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STUDY REVEALS HIGH RATES OF DEMENTIA IN OLDER ADULTS AFTER STARTING DIALYSIS

Highlights

- Older adults who initiate dialysis for kidney failure face a higher likelihood of being diagnosed with dementia and Alzheimer's disease.
- Certain risk factors were linked this higher risk.
- Older hemodialysis patients with a diagnosis of dementia or Alzheimer's disease had a high risk of early death.

Washington, DC (August 9, 2018) — New research has uncovered a higher rate of dementia in older adults after the initiation of hemodialysis. The study, which appears in an upcoming issue of the *Clinical Journal of the American Society of Nephrology* (CJASN), also found that dementia in dialysis patients is linked with a higher risk of early death.

Older patients on hemodialysis often experience a significant decline in cognitive function while undergoing hemodialysis, which puts them at high risk for developing dementia. To examine the issue, Mara McAdams-DeMarco, PhD (Johns Hopkins Bloomberg School of Public Health) and her colleagues analyzed information on 356,668 US hemodialysis patients aged ≥66 years.

The 1- and 5-year risks of being diagnosed with dementia after initiating hemodialysis were 4.6% and 16% for women and 3.7% and 13% for men. The respective risks of being diagnosed with Alzheimer's disease were 0.6% and 2.6% for women and 0.4% and 2.0% for men.

Previous research suggests that the 10-year incidence of dementia is 1.0-1.5% in adults aged 65 years and 7.4-7.6% in adults aged 75 years. Using a similar analytic approach, Dr. McAdams-DeMarco and her team estimated that the 10-year risk of a post-hemodialysis dementia diagnosis is 19% for patients aged 66-70 years, rising to 28% for those 76-80 years.

The strongest risk factors for dementia and Alzheimer's disease were age ≥86 years, Black race, female sex, and institutionalization (such as in a nursing home). Also, older

hemodialysis patients with a diagnosis of dementia or Alzheimer's disease had a 2-fold higher risk of dying.

"We wanted to shed light on the high burden of diagnosed dementia in older patients with kidney failure who initiate hemodialysis," said Dr. McAdams-DeMarco. "While we were able to study diagnosed dementia, there is a great need to also identify patients with mild cognitive impairment as well as undiagnosed dementia."

In an accompanying Patient Voice editorial, Judy Weintraub of Los Angeles provides her perspective as a dialysis patient and chaplaincy candidate. She notes the need to emphasize a culture of respect and dignity for all, regardless of physical and cognitive abilities. Her recommendations for dialysis facilities include encouraging a sense of community, introducing music, and communicating with patients. "This is a call for facility administrators and medical directors to institute policies from the top down to foster a shift in the way care is delivered," she wrote. "Let's institute in our policies and procedures not just *what* care is delivered, but *how* that care is delivered."

Study co-authors include Matthew Daubresse, MHS, Sunjae Bae KMD, MPH, Alden Gross, PhD, Michelle Carlson, PhD, and Dorry Segev, MD, PhD.

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The article, entitled "Dementia, Alzheimer's Disease, and Mortality After Hemodialysis Initiation," will appear online at <http://cjasn.asnjournals.org/> on August 9, 2018, doi: 10.2215/CJN.10150917.

The accompanying editorial, entitled "Dementia in Dialysis," will appear online at <http://cjasn.asnjournals.org/> on August 9, 2018.

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