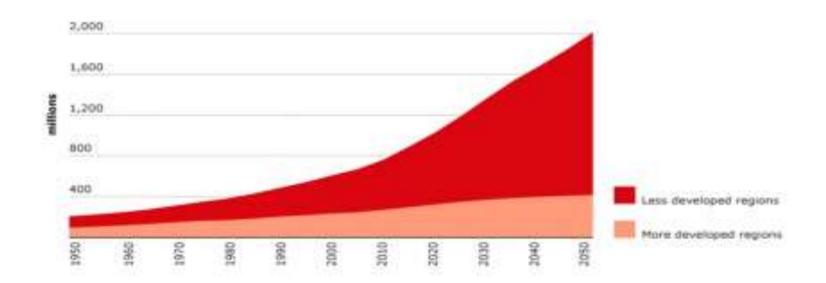
Metabolic Syndrome Cognitive Decline

Zahra Vahabi MD 2022 the worldwide prevalence of dementia is expected to grow in the next 30 years by 92% in high and 176% in low-to-middle-income countries.



 Midlife Metabolic Dysfunction and Cardiovascular disease have been proposed as mechanisms of degeneration of brain structure and function in middle age

- Obesity on brain structure have documented late-life atrophy in older adults who were obese at midlife
- Increased white matter lesions in older age for individuals with higher BMI almost two decades earlier

Obesity



 Midlife hypertension and Diabetes have also been identified as risk factors for later life dementia • Metabolic syndrome :

Abdominal obesity,

High Triglyceride levels,

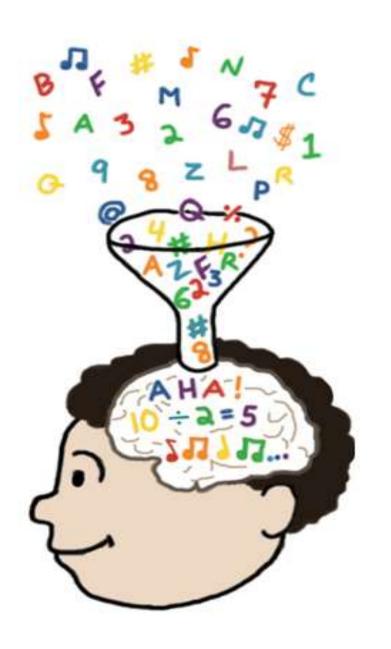
Low High-Density Lipoprotein (HDL) cholesterol,

Above normal blood pressure (prehypertension)

Above normal blood sugar (prediabetes)

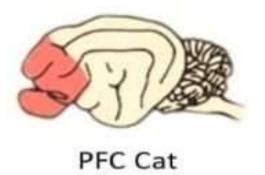
 MetS, defined by the co-occurrence of at least three of the five components within a single individual, has been associated with increased risk for Vascular Dementia Frontal lobe pathology and Executive Dysfunction are thought to be the earliest markers for brain changes resulting from Cardiovascular disease.

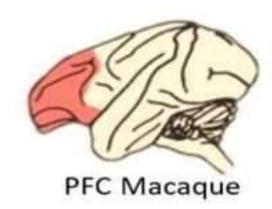
 While initial interest in cognitive impairment had focused on the Temporal Lobe and Memory functions as the primary area of Attention Frontal Lobe regions as the most susceptible early cognitive changes

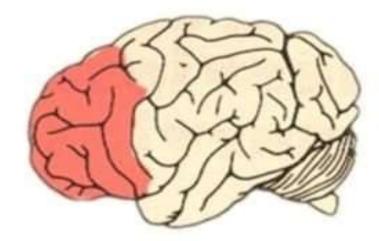


Executive Function Paradigm:

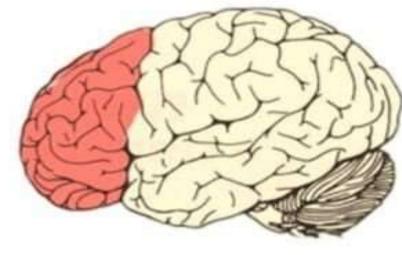
- Goal Setting
- Cognitive Flexibility/Shifting
- Organizing
- Accessing Working Memory
- Self-Monitoring











PFC Human

 White matter hyperintensities, commonly seen in older adults, are significantly associated with executive dysfunction specific to attention and speed in a clinical sample with Vascular Dementia

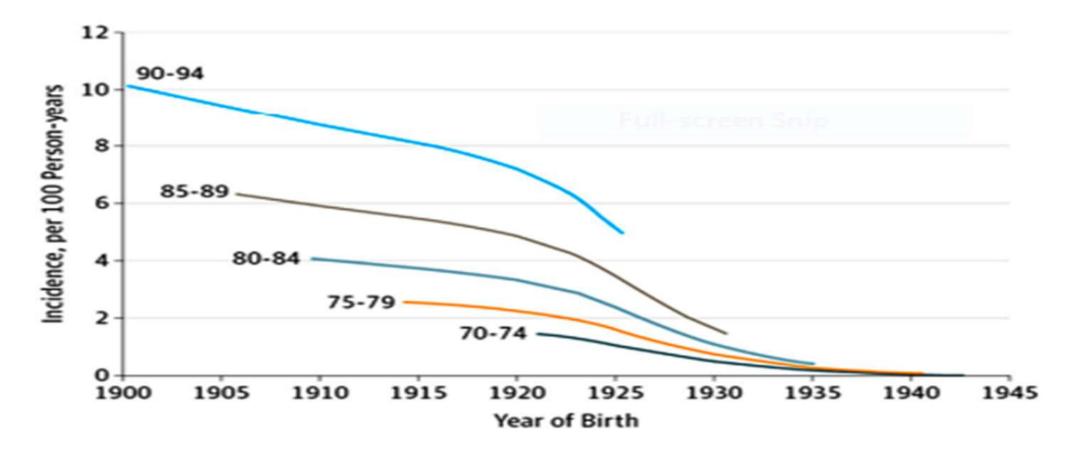
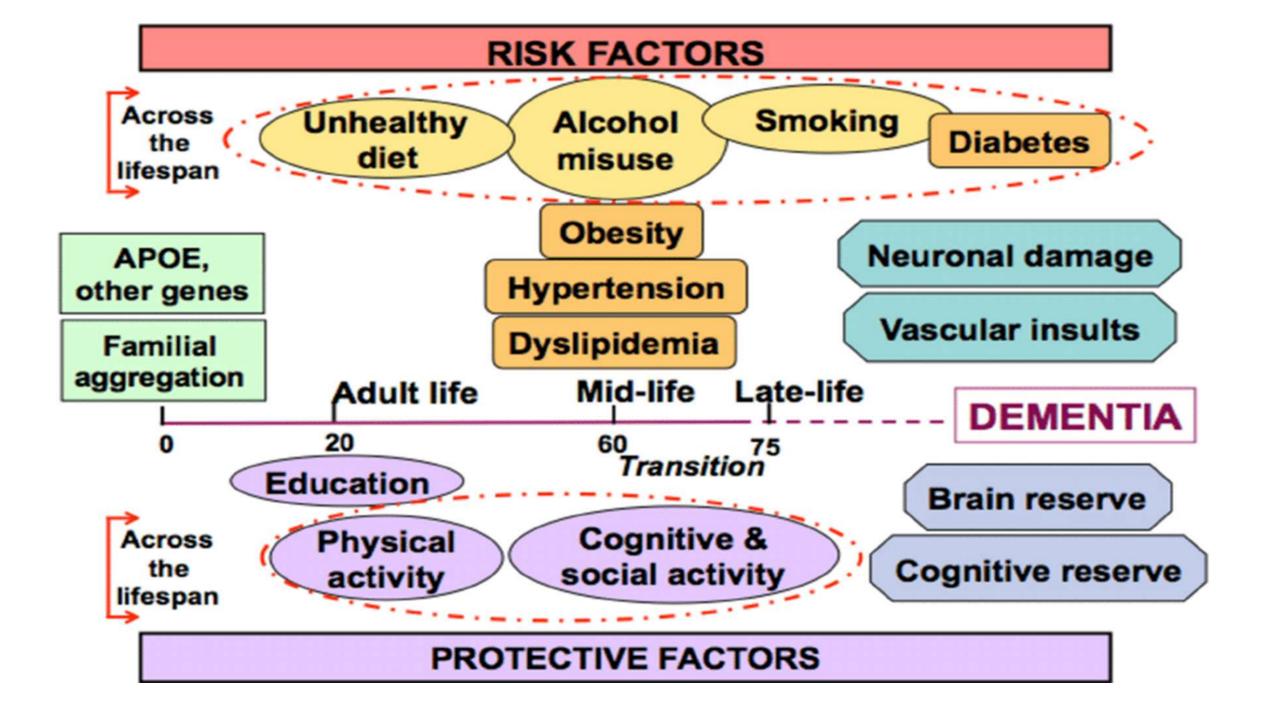


FIGURE 1 Dementia prevention in action: secular trend of decreased incidence of dementia as a function of date of birth and age in the Einstein Aging Study. Figure taken from: Derby et al.⁷



Non-modifiable protective factors

Genetics (i.e. APOEε2)

Modifiable protective factors

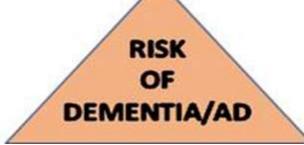
- Education attainment
- Mediterranean diet
- Moderate alcohol intake?
- Physical exercise
- Intellectual and social activities

Non-modifiable risk factors

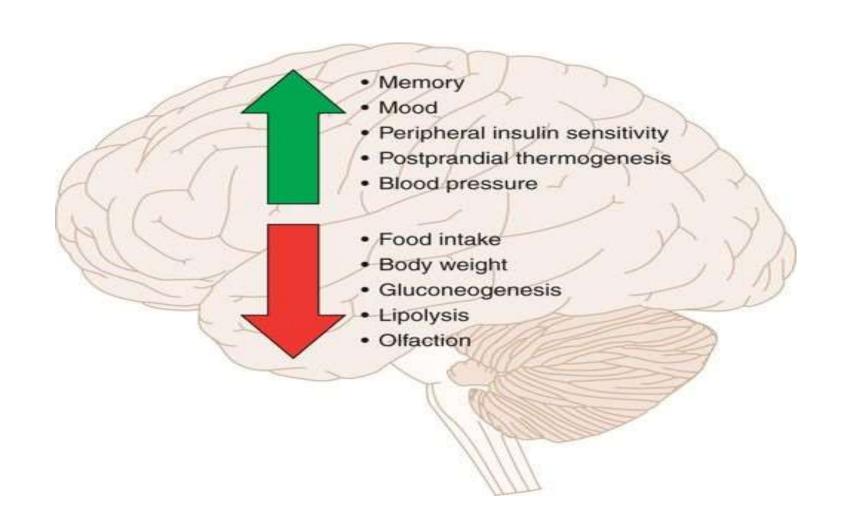
- Aging
- Genetics (i.e. APOEε4)

Modifiable risk factors

- Vascular risk factors:
 - Hypertension
 - o Diabetes mellitus
 - o Obesity
 - Hypercholesterolemia?
 - Smoking



Metabolic syndrome and Cognitive Domains

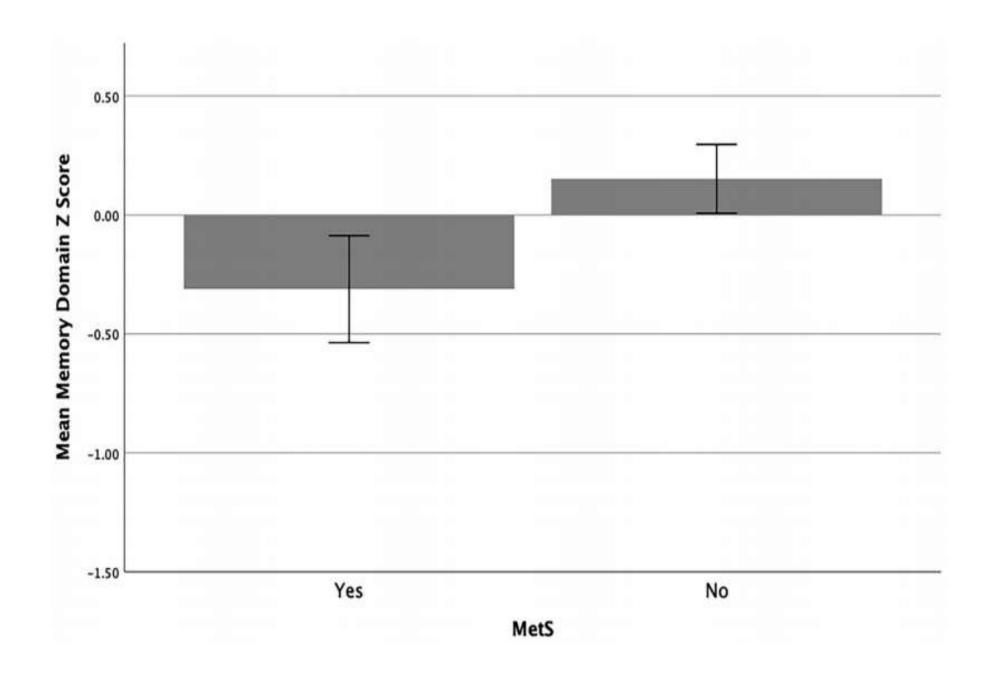


- 409 right-handed adults between the ages of 40 and 60
- Normal, metabolic syndrome (number of met component)

Table 3. Participant characteristics by MetS components (n = 197)

Participant characteristics	MetS = 0	MetS = 1	MetS = 2	MetS = 3	MetS = 4	MetS = 5
	Mean \pm SD					
Participants, n	48	60	27	33	20	9
Sex (male/female)	21/27	14/46	15/12	16/17	13/7	4/5
Age	49 ± 6	49 ± 6	49 ± 6	49 ± 6	50 ± 7	52 ± 7
Education, y	16 ± 2	16 ± 2	16 ± 3	16 ± 3	16 ± 3	15 ± 2
WASI FSIQ—2 subtest,	114 ± 13	114 ± 14	110 ± 16	113 ± 14	112 ± 20	105 ± 9
score						
Executive function, z-score	0.11 ± 0.63	-0.02 ± 0.58	-0.04 ± 0.71	0.12 ± 0.75	0.02 ± 0.48	-0.94 ± 1.15
Memory, z-score	0.00 ± 0.96	0.26 ± 0.81	0.14 ± 0.74	-0.23 ± 0.91	-0.30 ± 0.80	-0.61 ± 1.02

Notes: Data are means \pm SD. MetS = metabolic syndrome; WASI = Wechsler Abbreviated Scale of Intelligence.



What Is Best Way?





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