

Nature And Type Of Safety Incidents Among Patients With Cognitive Impairment: Results From A National Surve

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Highlight

- Over half of individuals with cognitive impairment experienced safety incidents.
- Medication errors and verbal aggression were most common safety incidents.

- Incidence rates varied by care setting, and geographic region, and disease stages.
- Medication errors and getting lost acted as central nodes bridging other incidents.

INTRODUCTION	METHODS	RESULTS	CONCLUSIONS	REFERENCES
- Cognitive decline and disease progression expose patients with cognitive impairment to a range of safety incidents Fall Medication errors Household fire Getting lost Aspiration Choking Verbal and physical aggression While prior studies confirm the heightened safety vulnerability of individuals with cognitive impairment, gaps remain regarding how safety profiles vary by region, care setting, and disease stage, as well as how multiple safety incidents are interrelated. Study aims - Map the safety landscape for Alzheimer’s disease and related dementias (ADRD) in China by examining the incidence of both overall and specific safety incidents among individuals with cognitive impairment - Analyze the differences in safety incidents across different disease stages, geographic regions, and care setting, and explore network associations among different incident types	Study design - A large-scale multicenter cross-sectional safety survey was conducted by Alzheimer’s Disease China (ADC), the official Chinese member of Alzheimer’s Disease International, covering 31 provinces, autonomous regions, and municipalities across the country Participants and measurements - Eligible participants were patients with subjective or objective cognitive impairment or their primary caregivers, who met the following criteria: (1) detailed knowledge of the patient’s safety incidents; (2) a patient diagnosis of subjective cognitive decline (SCD) or other cognitive impairment by a neurologist; (3) capacity to respond to survey questions; and (4) provision of informed consent. - Participants were excluded if they or their caregivers were unable to provide reliable survey responses due to severe cognitive, psychiatric, or physical conditions. - Safety assessment checklist provided by Alzheimer’s Association Statistical analysis - Network analysis was used to explore associations among the total number of safety incidents, specific safety incidents, and stages of cognitive impairment	Characteristics of participants’ demographic information - A total of 1057 patients with cognitive impairment were enrolled, comprising 195 (18.4%) with SCD, 194 (18.4%) with MCI, and 668 (63.2%) with AD dementia Nature of safety incidents among patients with cognitive impairment - A high proportion (73.5%) of participants reported at least one safety incident in the past year - Medication errors (55.9%) and verbal aggression (39.6%) were most frequent - Incidence rates varied significantly by cognitive impairment stage, care setting, and geographic region Network analysis of safety incidents - Medication errors and getting lost as central nodes bridging other incidents - SCI: Stage of cognitive impairment - Re: Region - FA: Fall - AS: Aspiration - CH: Choking - ME: Medication errors (ME1: Missed medication; ME2: Incorrect medication intake; ME3: Medication refusal; ME4: Concealment of medication) - GL: Getting lost - VA: Verbal aggression - PA: Physical aggression - HF: Household fire	- This study reveals the alarmingly high incidence of safety incidents among patients with cognitive impairment, encompassing physical, psychological, and familial aspects. - Safety incidents were identified in more than one-fifth of cases, including medication errors, verbal aggression, falls, physical aggression, and getting lost. - Significant disparities in incidence rates based on care settings, geographic regions, and disease stages, underscoring the critical influence of physiological, environmental, and socioeconomic factors on patient safety. - Network analysis identified medication errors and falls as central bridging nodes, linking multiple co- occurring incidents within the safety profile. - A collaborative, multidisciplinary effort involving healthcare professionals, family caregivers, fire and police emergency responders, and public health policymakers is essential to develop individualized safety strategies aligned with patient needs and contextual considerations.	This article was published in the Journal of Alzheimer’s Disease Prevention under the title “Mapping the Nature, Types, and Association Networks of Safety Events in Chinese Patients with Cognitive Impairment: A Large-Scale, Multicenter, Cross-Sectional Study.” The full text can be accessed via the following DOI link: https://doi.org/10.1016/j.tjpad.2026.100606. CONTACT Ying Zhou: zhouying@shsmu.edu.cn Gang Wang: wanggang@renji.com ALZHEIMER’S ASSOCIATION AAIC>26