Mild Cognitive Impairment: Incidence and Risk Factors: Results of the Leipzig Longitudinal Study of the Aged (LEILA75+)

Methods

Data were derived from the Leipzig Longitudinal Study of the Aged (LEILA75+), a population-based study of individuals aged 75 years and older. Socio-demographic, clinical, and psychometric parameters were requested every 1.5 years over six waves. Kaplan-Meier estimates were used to determine mean time to NHA. Cox proportional hazards regression was used to examine predictors of long-term institutionalisation for both subsamples.

Results

Of 109 subjects with incident dementia who resided in private home at the time of the dementia diagnosis, 52 had become residents by the end of the study. Being widowed/divorced (compared to being married) was associated with a significantly shorter time until institutionalisation (univariate model: HR = 4.60, 95% CI 1.09 to 18.57). Of the dementia-free elderly individuals, 7.8% (n=59) were institutionalised during the study period. Characteristics associated with a shorter time to NHA were increased age, living alone, functional and cognitive impairment, major depression, stroke, myocardial infarction, a low number of specialist visits and paid home help user.

Conclusions

Being without a spouse seems to be a predictor of institutionalisation in incident dementia cases. For dementia-free individuals, the effect of severe physical or psychiatric diseases and living alone on NHA is considerably increased.

Impact of Impairment in Instrumental Activities of Daily Living and Mild Cognitive Impairment on Time to Incident Dementia: Results of the Leipzig Longitudinal Study of the Aged (LEILA75+)

Methods

Data were derived from the Leipzig Longitudinal Study of the Aged (LEILA75+), a population-based study of individuals aged 75 years and older. Kaplan-Meier survival analysis was used to determine time to incident dementia. Cox proportional hazards models were applied to determine the impact of MCI and impairment in IADL on the time to incident dementia.

Results

180 (22.0%) of 819 initially dementia-free subjects developed dementia by the end of the study. Mean time to incident dementia was 6.7 years (95% CI 6.5 to 6.9). MCI combined with impairment in IADL was associated with a higher conversion rate to dementia and a shorter time to clinically manifest diagnosis. The highest risk for a shorter time to incident dementia was found for amnestic MCI combined with impairment in IADL: the mean time to incident dementia was 3.7 years (95% CI 2.9 to 4.4) and thus half as long as in subjects without MCI and impairment in IADL.

Conclusions

Subjects with MCI and impairment in IADL constitute a high-risk population for the development of dementia. The consideration of impairment in IADL should constitute an important step towards an MCI concept being clinically more useful for prediction of dementia.