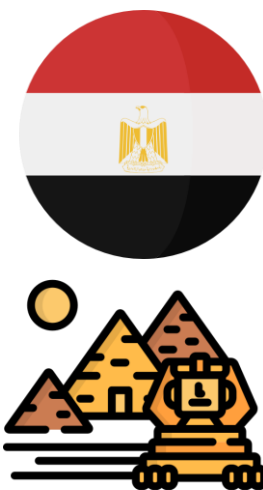


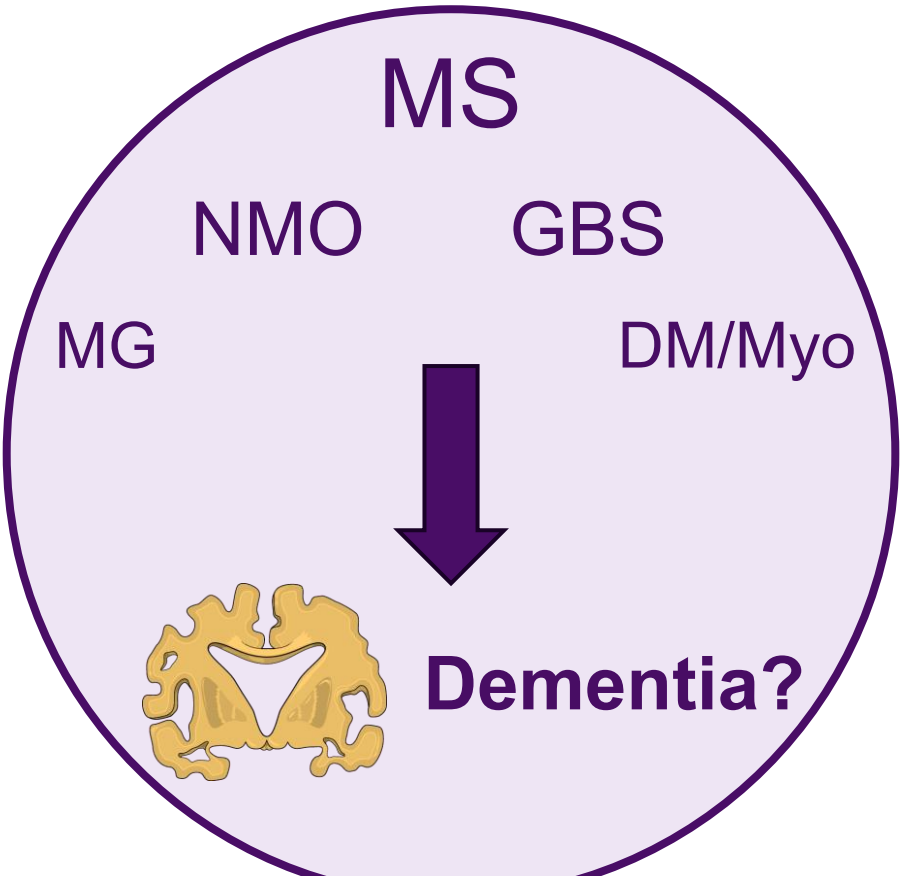
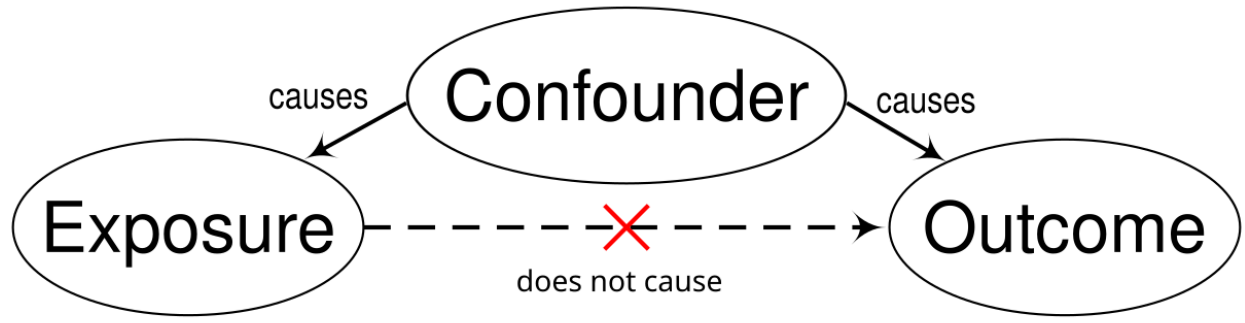
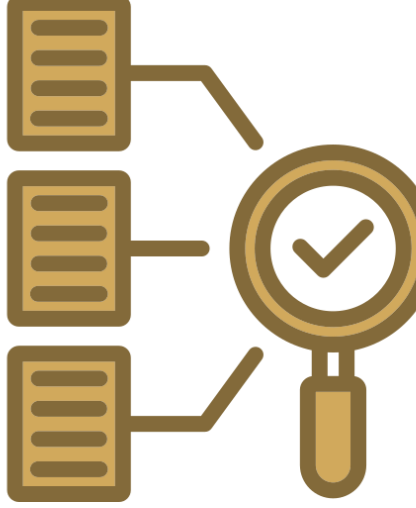
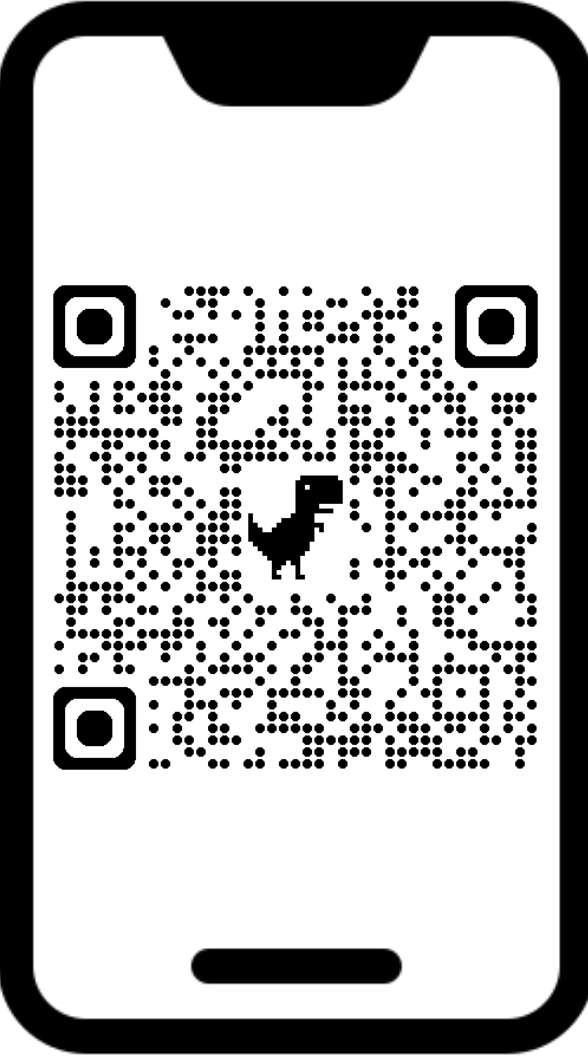
Immune-Mediated Neurologic Conditions (IMNCs) As An Independent Risk Factor For Dementia And Its Subtypes: A Meta-analysis Of The Evidence



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Observational Evidence Suggests an **INCREASED** Risk of Dementia, particularly Alzheimer’s Disease, among Specific IMNCs – most notably, Multiple Sclerosis.

INTRODUCTION	METHODS	RESULTS	CONCLUSIONS	REFERENCES
In light of ongoing debate over Alzheimer’s disease pathogenesis and the proposed autoimmune-autoinflammatory hypothesis, this study aims to provide disease-specific insights into the associations between IMNCs and distinct dementia subtypes. 	 A PRISMA-Compliant Systematic Review Scopus[®] Clarivate Web of Science[™] PubMed[®] ICD-coded Dementia diagnoses No language restrictions No publication period restrictions  Only data from adjusted models were extracted  Random-effects meta-analyses using restricted maximum likelihood estimation with Hartung-Knapp adjustment were applied.	 25 Relevant Studies From 23,129 references  +4.2 Million with IMNCs +29.6 Million Healthy Controls 40% increased risk of any dementia in all IMNCs 20% increased risk of Alzheimer’s Disease in all IMNCs  No significant increase in the risk of Vascular Dementia or other dementias  MS mainly drove the increased risk of dementia. Analyses for GBS, DM/Myo, and MG - supported by leave-one-out tests - consistently hinted at no increased risk for any type of dementia.  It remains too early to judge the effect of NMO on dementia risk.	 While Mendelian Randomization studies suggest no causal genetic liability And neuropathological evidence suggests no significantly increased burden of Aβ deposits   Real-world evidence from observational studies suggests an association mainly driven by MS It appears that the real-world risk is not mediated by early genetic predisposition, but is rather a downstream consequence of clinical MS pathology - such as chronic BBB impairment, microglial exhaustion, or potential diagnostic overlap between MS-related cognitive decline and late-onset dementia.	 CONTACT  Moh.17603@gmail.com  THANK YOU!  AAIC>26

*MS: Multiple Sclerosis, NMO: Neuromyelitis Optica, GBS: Guillain-Barré Syndrome, DM/Myo: Dermatomyositis/Myositis, MG: Myasthenia Gravis, BBB: Blood-Brain Barrier