

Cognitive Status And Mortality In Older Adults with Memory Complaints: An Argentine Cohort



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Background

Cognitive impairment and dementia are major contributors to morbidity and mortality among older adults worldwide. Nevertheless, data on mortality outcomes from Latin American populations are limited. Evaluating survival across the cognitive continuum in older adults seeking care for memory complaints may provide valuable prognostic information and contribute to more informed clinical decision-making in geriatric practice.

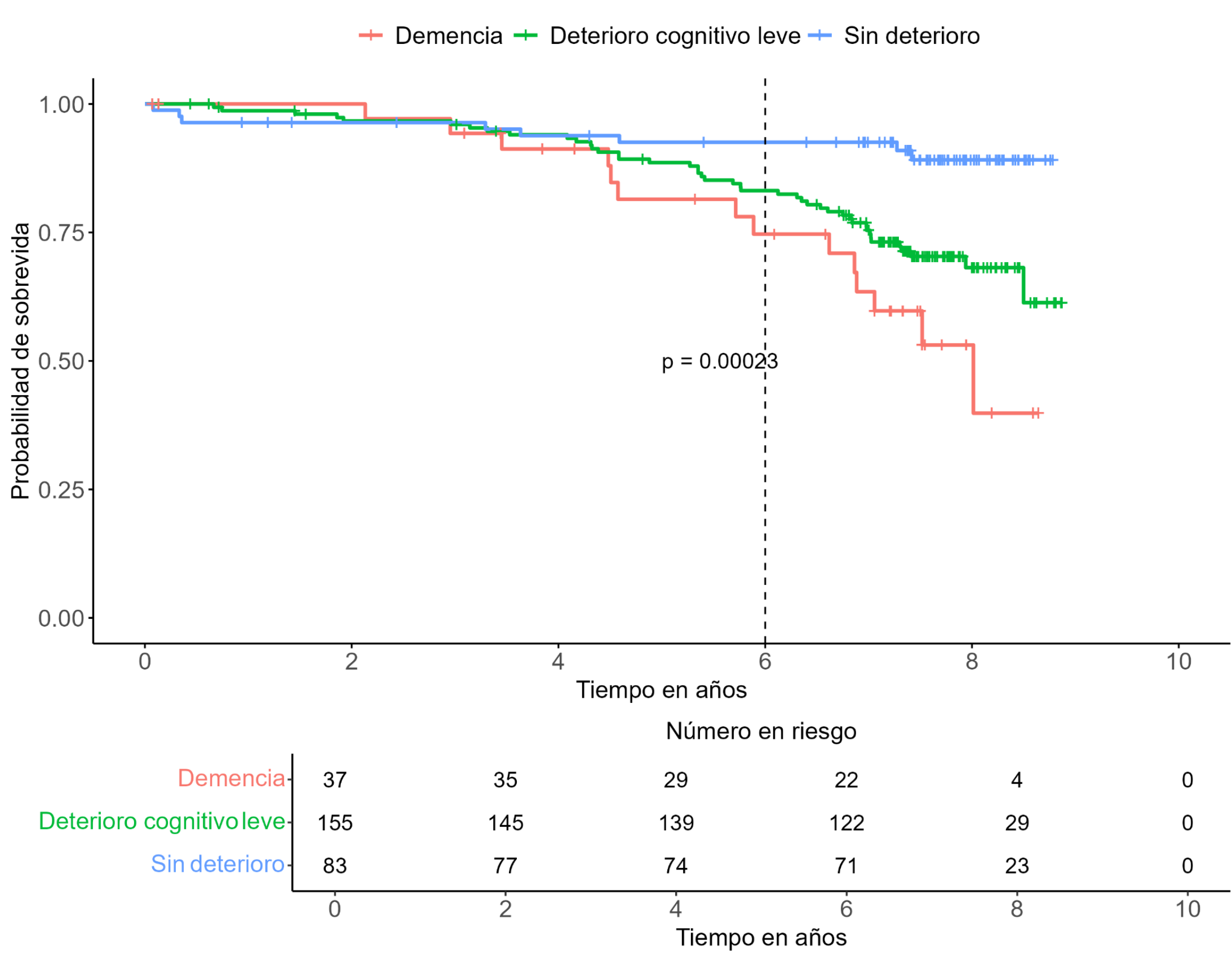
Objective

To evaluate mortality and survival according to cognitive status in a cohort of patients assessed for memory complaints in Argentina.

Methods: We conducted a retrospective cohort study including patients who consulted for memory complaints at the Memory Unit of a Geriatric Service between 2014 and 2015. After comprehensive cognitive assessment and complementary diagnostic studies, patients were classified as having no cognitive impairment, MCI, or dementia. Mortality status was ascertained through electronic medical records between 2022 and 2023. Quantitative variables were summarized as median and interquartile range (IQR), and categorical variables as frequencies and percentages. Crude and adjusted hazard ratios (HRs) were estimated using Cox proportional hazards models, with cognitively unimpaired individuals as the reference group. Adjusted models included age, sex, years of education, and employment status

Results

The cohort included 275 patients: 37 (13.5%) with dementia, 155 (56.4%) with MCI, and 83 (30.2%) without cognitive impairment. Median age was 78 years (IQR 72-83), 29.1% were men, and median education was 12 years (IQR 7-15). During follow-up, mortality occurred in 37.8% of patients with dementia, 28.4% with MCI, and 9.6% without cognitive impairment. In crude analyses, dementia (HR 5.4, 95% CI 2.3-12.9; p<0.001) and MCI (HR 3.3, 95% CI 1.5-6.9; p=0.002) were associated with increased mortality. After adjustment, hazard ratios remained elevated but did not reach statistical significance: dementia (HR 2.5, 95% CI 0.9-6.4; p=0.057) and MCI (HR 2.2, 95% CI 0.9-4.8; p=0.057).



Diagnosis	Crude HR (95 % CI)	P- value	Adjusted HR (95% CI)	P- value
Dementia	5,4 (2,3-12,9)	<0,001	2,5 (0,9-6,4)	0,057
Mild Cognitive Impairment	3,3 (1,5-6,9)	0,002	2,2 (0,9-4,8)	0,057

Conclusions Among older adults presenting with memory complaints at a geriatric memory clinic, both dementia and MCI were associated with reduced survival compared with cognitively unimpaired individuals. Although adjusted associations did not achieve statistical significance, the consistent direction and magnitude of the effect suggest a clinically relevant trend, likely limited by sample size and number of events. Larger longitudinal studies from Latin America are needed to better characterize mortality risk across the cognitive continuum.



References:
Association Between Cognitive Impairment and Mortality Risk in the elderly: A Longitudinal Study and Meta-Analysis of four Latin American Cohorts. Paulina Orellana et cols.
https://doi.org/10.1002/alz70860_100212