

Half of Vermonters with Subjective Cognitive Decline have not talked to a healthcare provider about it.

Get Your Patients Talking About Subjective Cognitive Decline

- Providers should ask patients 45+ about memory concerns at every visit.
- Patients 75+ and patients who consume alcohol daily are less likely to speak to their providers about memory changes and should be prioritized for memory discussions.

What is Subjective Cognitive Decline?

Subjective cognitive decline (SCD) is a perceived decline in memory or thinking abilities compared to previous levels of capacity and performance.

Research shows that individuals reporting SCD are at increased risk of progressing to mild cognitive impairment (MCI) or dementia.¹

Subjective Cognitive Decline in Vermont

Among Vermont adults 45 years+



**1 in 11
report SCD**

One in 11 Vermont adults 45 years+ report seeing a decline in their memory and thinking abilities in the past year. This prevalence increases with age, among those who identify as Black, Indigenous, or a Person of Color (BIPOC) and among adults who are LGBTQIA+. More information can be read in the [2022 VT BRFSS report](#).



**1 in 5 with
depression
report SCD**

SCD is higher among those with poor mental health. Chronic stress, depression and loneliness can lead to cognitive decline. Research indicates a strong association between poor mental health, social isolation and a heightened risk of dementia.



**1 in 6 with
cardiovascular
disease report
SCD**

SCD is higher among adults with chronic diseases. Research continues to highlight a link between chronic diseases and increased risk of dementia. Diabetes, cardiovascular disease and hypertension can increase inflammation and vascular damage in the brain, accelerating cognitive decline.



**1 in 8 who drink
alcohol daily
report SCD**

SCD is higher among heavy drinkers. Excessive alcohol use can lead to neurotoxicity, brain atrophy and vitamin deficiencies. All of which impair cognitive functions. Long-term heavy drinking is particularly linked to alcohol-related dementia and may exacerbate other dementia types.

Data Source: BRFSS 2016,2020,2022

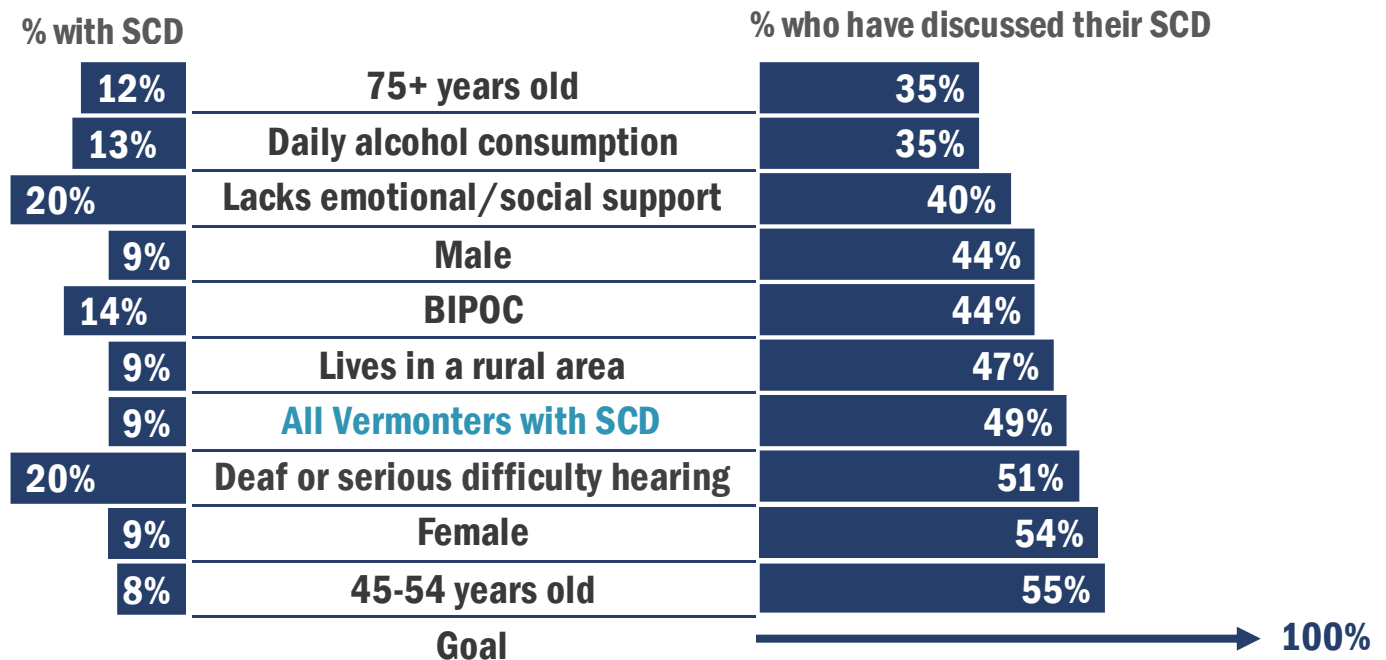
1. Verlinden, Vincentius J. A., Jos N. van der Geest, Renée F. A. G. de Bruijn, Albert Hofman, Peter J. Koudstaal, and M. Arfan Ikram. "Trajectories of Decline in Cognition and Daily Functioning in Preclinical Dementia." *Alzheimer's & Dementia: The Journal of the Alzheimer's Association* 12, no. 2 (February 2016): 144–53. <https://doi.org/10.1016/j.jalz.2015.08.001>

Subjective Cognitive Decline

Discussing SCD with a Health Care Professional

Half of Vermonters (49%) who report subjective cognitive decline have ever discussed their confusion or memory loss with a health care professional. However, some people are less likely to talk with a healthcare provider about their SCD, including people over 75 years old, adults who drink alcohol daily and those lacking emotional support from friends or family.

While 9% of Vermont adults 45 years and older have SCD, only half (49%) have discussed it with a healthcare professional.



Data Source: BRFSS 2016,2020,2022

Key Takeaways:

- The prevalence of subjective cognitive decline is up to 2x higher among Vermonters with chronic diseases or poor mental health.
- Only a third of Vermonters 75 years and older, who drink alcohol daily, or who lack the emotional and social support they need have discussed their SCD with a clinician.

Available Resources:

- Explore Vermont Health Learn, which has provider-focused dementia screening tools and resources available. <https://catalog.vthl.org/>
- Utilize the Health Department's Alzheimer's and Healthy Aging Program for additional resources on early detection.

For more information about Alzheimer's disease & related dementias in Vermont, visit our webpage:
<https://www.healthvermont.gov/wellness/brain-health-dementia>

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