



ALZHEIMER'S AND PUBLIC HEALTH SPOTLIGHT: RACE, ETHNICITY & ALZHEIMER'S DISEASE

Are racial and ethnic minorities at greater risk of developing Alzheimer's and other dementias?

Available data indicate that in the United States, older African-Americans are about two times more likely than older whites to have Alzheimer's disease and other dementias. Older Hispanics are about one and one-half times more likely than older whites to have these conditions. Limited data exist about the prevalence of Alzheimer's disease in other racial and ethnic groups, including Asian-Americans and American Indians.

What is the reason for this higher risk among African-Americans and Hispanics?

A newly published study identified a gene that may increase the risk of developing Alzheimer's disease among African-Americans. Until this study, no known genetic factors could account for the greater risk. And even now, the study's findings must be replicated before the conclusion can be validated, and the genetic study did not address the higher prevalence rate among Hispanics.

Even if there is a genetic link, other factors are also likely to play a role. Conditions such as high blood pressure and diabetes, both of which are risk factors for Alzheimer's and other dementias, are more common in African-Americans and Hispanics than in whites – and probably account for some of the differences in prevalence rates. Similarly, lower levels of education and other socioeconomic characteristics (such as lower income) among older racial and ethnic minorities may also contribute to increased risk. In fact, some studies have shown that differences in prevalence by race and ethnicity largely disappear when these factors are taken into account.

Are there other health disparities involved with Alzheimer's and other dementias?

Two have been identified, both around the issue of diagnosis. First, while undiagnosed Alzheimer's is a problem across all racial and ethnic groups, Medicare data show that African-Americans are less likely than whites to be diagnosed, given the estimated prevalence rates in the United States. Second, when they are diagnosed, African-Americans and Hispanics – possibly due to issues surrounding access to health care – are typically diagnosed in later stages of the disease, resulting in higher use of health care services and substantially higher costs. Average per-person Medicare payments are 45 percent higher for African-Americans with a dementia diagnosis and 37 percent higher for Hispanics compared with whites who have dementia.

How can the public health community address Alzheimer's disease in diverse communities?

With African-Americans and Hispanics at higher risk of developing Alzheimer's disease – regardless of the reasons – culturally-appropriate education and awareness campaigns about the disease are vitally important. These should include dedicated efforts to promote detection and diagnosis, which could improve overall diagnosis rates and, especially if diagnosed earlier, result in better health outcomes and lower costs. In addition, reducing the prevalence and burden of diabetes, high blood pressure, cardiovascular disease, and obesity – especially in mid-life – may help protect all Americans against Alzheimer's disease, but even more so among racial and ethnic minorities. Thus, including brain health messages in existing public health campaigns on these conditions – and targeting and tailoring these campaigns to diverse communities – may help reduce the risk of cognitive decline.