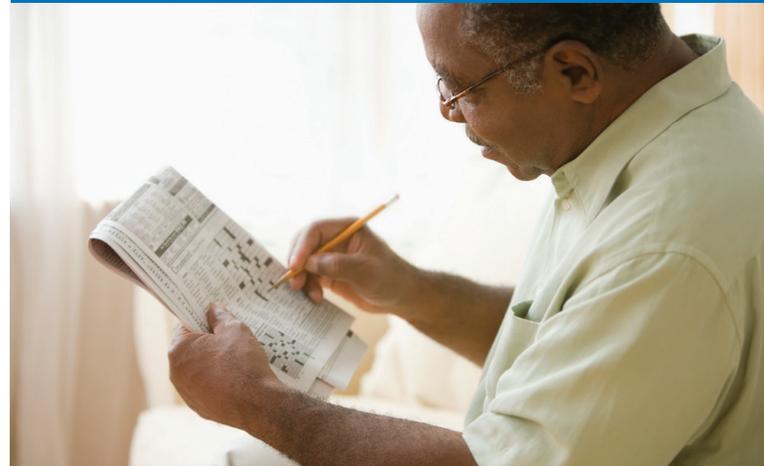




Thinking About Brain Health

Dementia is a progressive decline in memory that affects brain function and the ability to live independently. The top risk factor for dementia is age. As the number of older adults in the U.S. increases, so does interest in strategies to promote “brain health” and ways to reduce the risk or slow the progression of dementia. In October 2018, the University of Michigan National Poll on Healthy Aging asked a national sample of adults age 50-64 about their memory, their concerns about developing dementia, and whether they would participate in dementia research.



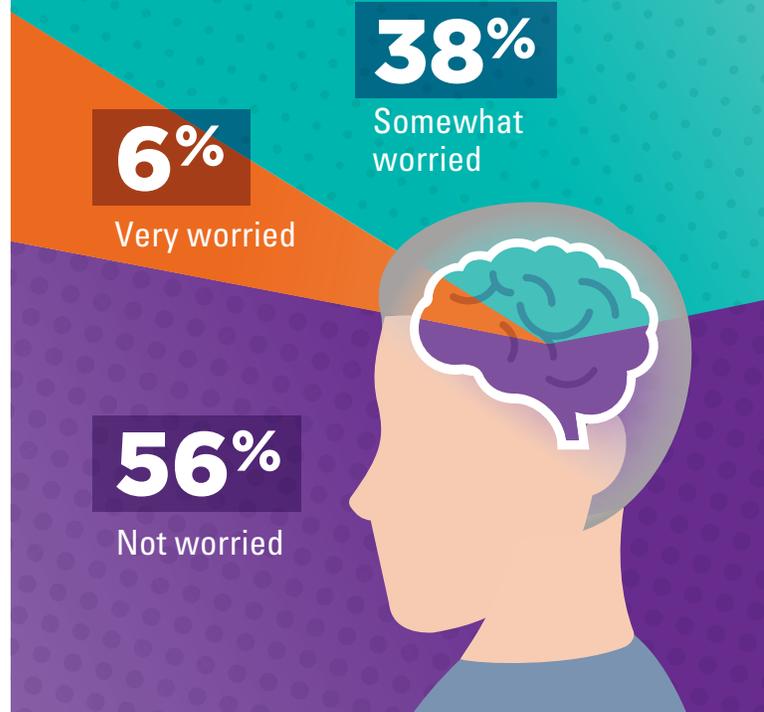
Perceptions of current brain health

One in three adults age 50-64 (34%) rated their memory as good as when they were younger, 59% said it was slightly worse, and 7% said it was much worse. Compared to people reporting better physical health, mental health, or hearing, those who rated their physical health, mental health, or hearing as fair or poor were more likely to say that their memory was much worse than when they were younger.

Respondents who reported getting exercise several times a week were more likely to believe their memory was as good as when they were younger compared to those who exercised once a week or less. Similarly, those who said they eat a healthy diet, get enough sleep, and keep socially active several times a week were more likely than others to believe their memory was as good as when they were younger.

Overall, 37% of respondents reported having a family member (living or deceased) with dementia. Those who reported a family history of dementia were less likely to rate their memory as good as when they were younger.

How worried are adults age 50-64 about developing dementia?



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Worrying about dementia

About half of respondents (48%) thought they were likely (*somewhat* 44%, *very* 4%) to develop dementia in their lifetime. Among those with a family history of dementia, 73% thought they were likely to develop dementia, compared to 32% of those without a family history. Respondents who rated their physical or mental health as fair or poor were more likely to report that they were likely to develop dementia than those in better health. Those who reported getting less sleep or being less socially active were also more likely to report they were likely to develop dementia in their lifetime.

The majority of respondents (55%) thought they were just as likely as other people their age to develop dementia, while 39% thought they were less likely, and 6% thought they were more likely.

Respondents rated their worry about developing dementia as similar to their perceived likelihood of getting dementia. More than two in five adults age 50–64 (44%) reported they were worried about developing dementia (*somewhat* 38%, *very* 6%). Being worried about developing dementia was more pronounced among respondents with a family history of dementia compared to those without (66% vs. 28%). Likewise, the 18% of respondents who had been a dementia caregiver were more likely to worry about developing dementia than those who had not been caregivers (65% vs. 39%).

Use of strategies to maintain or improve memory

More than half of respondents (55%) reported doing crossword puzzles or other brain games to maintain or improve their memory. Nearly as many (48%) reported taking some type of vitamin or supplement to help their memory. About one in three (32%) said they took fish oil or omega-3 supplements. Overall, nearly three in four adults age 50–64 (73%) reported engaging in at least one of these strategies to help maintain or improve their memory. However, just 5% said they had ever discussed ways to prevent dementia with their doctor. One in ten (10%) of those with a family history of dementia had talked with their doctor about ways to prevent dementia.

Willingness to participate in dementia research

Three in five adults age 50–64 (59%) indicated they would be willing to provide a DNA sample for research on the genetics of dementia. In contrast, 44% said they were likely to participate in research to test a new medicine to prevent dementia, and the same percentage (44%) would be willing to participate in research to test a new treatment for dementia.

Respondents with a family history of dementia were more likely to report that they would take part in research related to dementia than those who did not have a family history of

Willingness to participate in dementia research

AMONG ADULTS AGE 50–64

59%

likely to provide a DNA sample for dementia research



44%

likely to test a new medicine to prevent dementia



44%

likely to test a treatment for dementia

dementia, including research that would involve providing a DNA sample (71% vs. 51%), testing a new medicine (59% vs. 34%), or testing a new treatment (61% vs. 33%).

Among those who said they were not likely to participate in dementia research, top reasons included reluctance to have their DNA stored in a biobank (39%), not wanting to be a “guinea pig” for researchers (37%), thinking that dementia was unlikely to affect them (22%), believing the potential for harm would be too high (21%), or that it would take too much time (14%). Only 5% reported they were unlikely to participate in dementia-related research due to a fear of finding out information about their own health.

Implications

Many adults age 50–64 in this national poll expressed worries about their risk of developing dementia. While nearly half thought they were likely to develop dementia in their lifetime, the actual lifetime risk for those nearing age 65 is much lower.

Adults who had a family member with dementia or who had been a caregiver of a person with dementia assessed both their likelihood of and their worry about developing dementia as higher than those who did not have a family history or personal experience with caregiving. Increased worry about developing dementia among respondents is disproportionately higher than the actual risk for family members of individuals with most forms of dementia.

More research is needed to advance our understanding of evidence-based strategies to prevent and treat dementia. About half of adults age 50–64 reported being open to participating in research related to dementia, and those with a family history of dementia indicated being much more likely to participate in research. Willingness to participate in research is critical for advancing knowledge about ways to promote brain health and reduce the prevalence of dementia.

Worries about dementia and interest in promoting brain health are both high which may explain why many adults age 50–64 reported pursuing a variety of strategies to maintain or improve their memory, including taking some form of supplement. However, no major research studies support the effectiveness of supplements to enhance memory. Doing crossword puzzles and

brain games may be enjoyable and, as opposed to some supplements, poses no health risks, yet similarly little evidence exists to support that these activities reduce the risk of dementia.

Few adults age 50–64 have discussed ways to prevent dementia with their doctor.

Despite widespread concerns about developing dementia and engagement in strategies aimed at preventing dementia, very few respondents reported having ever discussed dementia prevention with their doctor. Such conversations could be vital opportunities for older adults to have their concerns addressed through more evidence-based approaches to preventing or delaying cognitive decline. For example, studies have shown that engaging in physical activity may be helpful for preventing dementia, along with controlling diabetes, quitting smoking, managing hypertension, and addressing hearing loss. The poll findings suggest that many adults age 50–64 could benefit from discussing these strategies with their doctors to address their concerns about future memory loss. Providers, patients, and family members should seize opportunities to discuss concerns about dementia and evidence-based preventive strategies.

Data Source and Methods

This National Poll on Healthy Aging report presents findings from a nationally representative household survey conducted exclusively by Ipsos Public Affairs, LLC (“Ipsos”), for the University of Michigan’s Institute for Healthcare Policy and Innovation. National Poll on Healthy Aging surveys are conducted using the Ipsos KnowledgePanel®, the largest national, probability-based panel in the U.S. Surveys are fielded two to three times a year with a sample of approximately 2,000 KnowledgePanel® members age 50–80.

This survey was administered online in October 2018 to a randomly selected, stratified group of older adults age 50–64 (n=1,028). Respondents were selected from the Ipsos web-enabled KnowledgePanel®, which closely resembles the U.S. population. The sample was subsequently weighted to reflect population figures from the U.S. Census Bureau.

The completion rate was 64% among panel members contacted to participate. The margin of error is ±1 to 3 percentage points for questions asked of the full sample, and higher among subgroups.

Findings from the National Poll on Healthy Aging do not represent the opinions of the University of Michigan. The University of Michigan reserves all rights over this material.

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For more information or to receive future reports, visit healthyagingpoll.org

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Health Status and Changes in Memory

Among adults age 50–64 (N= 1,028)

Self-reported health status	How would you rate your memory compared to when you were younger?		
	As good	Slightly worse	Much worse
Physical health			
Excellent/Very Good	45%	52%	3%
Good	27%	69%	4%
Fair/Poor	23%	54%	23%
Mental health			
Excellent/Very Good	41%	56%	3%
Good	20%	69%	11%
Fair/Poor	11%	56%	33%
Hearing			
Excellent/Very Good	42%	54%	4%
Good	24%	68%	8%
Fair/Poor	18%	60%	22%