

**Charting the Course:
Identifying Challenges and Future Directions in
Understanding the Links between
Early and Midlife Exposures on Late Life Cognitive Health**

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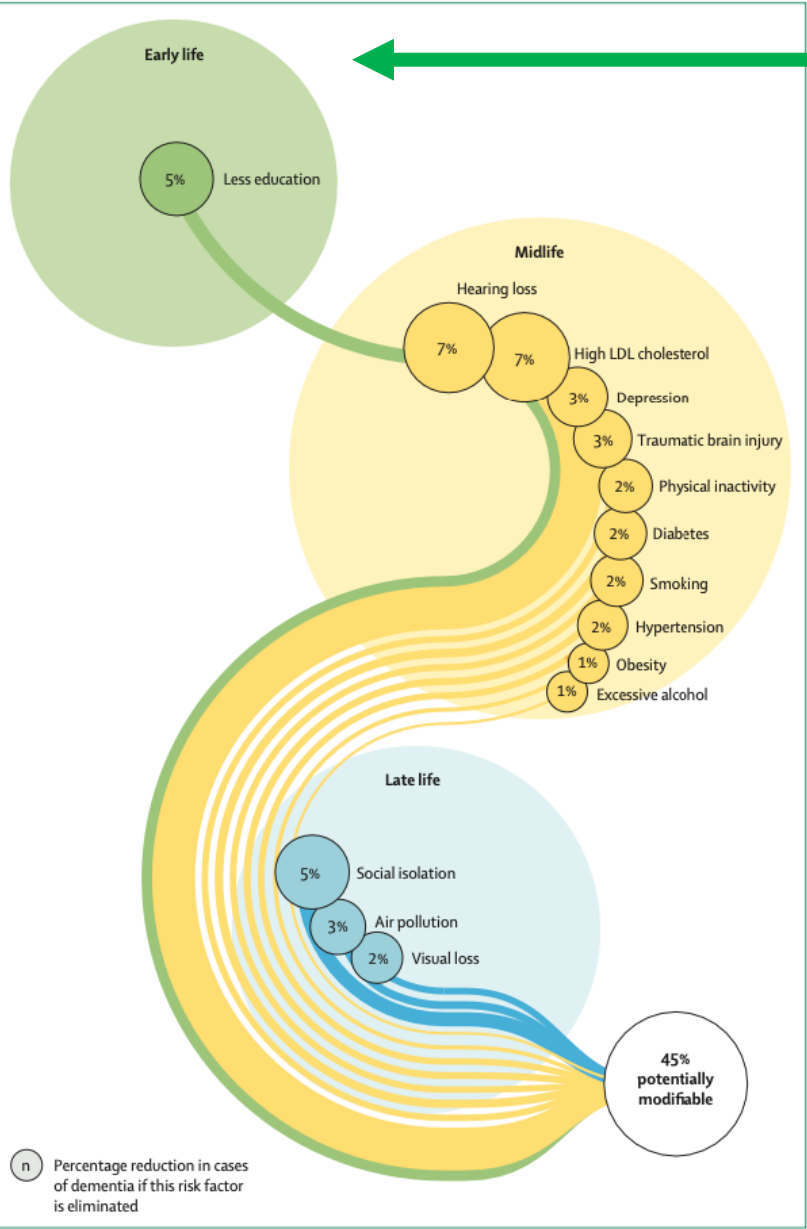
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Early life, Midlife, and Late life Modifiable Factors for Dementia




Parental SES


Nutrition


Parental
Socioemotional
Influence

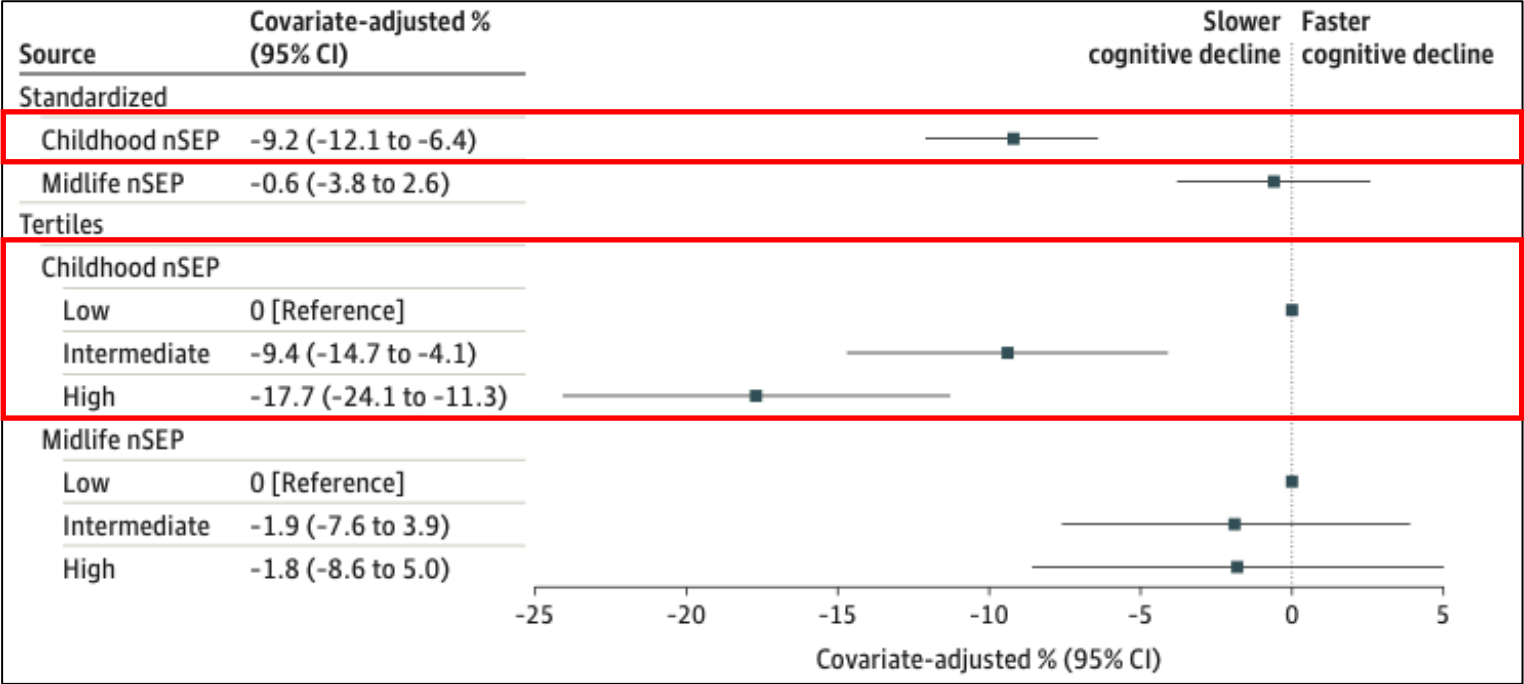

Genes


Neighborhood
Influences

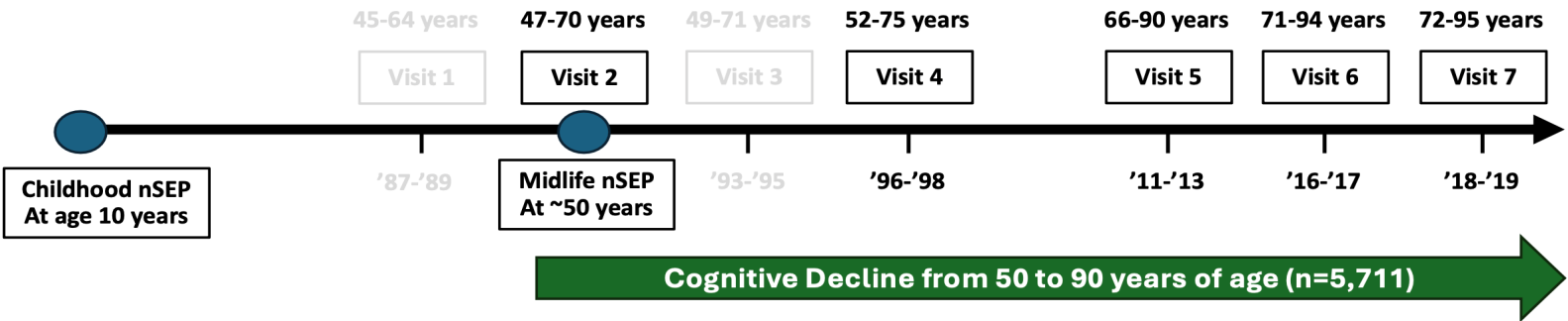

Quality of
education


Geography

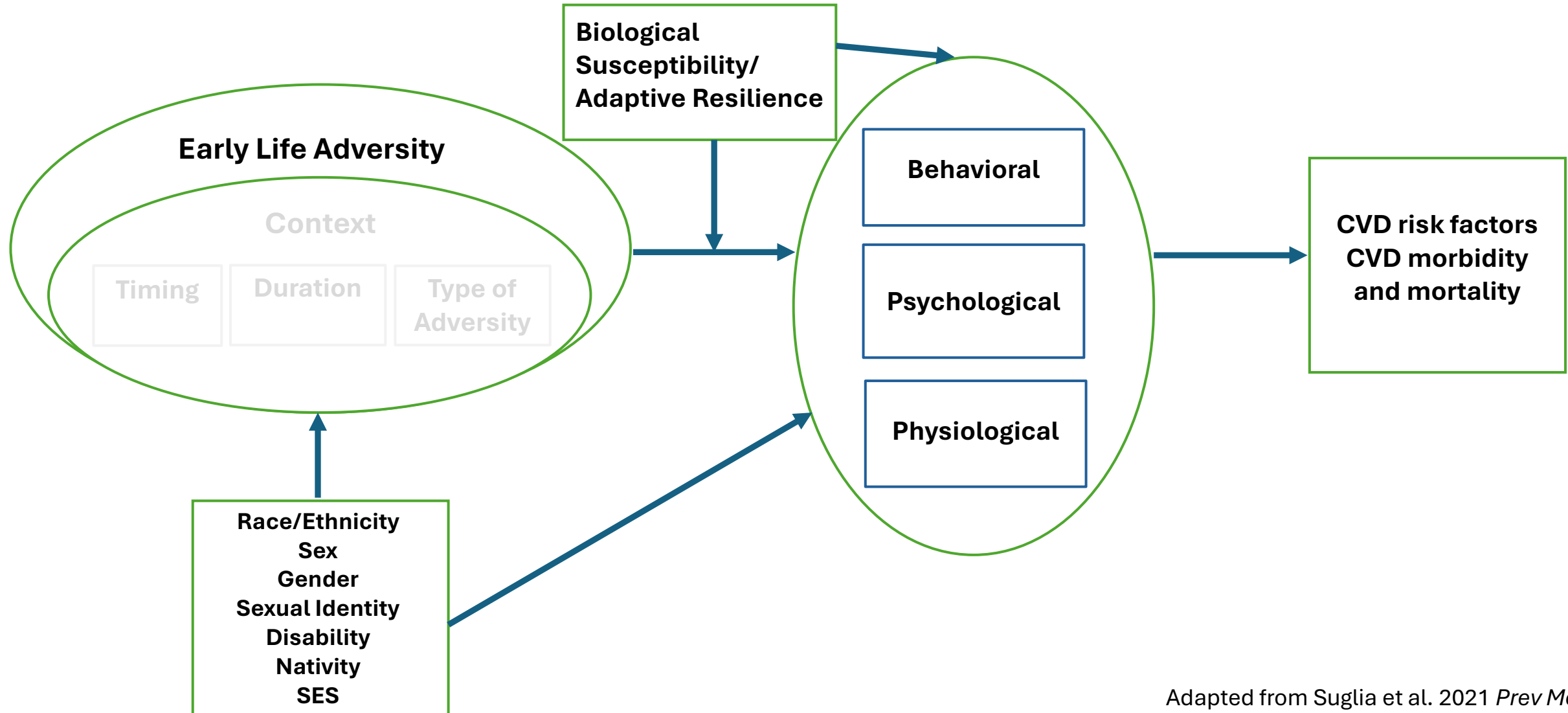
Early Childhood Experiences are Associated with Cognitive Decline



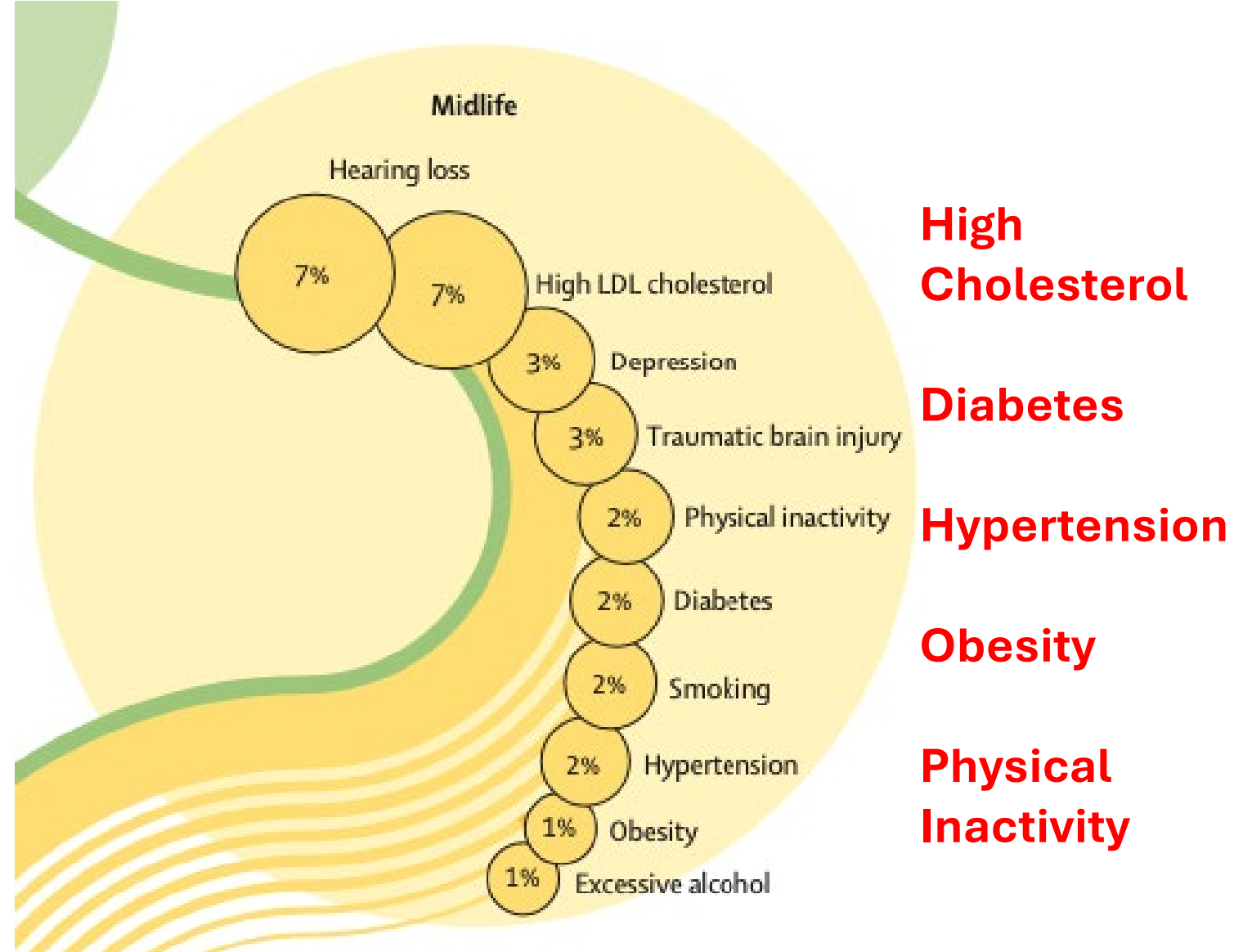
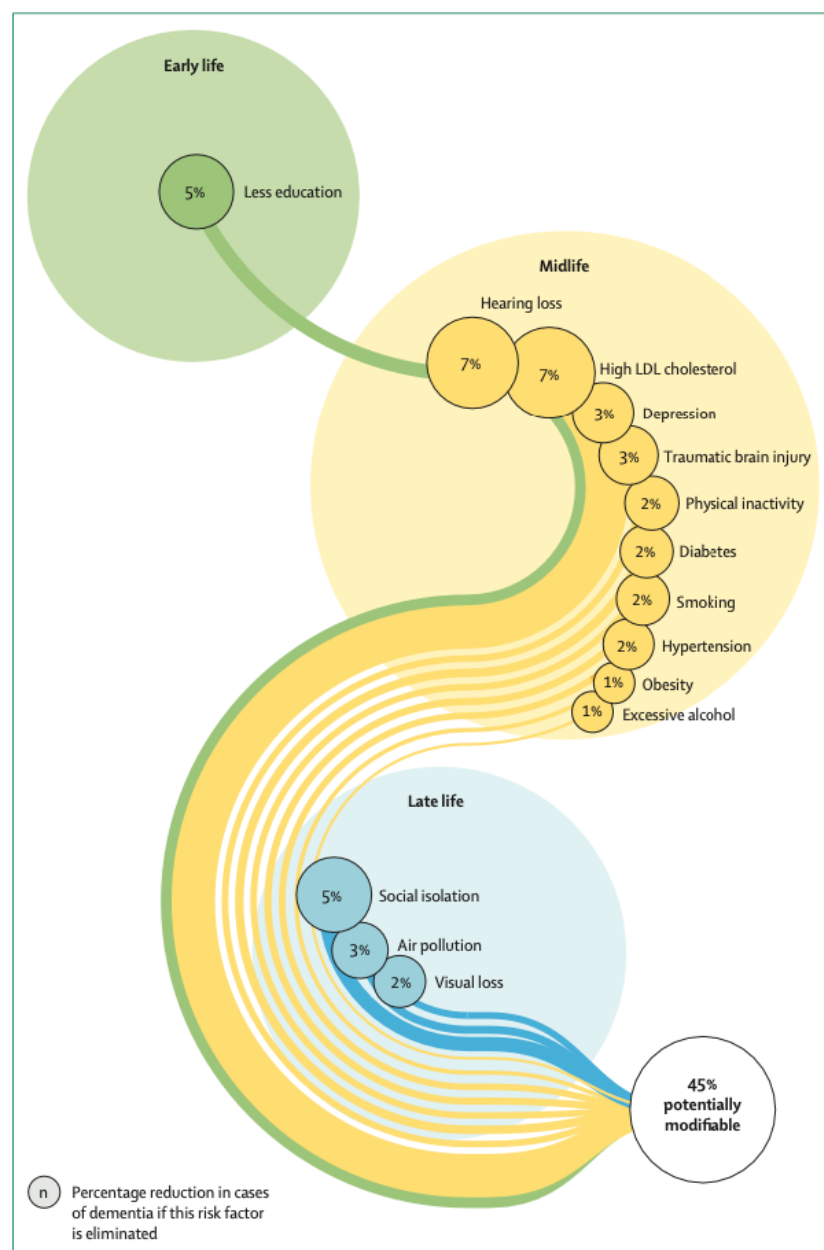
N=5,711
40% men, 23% Black
Median cognitive decline: -0.33 SDs



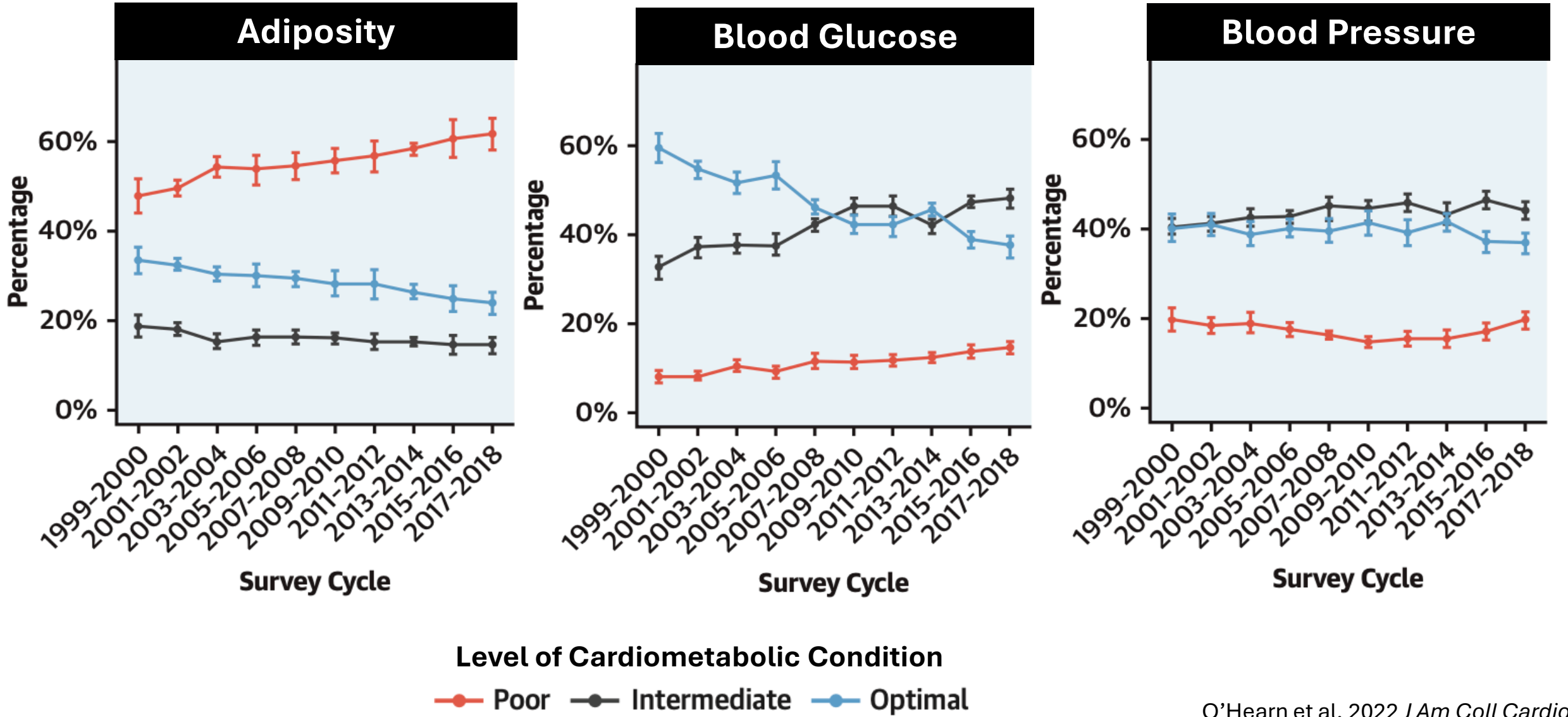
Early Life Factors and their Role in Cardiometabolic Disease Risk



Early life, **Midlife**, and Late life Modifiable Factors for Dementia

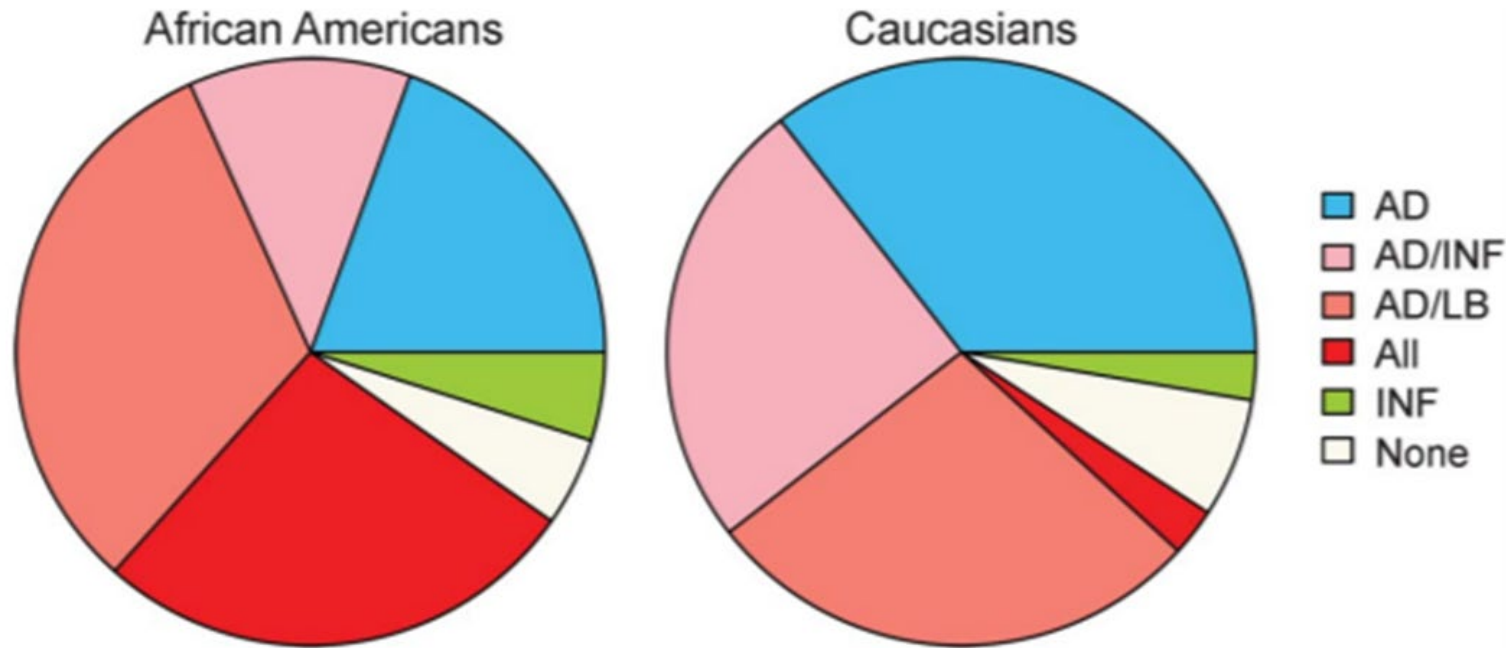


Increasing Prevalence of Cardiometabolic Conditions



Mixed Dementia Etiologies and Vascular Contributions to Cognitive Impairment and Dementia (VCID)

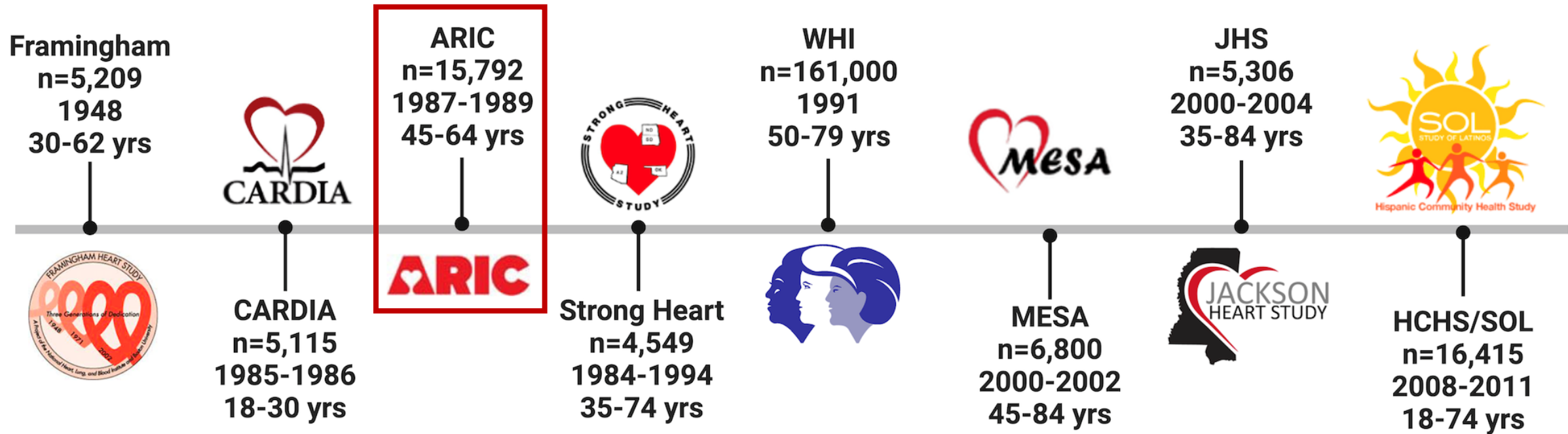
Racial differences in mixed pathology



AD: Alzheimer's disease
INF: Infarcts
LB: Lewy bodies

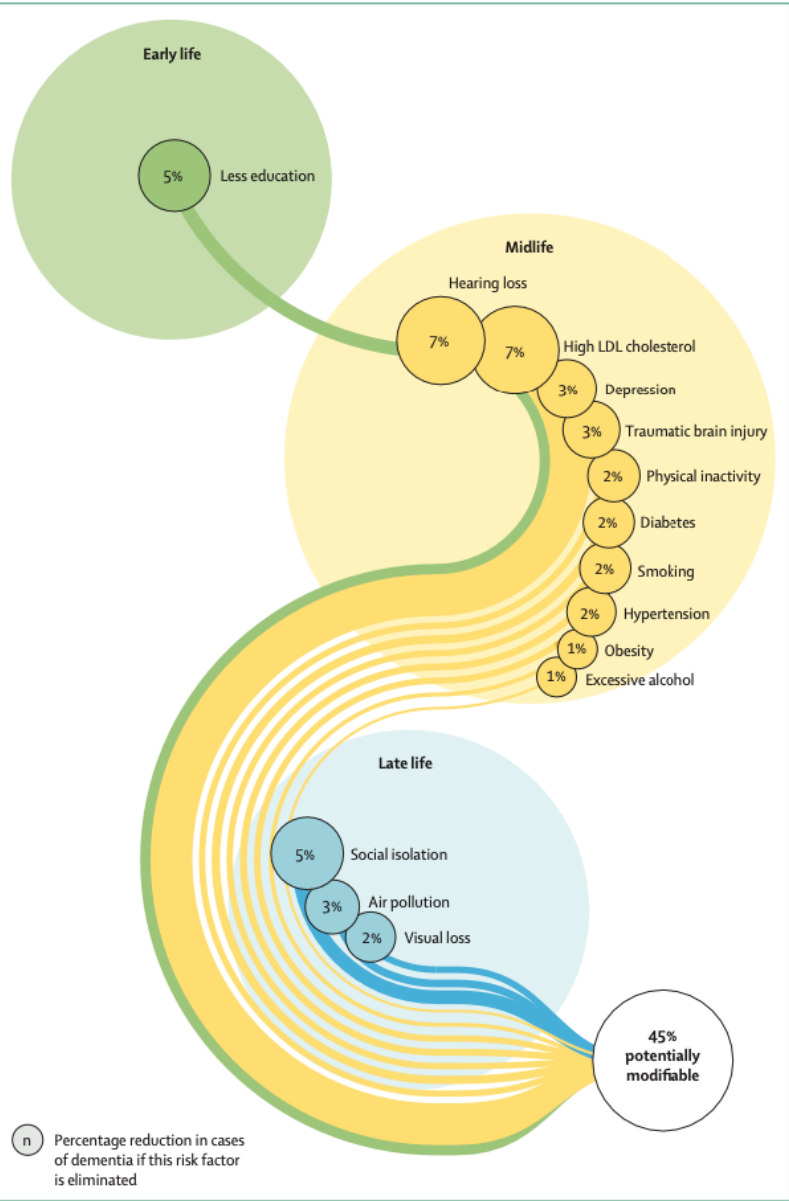
- Cognitive disorders where the primary cause or contributor is vascular disease or vascular injury
- 5-10% of cases are vascular dementia (i.e., infarcts)
- Often co-occurs with Alzheimer's disease

Using Cardiovascular Cohorts to Link Early and Midlife Exposures for Dementia

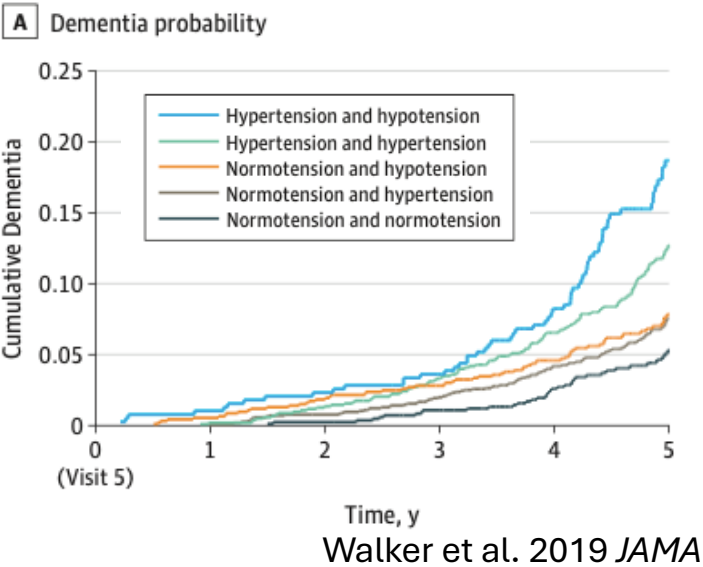


- Designed to investigate etiology of atherosclerosis and CVD
- Examine CVD in young adulthood
- Understand how diseases impact diverse populations
- **Enable the study of vascular contributions to cognitive decline and dementia**

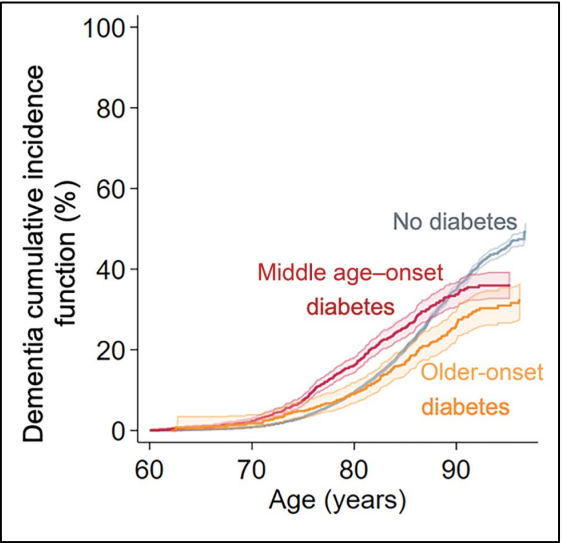
Midlife Vascular Risk Factors as a Key Pathway from Early Life Exposures to Dementia



Blood Pressure/ Hypertension



Diabetes

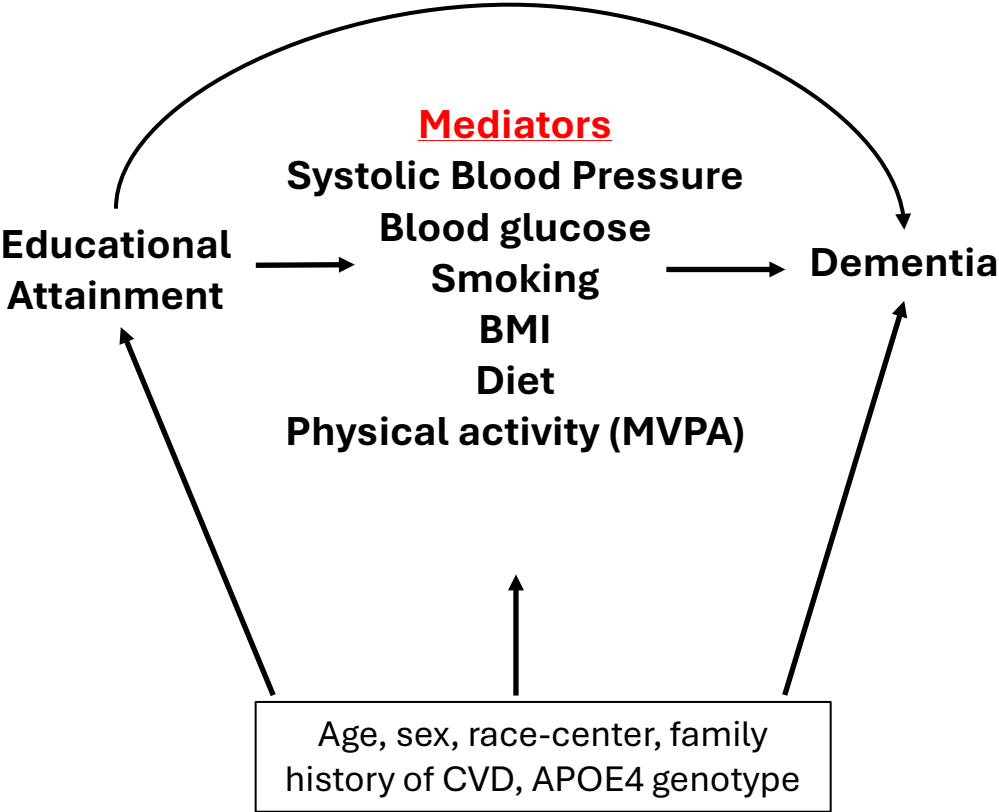


Physical Activity

Midlife Physical Activity (PA)	Hazard Ratio of Incident Dementia (95% CI)
No PA	Reference
Low	0.88 (0.75, 1.04)
Middle	0.77 (0.65, 0.91)
High	0.72 (0.61, 0.86)

Palta et al. 2019 Alzheimers Dement

Early Life Exposures, Dementia Risk, and Mediation by Midlife Vascular Risk Factors (VRFs)



% Mediation by VRFs only ranged from ~10-26%

	Grade School	HS without Graduation	HS Grad	Some College/ College Grad	Graduate/ Prof School
Total	Ref	10.7%	20.6%	26.1%	24.0%
SBP		2.5%	2.1%	3.5%	5.1%
FBG		2.7%	5.0%	6.6%	6.8%
Smoking		1.1%	6.8%	6.7%	8.4%
BMI		4.5%	1.8%	3.1%	5.1%
Diet		-0.8%	0.8%	0.4%	0.1%
MVPA		0.7%	4.1%	5.8%	-1.6%

Cardiovascular Health in Mid- to Late-Life as a Point of Intervention on Past Exposures



Williamson et al. 2019 JAMA

Table 2. Incidence of Probable Dementia and Mild Cognitive Impairment by Treatment Group

Mean Age: 68 years	Treatment Group					
	Intensive <120 mmHg		Standard <140 mmHg			
	No. With Outcome/Person-Years	Cases per 1000 Person-Years	No. With Outcome/Person-Years	Cases per 1000 Person-Years	Hazard Ratio (95% CI) ^a	P Value
Probable dementia	149/20 569	7.2	176/20 378	8.6	0.83 (0.67-1.04)	.10
Mild cognitive impairment ^b	287/19 690	14.6	353/19 281	18.3	0.81 (0.69-0.95)	.007
Composite of mild cognitive impairment or probable dementia	402/19 873	20.2	469/19 488	24.1	0.85 (0.74-0.97)	.01

Physical Activity



Diet



Baker et al. 2024 Alzheimers Dement

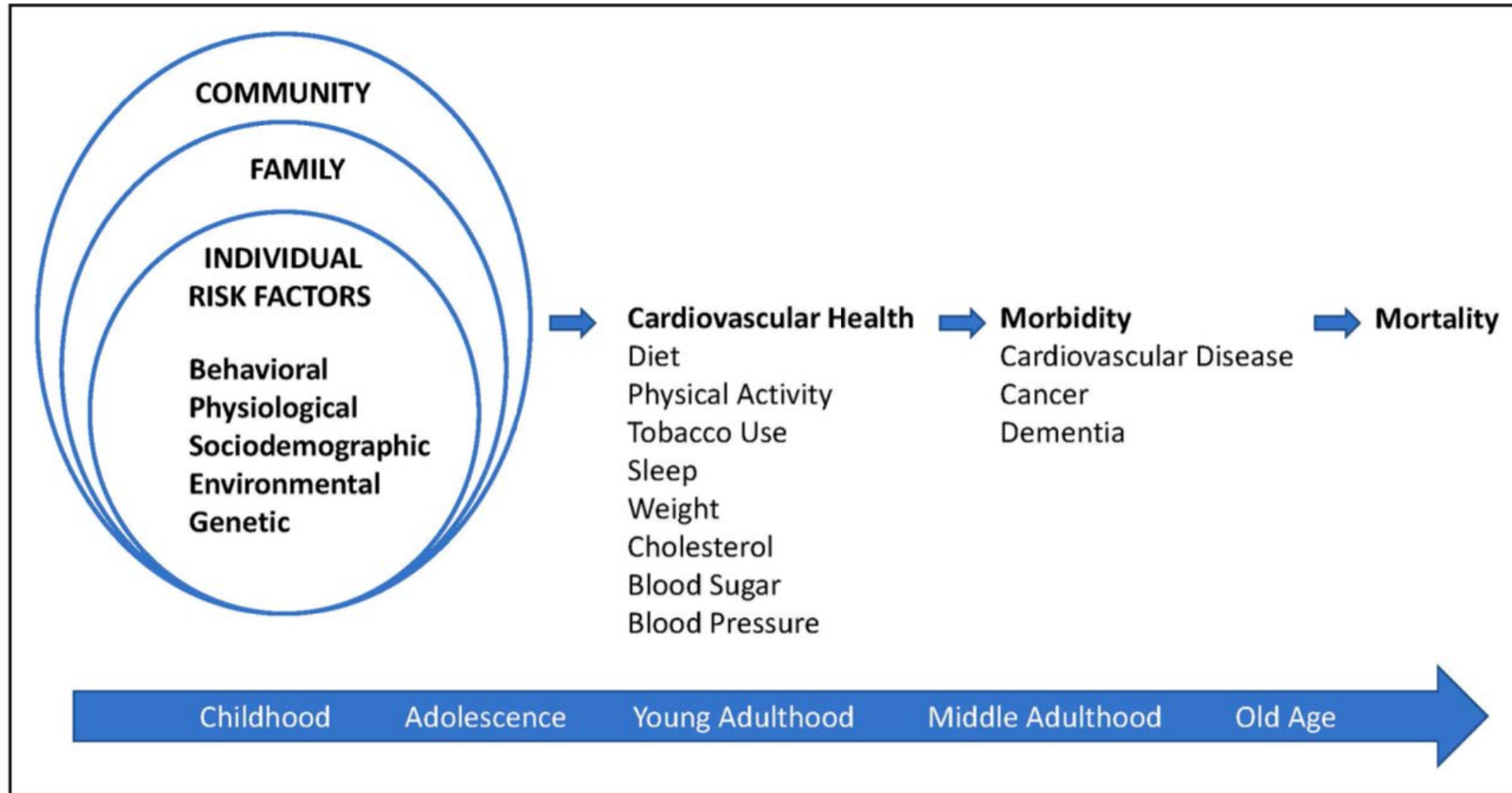


Cognitive Stimulation



Vascular Risk Factor Reduction

Even earlier interventions are critical! But few have done so...



What do we still need to know?

- Timing and duration of early life disadvantage
 - Gestational period
- Role of midlife vascular risk factors independently and in combination (i.e., risk score)
- Current mediation analyses are limited to few SES measures (e.g., education, income)
- Moderating role of contextual risk and resilience factors
 - Relationships, community, social support, and other psychosocial impacts
- Associations of early and midlife exposures on dementia subtypes and underlying pathology (i.e., imaging and blood-based biomarkers)

Current Challenges in Cardiovascular Cohort Studies of Dementia

- Limited measures of early life disadvantage
- Potential mismeasurement of relevant modifiable midlife risk factors (e.g., physical activity, occupational exposures, social support)
- Secular trends in cardiometabolic conditions and other comorbidities (i.e., COVID-19) require careful consideration
- Limited racial/ethnic and geographic diversity

Recommendations and Conclusions

- Utilize extant cohorts linked with relevant data resources to better characterize early life disadvantage (e.g., Census linkage)
- Cross-cohort harmonization to enhance racial/ethnic and geographic diversity
- Integrated lifecourse approach through synthetic cohorts to address age gaps in individual cohort studies
- Culturally tailored individual and multilevel interventions for cardiovascular health in children and adolescents

Thank you!

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