databases (up to December 2022). Additionally, an ancestry search strategy was employed to supplement the retrieval of published literature related to family meetings or family conferences for people with dementia and their family caregivers. Results: The review integrated 11 articles, comprising seven quantitative studies, two qualitative studies, and two case reports. The findings did not indicate a significant improvement in end-of-life quality for individuals with dementia in the family meetings group compared to those receiving usual care. Limited evidence suggested some improvement in mental health outcomes for family caregivers. Both intervention and control groups incurred high care costs. However, family meetings appeared to delay nursing home placements for individuals with dementia. Two qualitative studies provided insights into the experiences of families and healthcare professionals participating in family meetings, highlighting opportunities and challenges in implementing such meetings. Additionally, two case reports offered specific and illustrative accounts of typical family meetings. Conclusion: Family meetings can delay nursing home placements for elderly individuals with dementia. Families dealing with dementia perceive family meetings as an opportunity to collaborate with professionals in providing comprehensive care. Further research is needed to explore the effectiveness of family meetings in decision-making for families affected by dementia. Additionally, addressing timing and process coordination issues in family meetings is crucial for optimising their practices among families dealing with dementia. Relevance to Clinical Practice: In order to make family meetings more accessible to families of individuals with dementia, we offer the following recommendations for future research and practice: Rather than a blanket rejection, the decision regarding the participation of individuals with dementia in family meetings should be based on their specific condition and the needs of their family. Coordination and harmonisation of opinions and perceptions among family members of individuals with dementia can sometimes be complex for healthcare professionals. The involvement of family coordinators may simplify this process. To determine the optimal timing for holding family meetings that can better assist families dealing with dementia, we propose that the right to initiate a meeting be granted to the family. This allows them to convene with healthcare professionals and address their concerns at their convenience.

16. Disentangling the contributions of alcohol use disorder and alcohol-related liver disease towards dementia: A population-based cohort study

Authors: Zhao, Sixian;Widman, Linnea;Hagström, Hannes and Shang, Ying

Publication Date: 2024

Journal: Addiction 119(4), pp. 706-716

Abstract: Aims: The aim of the study was to disentangle the contributions of alcohol and alcohol-related liver disease (ALD) towards dementia by independently measuring the association between alcohol use disorder (AUD) alone and ALD with dementia. Design: This was a nation-wide cohort study. Setting: The study was conducted in Sweden from 1987 to 2020. Participants: DELIVER (DEcoding the epidemiology of LIVER disease in Sweden) cohort, containing administrative codes on patients with chronic liver disease from the National Patient Register and other registers between 1987 and 2020. Measurements: International Classification of Disease 9th (ICD-9) and 10th (ICD-10) version codes were used to define the presence of AUD, ALD and dementia. The associations of AUD alone and ALD with incident dementia were estimated using Cox regression models adjusting for potential confounders. Cumulative incidences were also calculated accounting for competing risks of death. Findings A total of 128 884 individuals with AUD alone, 17 754 with ALD and 2 479 049 controls were identified. During a median follow-up of 8.9 years, 13 395 (10.4%), 2187 (12.3%) and 138 925 (5.6%) dementia cases were identified in these groups, respectively. Dementia rates were increased in AUD alone adjusted hazard ratio (aHR) = 4.6, 95% confidence interval (CI) = 4.5–4.6] and in ALD (aHR = 8.6, 95% CI = 8.3–9.0) compared with controls. AUD alone was also associated with increased rates of

vascular dementia (aHR = 2.3, 95% CI = 2.2–2.5) and Alzheimer's disease (aHR = 1.4, 95% CI = 1.3–1.4), while ALD was only associated with vascular dementia (aHR = 2.7, 95% CI = 2.3–3.2). The median age at dementia diagnosis was 67 years interquartile range (IQR) = 56–76] in AUD alone and 63 years (IQR = 56–71) in ALD compared with 85 years (IQR = 79–89) in controls. Conclusion: In Sweden, patients with alcohol use disorder (AUD) appear to have increased rates of dementia and diagnosis at a younger age, compared with patients without AUD. Concurrent alcohol-related liver disease appears to increase the diagnosis rate and lower the median age further.

The following databases are used in the creation of this bulletin: Amed, British Nursing Index, Cinahl & Medline.

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