

Eight-year Diagnostic Trajectories and Predictors of Dementia Progression in an Argentine Memory Clinic Cohort

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Background

Patients presenting to memory clinics with subjective forgetfulness represent a population at increased risk of cognitive decline. Long-term longitudinal data from Latin America are limited, yet are essential to characterize diagnostic trajectories and identify early predictors of progression to dementia.

Objective

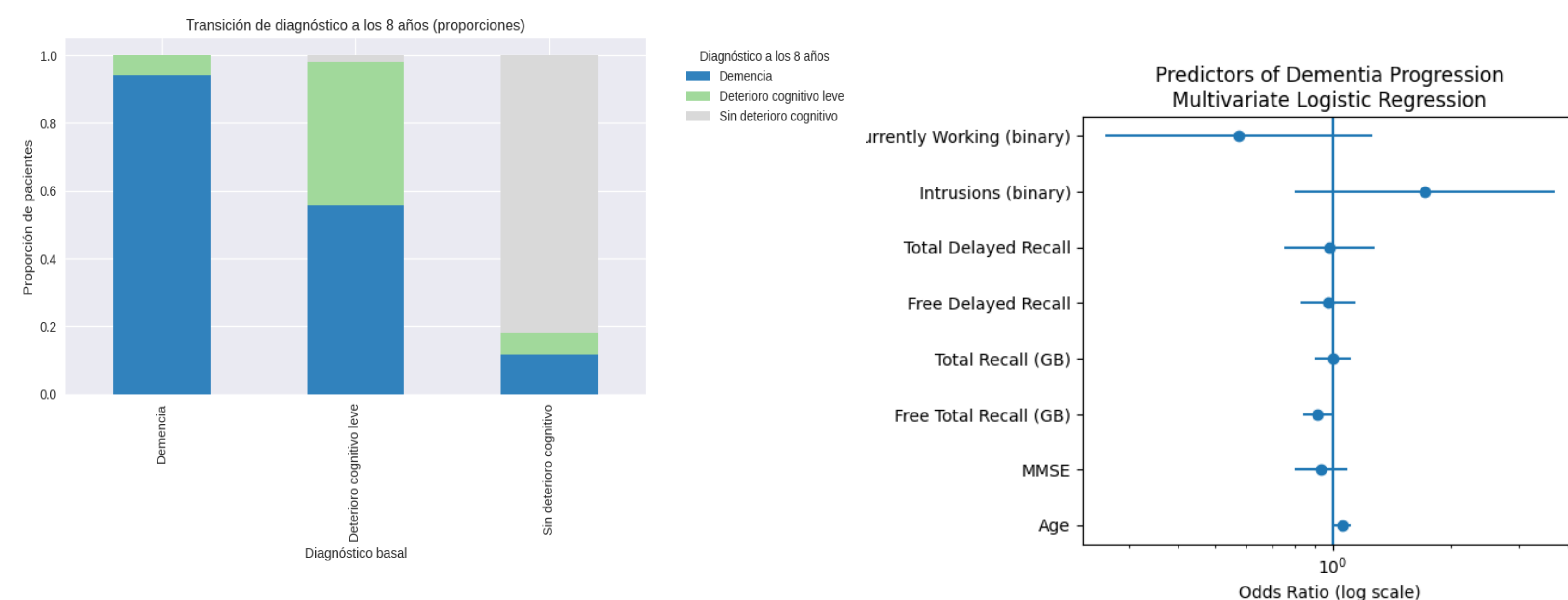
To describe diagnostic trajectories and identify predictors of progression to dementia in a cohort of patients attending a memory clinic for forgetfulness, followed for more than eight years.

Methods: We retrospectively analyzed the medical records of 242 patients with baseline diagnoses of no cognitive impairment (NCI), mild cognitive impairment (MCI), or dementia who attended a tertiary memory clinic. Patients with dementia at baseline were excluded from risk factor analyses. Diagnostic trajectories were evaluated across the three baseline groups. Multivariate logistic regression models were used to estimate odds ratios (ORs) and 95% confidence intervals (CIs) for progression to dementia.

Results

Regarding diagnostic trajectories, most patients with baseline NCI remained stable, while a subset progressed to MCI and a small proportion to dementia. Among patients with baseline MCI, 55.6% progressed to dementia during follow-up, whereas others remained stable or reverted to NCI. Patients with baseline dementia remained within the dementia category. In multivariate analyses evaluating progression from NCI or MCI to dementia, older age was associated with increased risk (OR 1.05, 95% CI 1.00-1.11, $p = 0.044$). Poorer episodic memory performance, measured by FCSRT **free recall**, independently predicted progression (OR 0.91, 95% CI 0.84-0.99, $p = 0.030$). MMSE score, intrusion errors, and occupational status were associated with progression in univariate analyses but did not remain significant after adjustment. Vascular comorbidities, including hypertension, diabetes, dyslipidemia, and prior stroke, were not independent predictors of progression.

Characteristic	No Cognitive Impairment	Mild Cognitive Impairment	Dementia	p-value
Age, years	73.6 ± 6.8 (74)	78.0 ± 7.0 (79)	82.7 ± 4.5 (84)	< 0.001
Female, n (%)	54 (65.1%)	114 (73.5%)	27 (73.0%)	0.37
Education, years	13.6 ± 3.7 (14)	11.1 ± 4.4 (12)	11.3 ± 4.3 (12)	<0,001
MMSE score	28.7 ± 1.2 (29)	26.6 ± 2.7 (27)	22.8 ± 3.0 (23)	<0,001



Conclusions In this Latin American memory clinic cohort followed for over eight years, *age and episodic memory performance emerged as the strongest independent predictors of progression to dementia.* Diagnostic trajectories highlight MCI as the most unstable category, with more than half of patients converting to dementia. These findings underscore the importance of long-term follow-up and detailed memory assessment in patients presenting with forgetfulness and provide regionally relevant evidence for dementia risk stratification.

References:

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