

BRFSS Brief

Brief number 2021-02

The Behavioral Risk Factor Surveillance System (BRFSS) is an annual statewide telephone survey of adults, developed by the Centers for Disease Control and Prevention and administered in 2018 by the New York State Department of Health. The BRFSS is designed to provide information on behaviors, risk factors, and utilization of preventive services related to the leading causes of chronic and infectious diseases, disability, injury, and death among the noninstitutionalized, civilian population, aged 18 years and older.

Cognitive Decline

New York State Adults ages 45 and over, 2018

Introduction and Key Findings

Subjective cognitive decline refers to self-reported symptoms of worsening memory and thinking. A growing body of evidence suggests that subjective cognitive decline is one of the earliest signs of dementia, including Alzheimer's disease. Though not everyone who reports changes in thinking and memory develop Alzheimer's disease or another dementia, many people do.^{1, 2}

Alzheimer's disease, the most common cause of dementia, is currently the sixth leading cause of death in the United States. An estimated 5.8 million Americans live with Alzheimer's disease. Approximately 410,000 New Yorkers age 65 and older have Alzheimer's disease, with a projected increase to 460,000 by the year 2025.³ The disease is costly, both for families and the health care system. Total per-person payments in 2020 for health and long-term care were estimated at \$305 billion nationwide, including Medicare, Medicaid and out-of-pocket costs. Medicaid payments for New Yorkers age 65 and older living with any dementia are projected to increase by over 15% by the year 2025.³ Because the disease is neurodegenerative, it has unique challenges, including both physical and cognitive changes that require the eventual need for 24-hour supervision and the increasing need for assistance with all activities of daily living.

Early detection of cognitive decline and dementia has many benefits to the individual, their family, and the health care system as a whole. Early detection allows providers to diagnose other potential causes of cognitive changes, such as depression, thyroid conditions, and vitamin deficiencies, all of which are treatable. Research also shows that when the diagnosis is Alzheimer's disease or another dementia, early detection better equips families to make informed decisions, receive higher quality medical care, have increased access to services, and participate in clinical trials.³

KEY FINDINGS

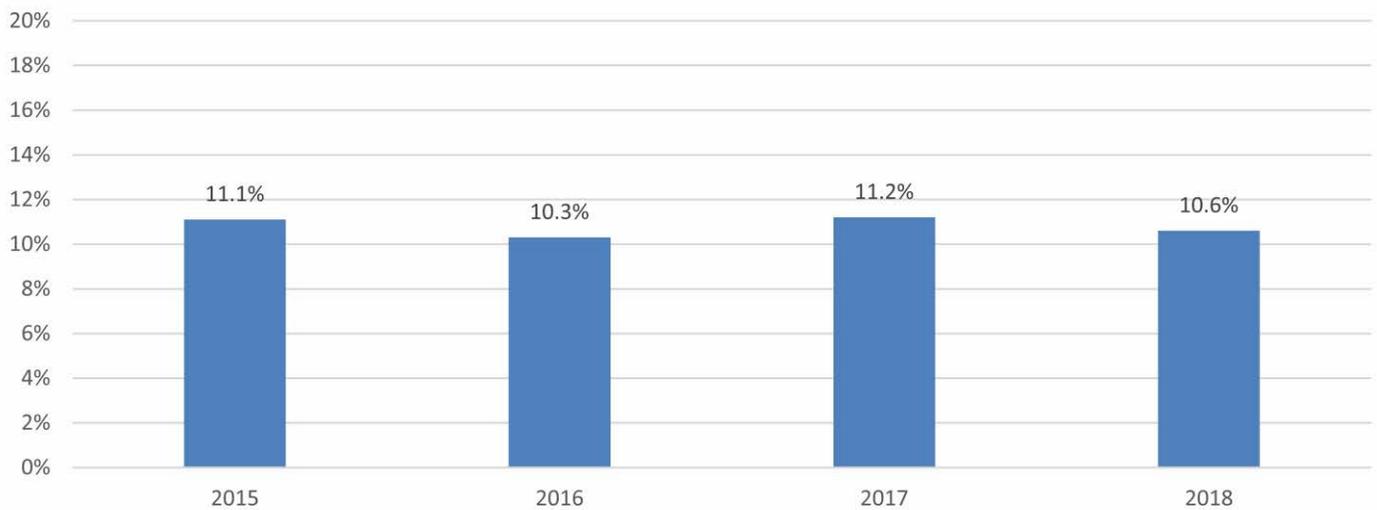
In New York State (NYS), approximately one in ten (10.6%) adults age 45 or older report increasing confusion and memory loss. The prevalence of cognitive decline is two times higher among black, non-Hispanic adults (16.1%) and 1.25 times higher among Hispanic adults (10.2%) compared to white, non-Hispanic adults (8.1%). The prevalence of subjective cognitive decline is also higher among those with multiple chronic conditions, those with less education, those with lower income, and those without health insurance coverage, showing an association with other health issues and with social determinants of health. Social determinants of health are defined as the conditions in which people are born, live, work, grow and age.

Despite the benefits of early detection, over half (50.1%) of New Yorkers with subjective cognitive decline have not talked about it with a health care provider. For many people experiencing cognitive decline, these changes have interfered with work or social activities (35.9%) and household activities, such as cooking, cleaning, or paying bills (38.0%). Of those who need help with daily activities (38.2%) almost one quarter (23.6%) were unable to get the help they needed. Many people with subjective cognitive decline also have two or more chronic diseases (60.1%), complicating the self-management of other chronic conditions.

BRFSS Questions

- During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?
- Have you or anyone else discussed your confusion or memory loss with a healthcare professional?
- During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills?
- As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities?
- When you need help with these day-to-day activities, how often are you able to get the help that you need?
- During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home?

Figure 1. Subjective cognitive decline^a among New York State adults age 45+, BRFSS 2015 - 2018



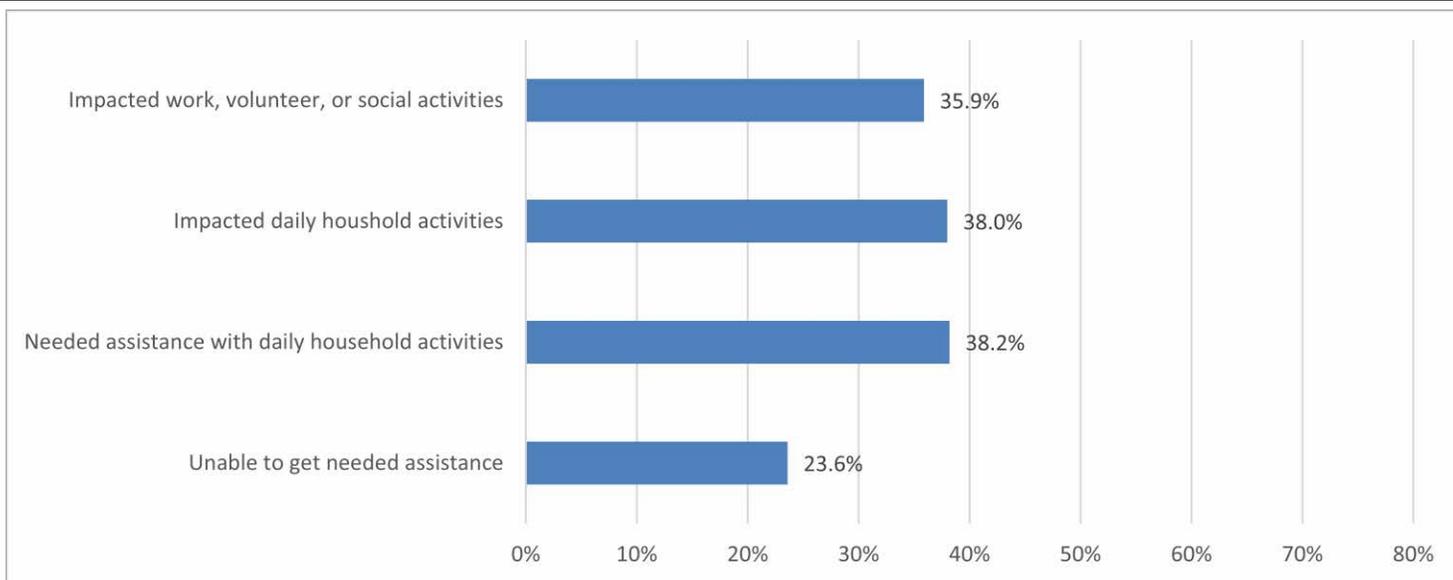
^a Those who report experiencing memory loss or confusion that is happening more often or getting worse in the last 12 months.

Figure 2. New York State adults age 45+ with subjective cognitive decline who have not discussed it with a healthcare professional^a, BRFSS 2015 - 2018



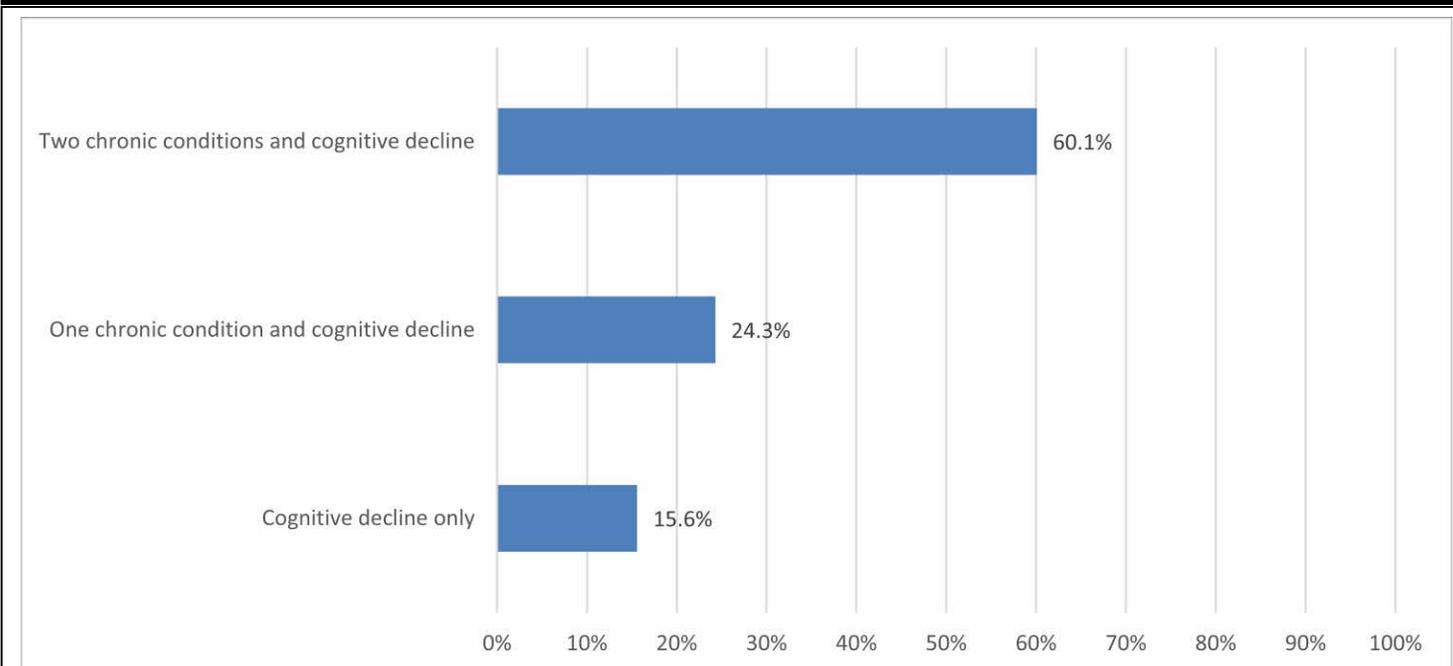
^a Those who report that they, or someone they know, **have not** discussed their confusion or memory loss with a health care professional.

Figure 3. Impact of Subjective Cognitive Decline on Daily Life, 2018 BRFS



1. During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home? [answered always, usually, or sometimes]
2. During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills? [always, usually, or sometimes]
3. As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities? [always, usually or sometimes]
4. When you need help with these day-to-day activities, how often are you able to get the help that you need? [rarely or never]

Figure 4. Chronic condition^a prevalence among those with subjective cognitive decline^b, 2018 BRFS



^aChronic conditions include heart disease, stroke, asthma, cancer, COPD, arthritis, depressive disorders, kidney disease, and diabetes

^bThose who have experienced memory loss or confusion occurring more often or getting worse in the last 12 months

Note: Error bars represent 95% confidence intervals

Subjective cognitive decline^a among New York State Adults, 2018 BRFSS

	Subjective Cognitive Decline ^a [n=7,116]	
	% ^b	95% CI ^c
New York State (NYS)	10.6	9.1 – 12.0
Sex		
Male	9.2	7.4 – 11.1
Female	11.8	9.6 – 14.1
Age (years)		
45 - 59	9.1	7.3 – 11.0
60 - 64	9.2	5.9 – 12.5
65 - 74	12.7	8.6 – 16.8
75 - 79	11.8	6.7 – 16.8
80 and older	13.9	9.3 – 18.4
Race/ethnicity		
White non-Hispanic	8.1	6.8 – 9.4
Black non-Hispanic	16.1	10.4 – 21.8
Hispanic	10.2	6.0 – 14.3
Other non-Hispanic	21.7	11.8 – 31.5
Annual household income		
<\$25,000	18.7	14.5 – 22.9
\$25,000 – <\$50,000	9.5	6.2 – 12.8
\$50,000 - <\$75,000	7.9	4.6 – 11.3
≥\$75,000	3.9	2.7 – 5.1
Education		
Did not graduate High School	21.2	14.6 – 27.7
Graduated High School	13.6	10.2 – 17.0
Attended College or Technical School	7.5	5.4 – 9.5
Graduated from College or Technical School	6.6	5.1 – 8.0
Region		
NYS excluding NYC	13.9	10.5 – 17.4
NYC	8.9	7.5 – 10.3
Health care coverage		
Has health care insurance	10.3	8.7 – 11.8
Not insured	14.1	7.1 – 21.0
Chronic conditions^d		
None	4.5	2.9 – 6.1
One chronic condition	8.2	6.1 – 10.3
Two or more chronic diseases	19.8	16.3 – 23.3

^a Those who have experienced memory loss or confusion that is happening more often or getting worse in the last 12 months.

^b % = weighted percentage

^c CI = confidence interval.

^d Chronic conditions include heart disease, stroke, asthma, cancer, COPD, arthritis, depressive disorders, kidney disease, and diabetes.

References

1. Taylor CA, Bouldin ED, McGuire LC. Subjective Cognitive Decline Among Adults Aged ≥45 Years — United States, 2015–2016. *MMWR Morb Mortal Wkly Rep* 2018;67: 753–757.
2. Rabin, Laura A., Smart, Colette M., and Amariglio, Rebecca. (2017). Subjective Cognitive Decline in Preclinical Alzheimer's Disease. *Annual Review of Clinical Psychology* 13:1: 369 – 396.
3. Alzheimer's Association. 2020 Alzheimer's Disease Facts and Figures. *Alzheimer's Dementia* 2020; 16(3): 391+.

Program Contributions

New York State Department of Health
Division of Long Term Care
Bureau of Community Integration and Alzheimer's Disease

Order Information

Copies may be obtained by contacting:

BRFSS Coordinator
New York State Department of Health
Bureau of Chronic Disease Evaluation and Research
Empire State Plaza, Rm. 1070
Corning Tower Albany, NY 12237-0679

Or by phone or electronic mail:

(518) 473-0673
or
BRFSS@health.ny.gov
or
www.health.ny.gov



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