

Behavioral Markers of Cognitive Reserve



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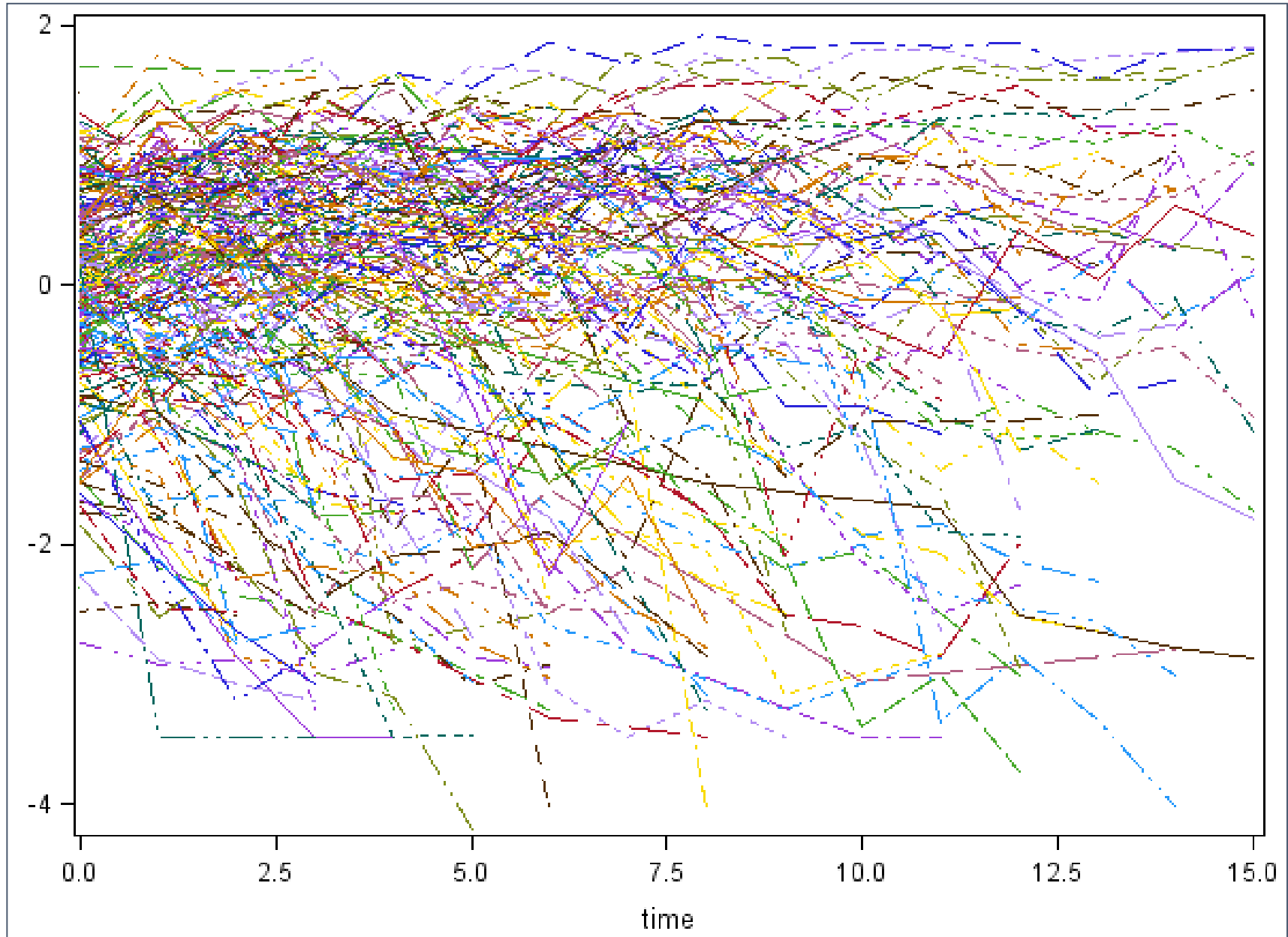


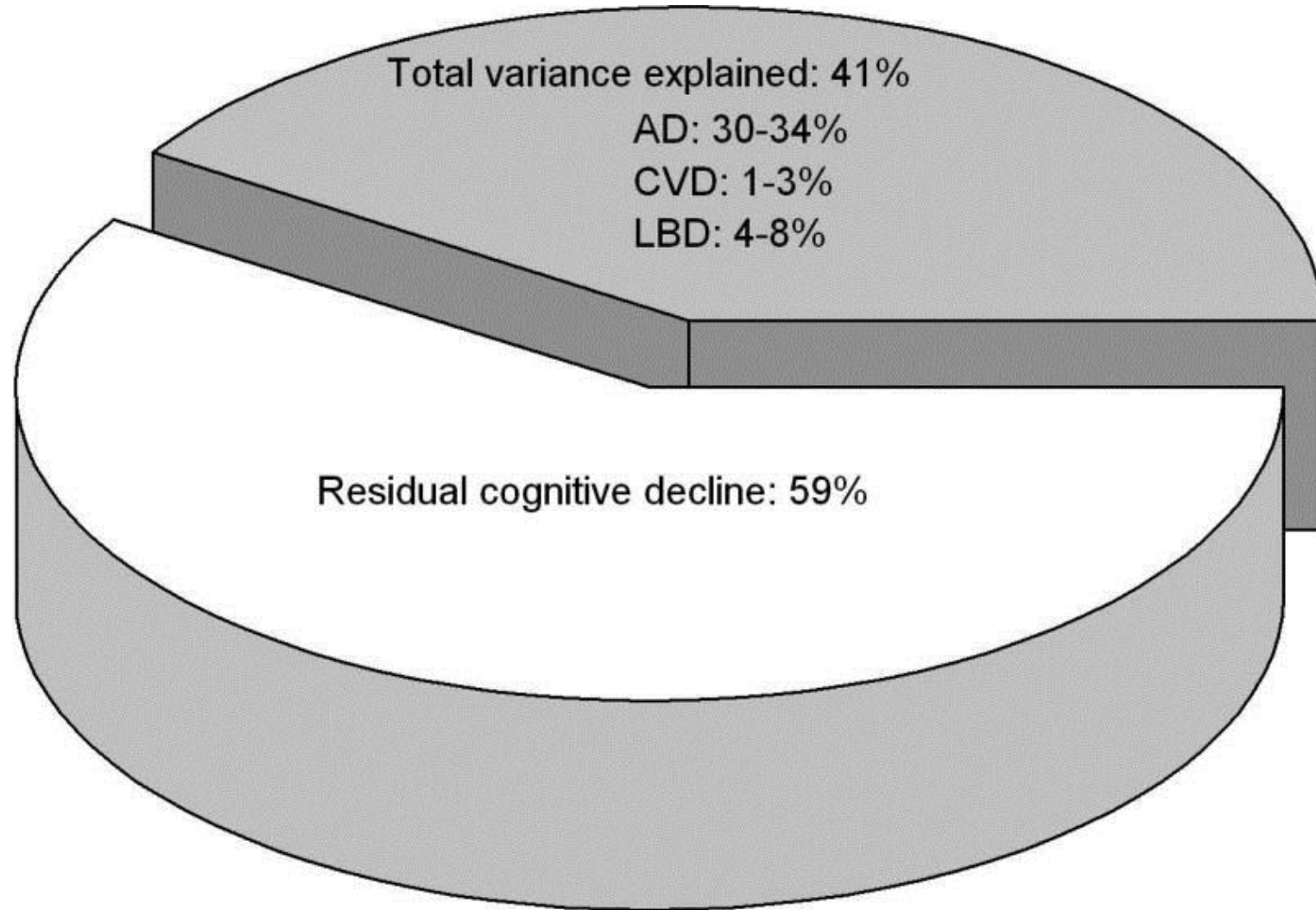
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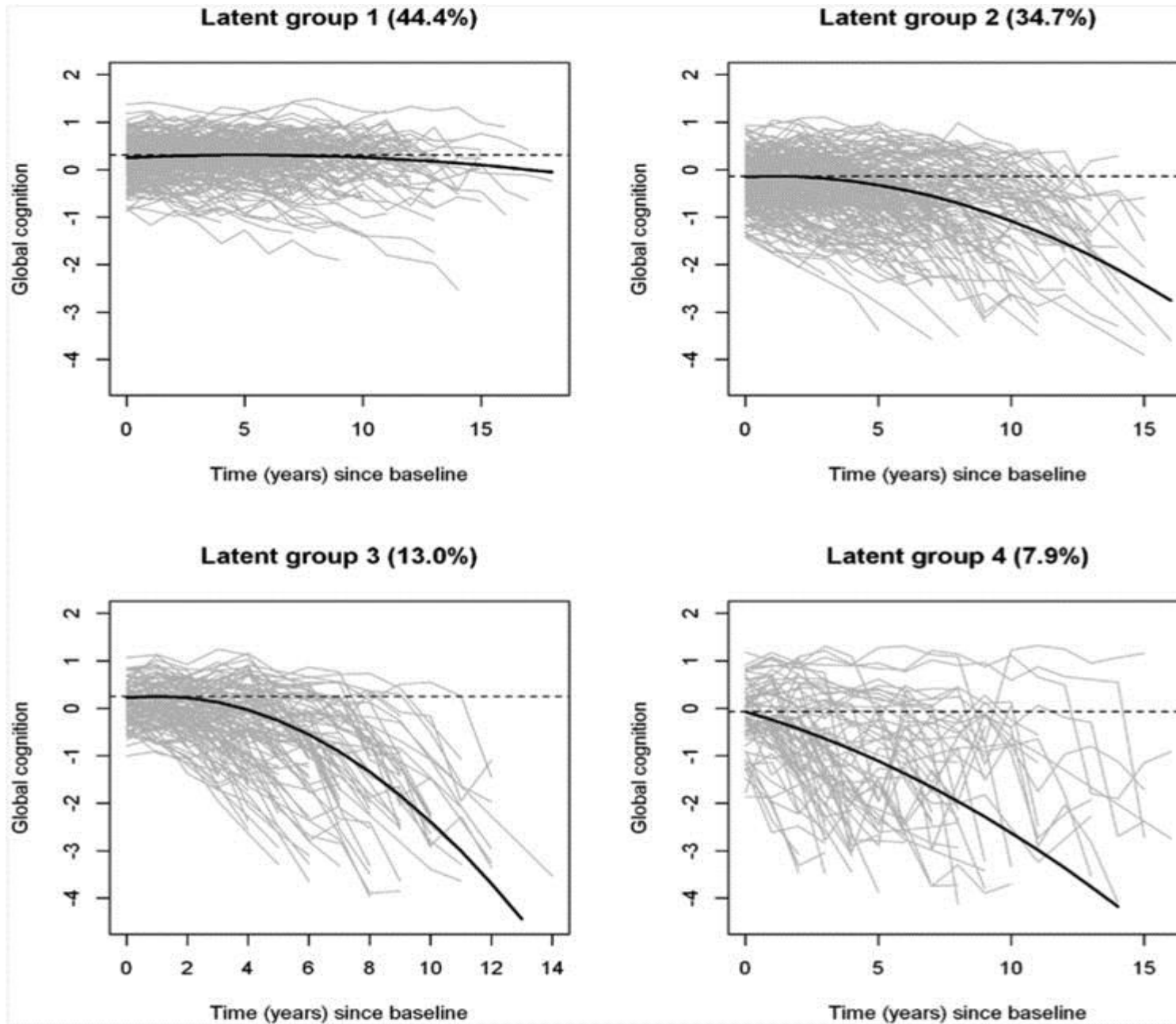
Objectives

- Clarify association of dementia related pathologies with late-life change in cognitive function
- Identify potentially modifiable behaviors associated with cognitive change not attributable to pathology

Heterogeneity of cognitive decline in old age: spaghetti plot

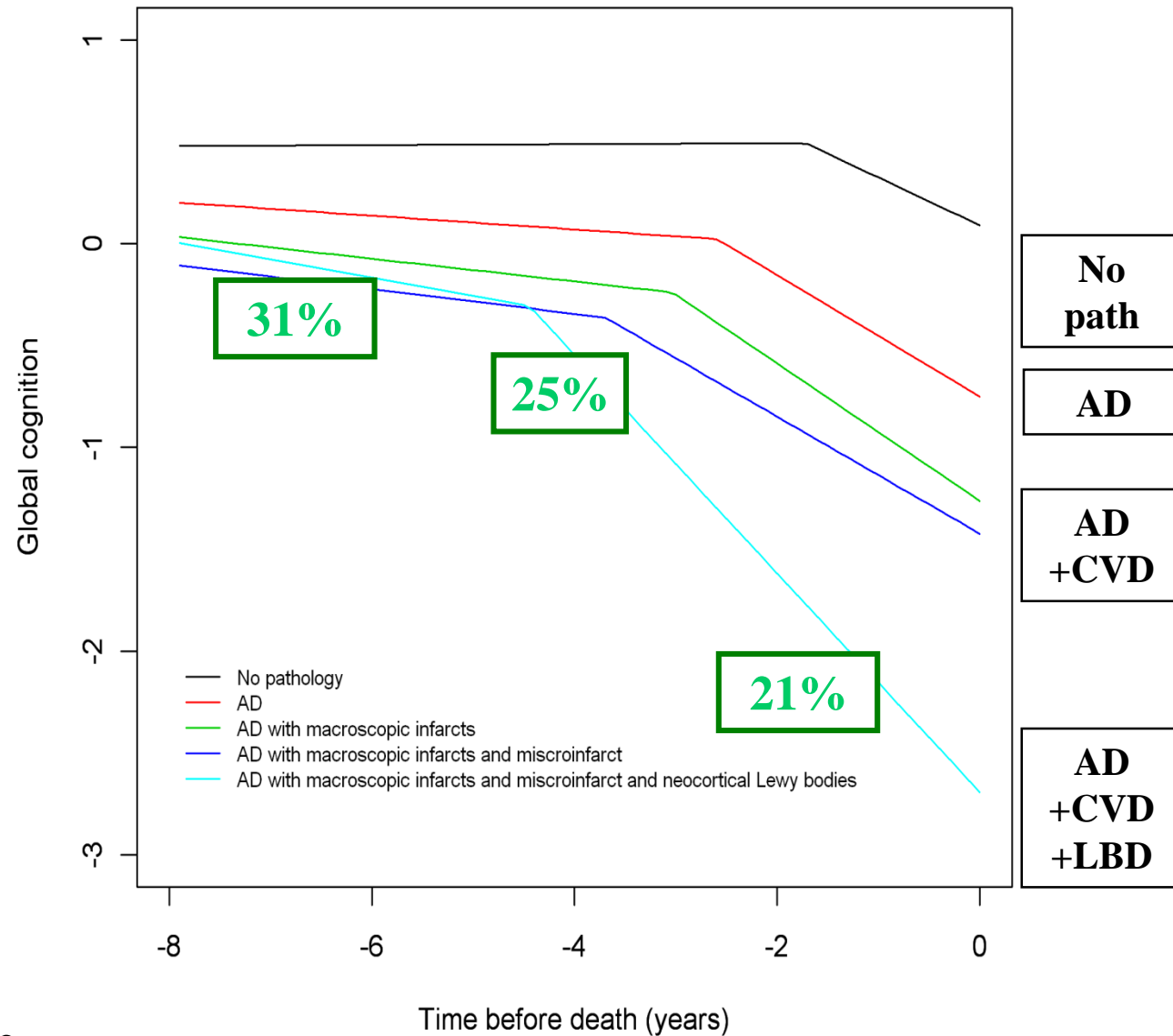


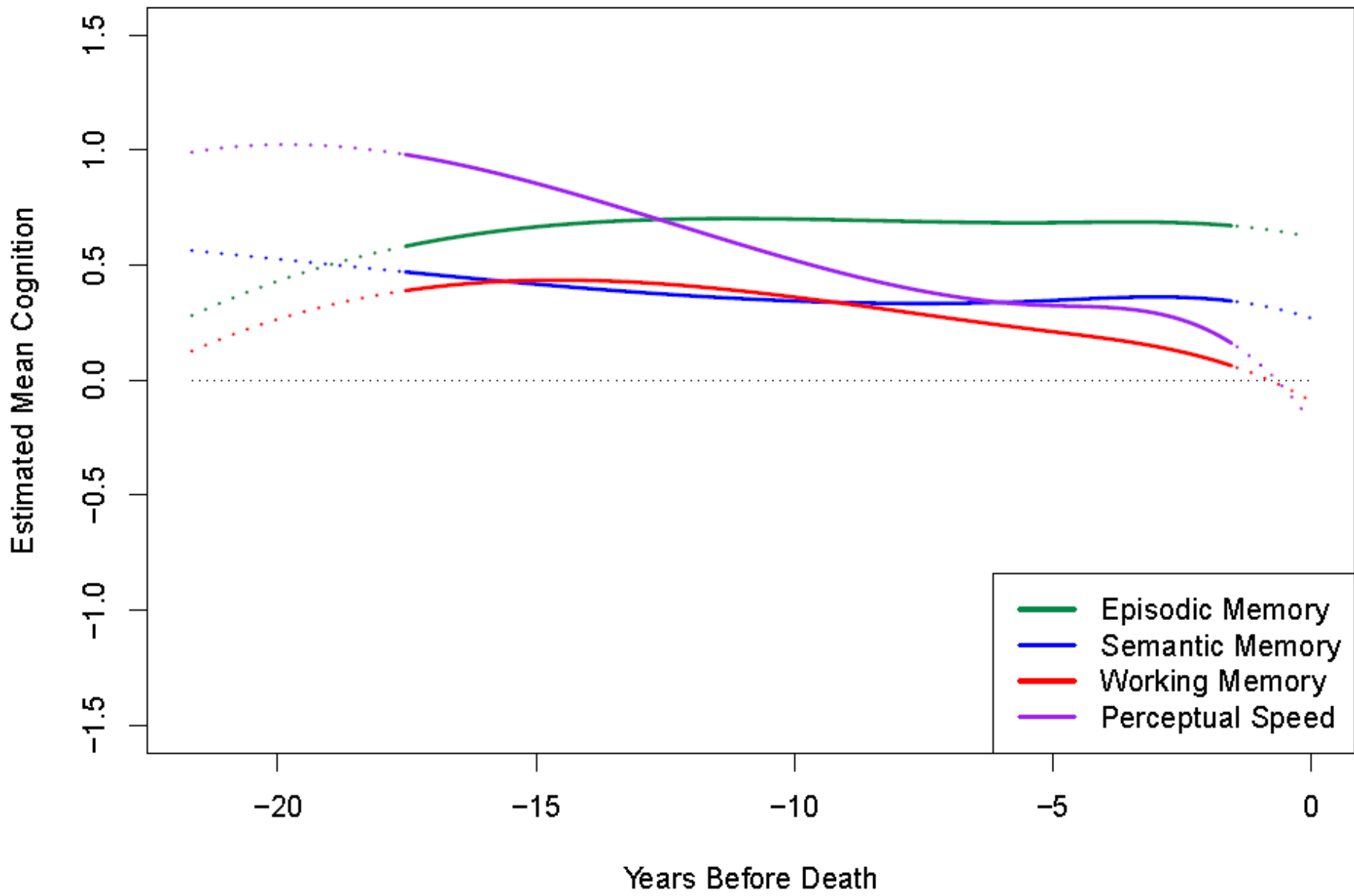




Effect of pathology on components of the cognitive trajectory: preterminal and terminal cognitive decline

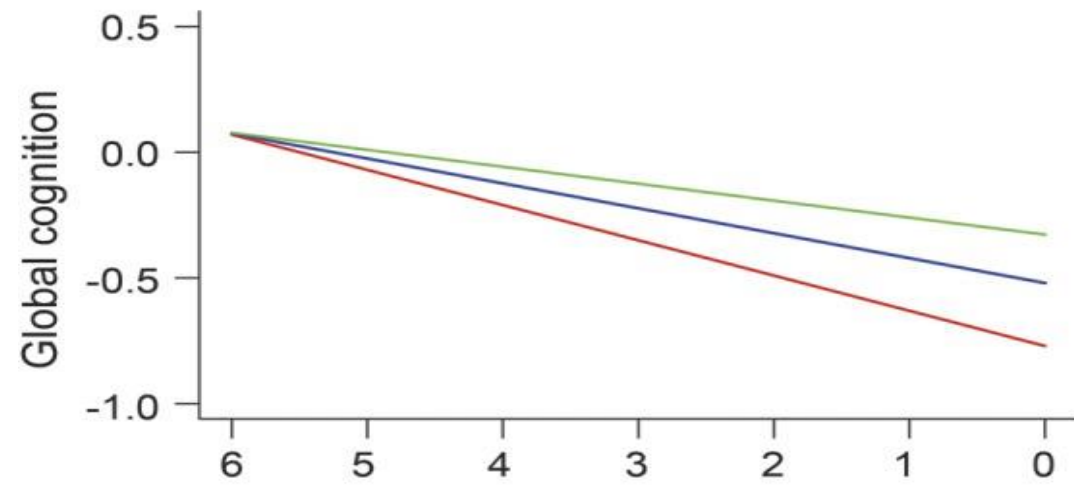
Pathology mainly affects preterminal slope





Prediction of Residual Cognitive Variability

A. Early life



B. Late life

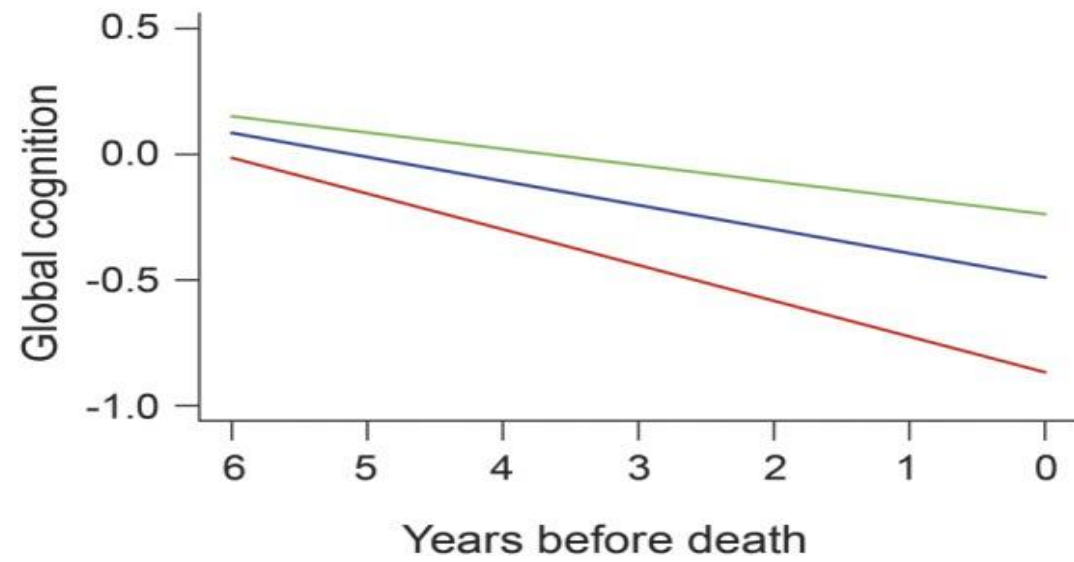
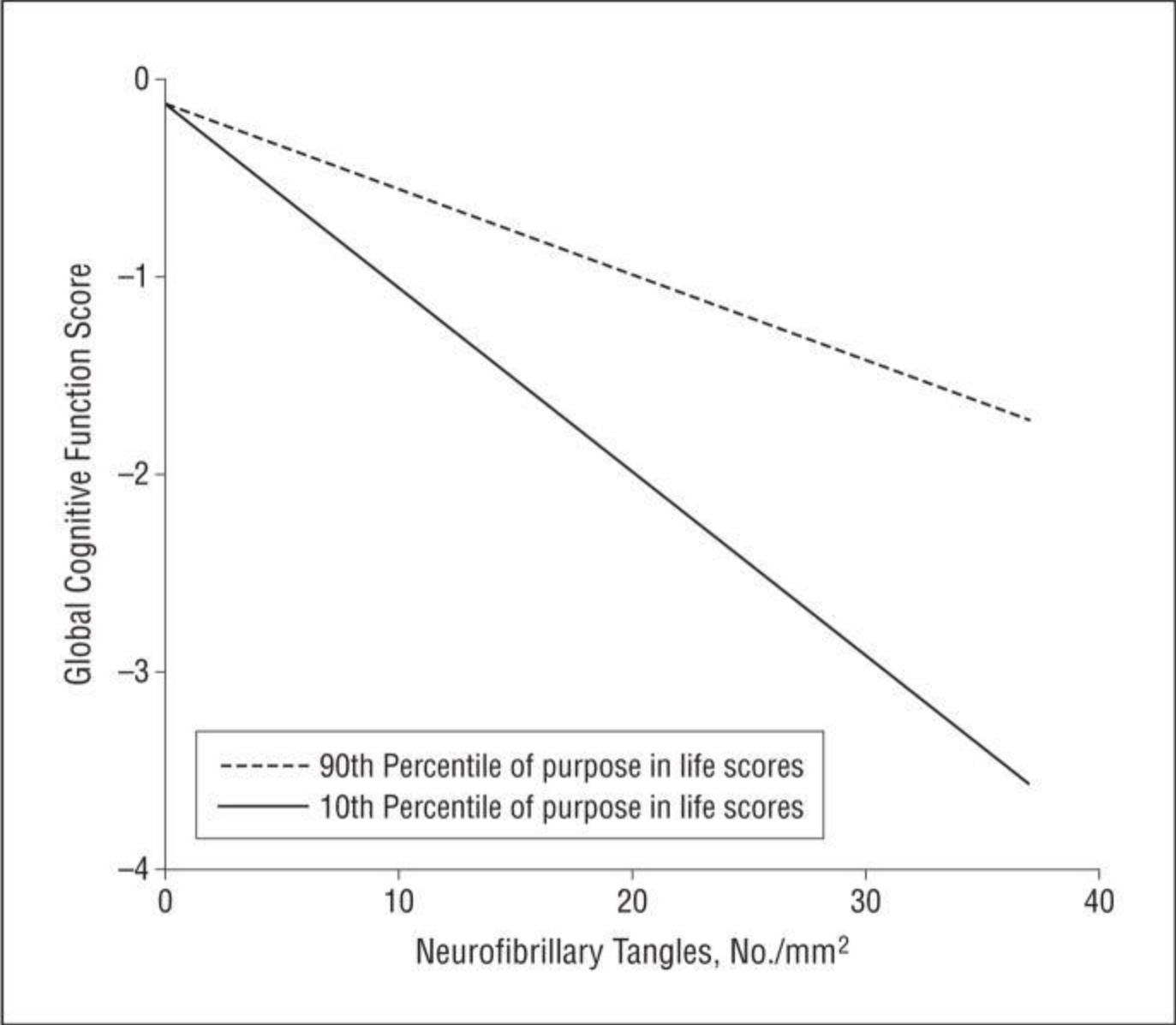


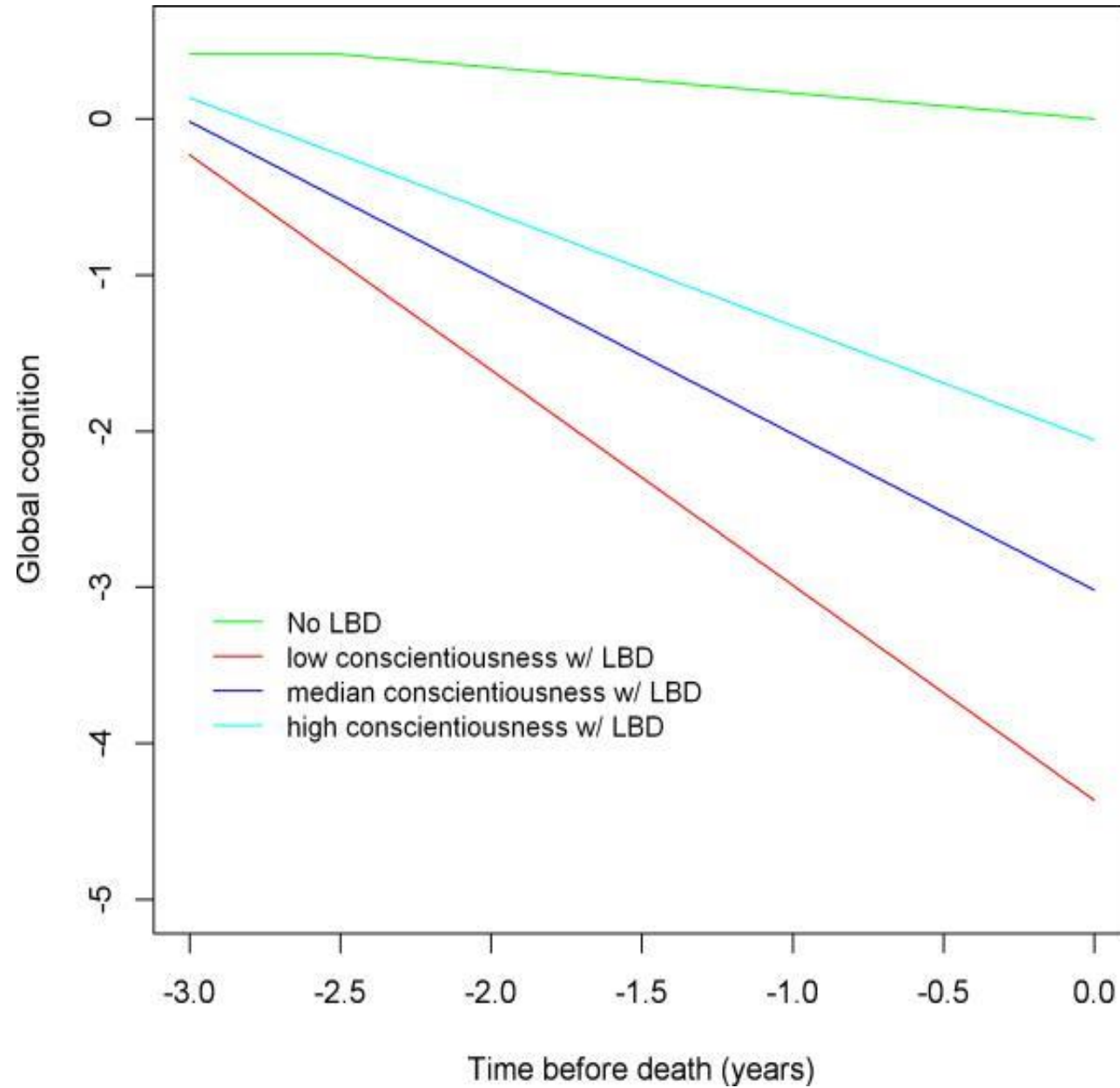
Table 3 Relation of depressive symptoms and neuropathologic markers to global cognitive decline^a

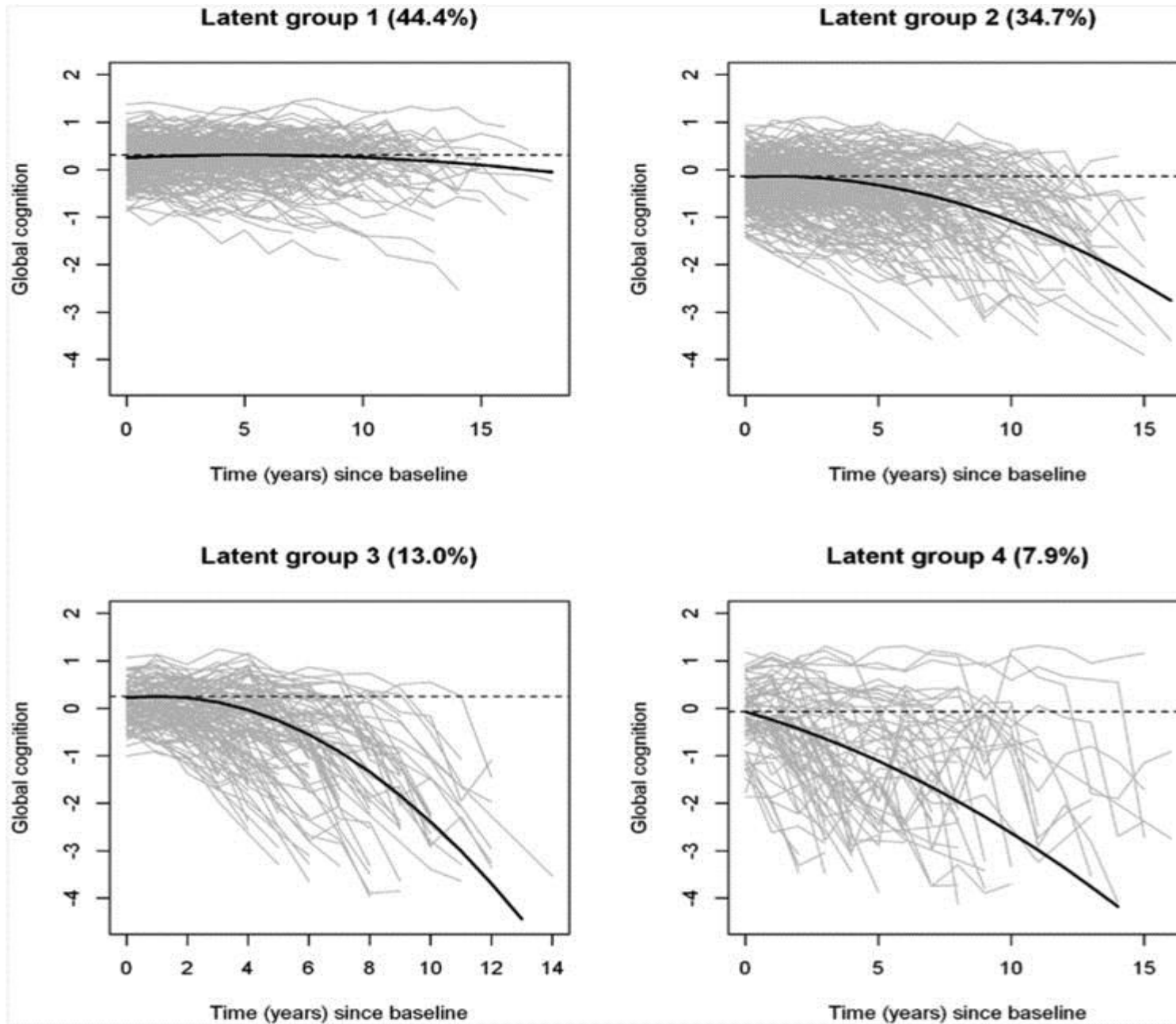
Model term	Model A			Model B			Model C		
	Estimate	SE	p	Estimate	SE	p	Estimate	SE	p
Time	-0.064	0.007	<0.001	-0.033	0.007	<0.001	-0.015	0.008	0.057
CES-D mean score	-0.113	0.030	<0.001				-0.104	0.026	<0.001
CES-D mean score × time	-0.014	0.003	<0.001				-0.013	0.003	<0.001
Amyloid plaques				-0.005	0.008	0.520	-0.006	0.008	0.438
Amyloid plaques × time				-0.001	0.001	0.369	-0.001	0.001	0.307
Tangle density				-0.058	0.007	<0.001	-0.058	0.007	<0.001
Tangle density × time				-0.006	0.001	<0.001	-0.006	0.001	<0.001
Gross infarcts				-0.423	0.073	<0.001	-0.410	0.072	<0.001
Gross infarcts × time				-0.048	0.008	<0.001	-0.046	0.008	<0.001
Microinfarcts				0.037	0.074	0.620	0.049	0.073	0.507
Microinfarcts × time				0.015	0.008	0.074	0.016	0.008	0.054
Neocortical LB				-0.617	0.103	<0.001	-0.591	0.101	<0.001
Neocortical LB × time				-0.072	0.011	<0.001	-0.069	0.011	<0.001
Hippocampal sclerosis				-0.593	0.137	<0.001	-0.633	0.136	<0.001
Hippocampal sclerosis × time				-0.048	0.014	<0.001	-0.053	0.014	<0.001

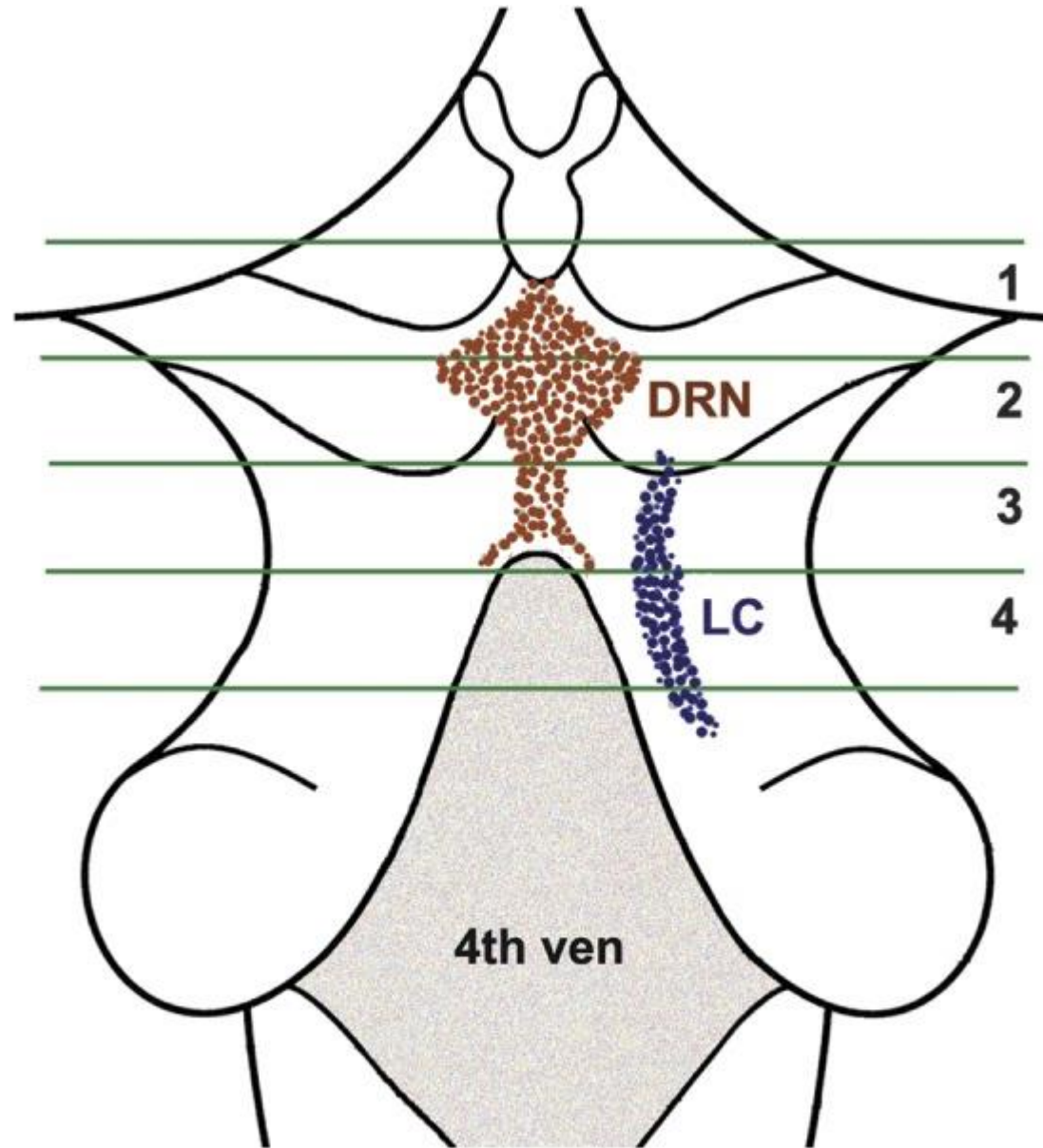
Abbreviations: CES-D = Center for Epidemiological Studies Depression Scale; LB = Lewy bodies; SE = standard error.

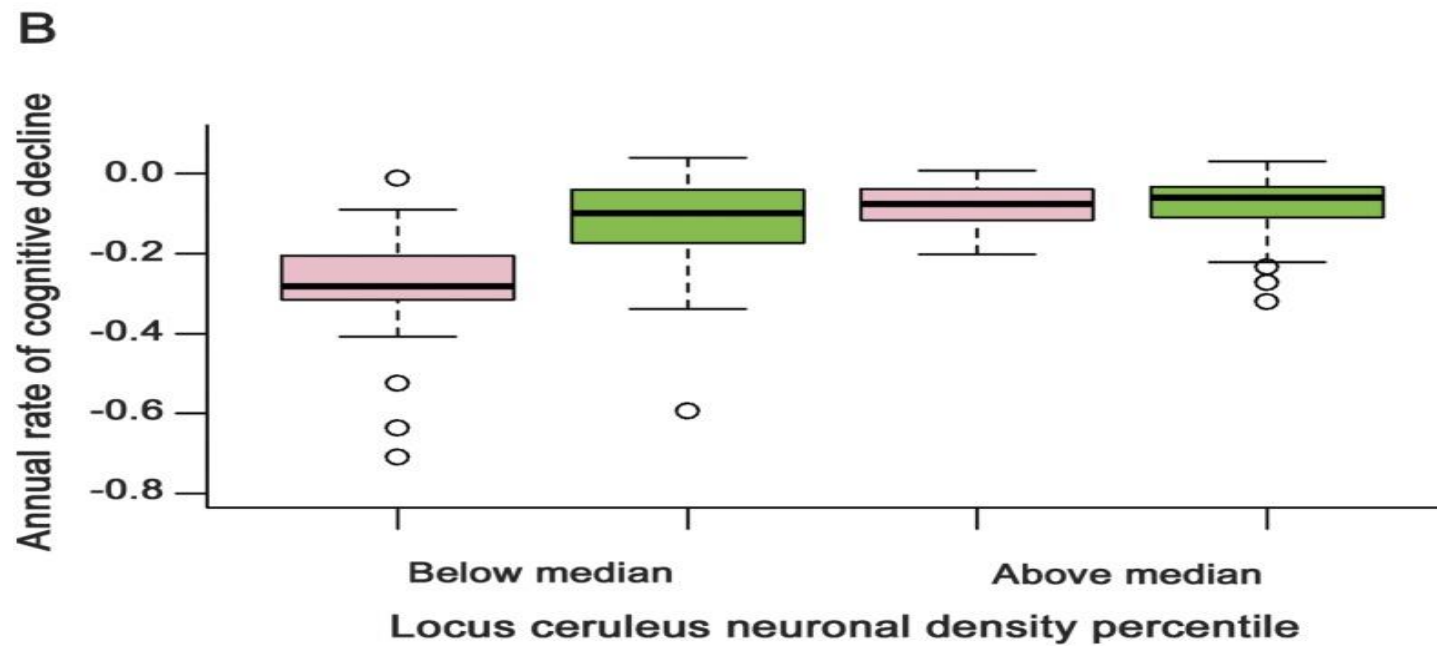
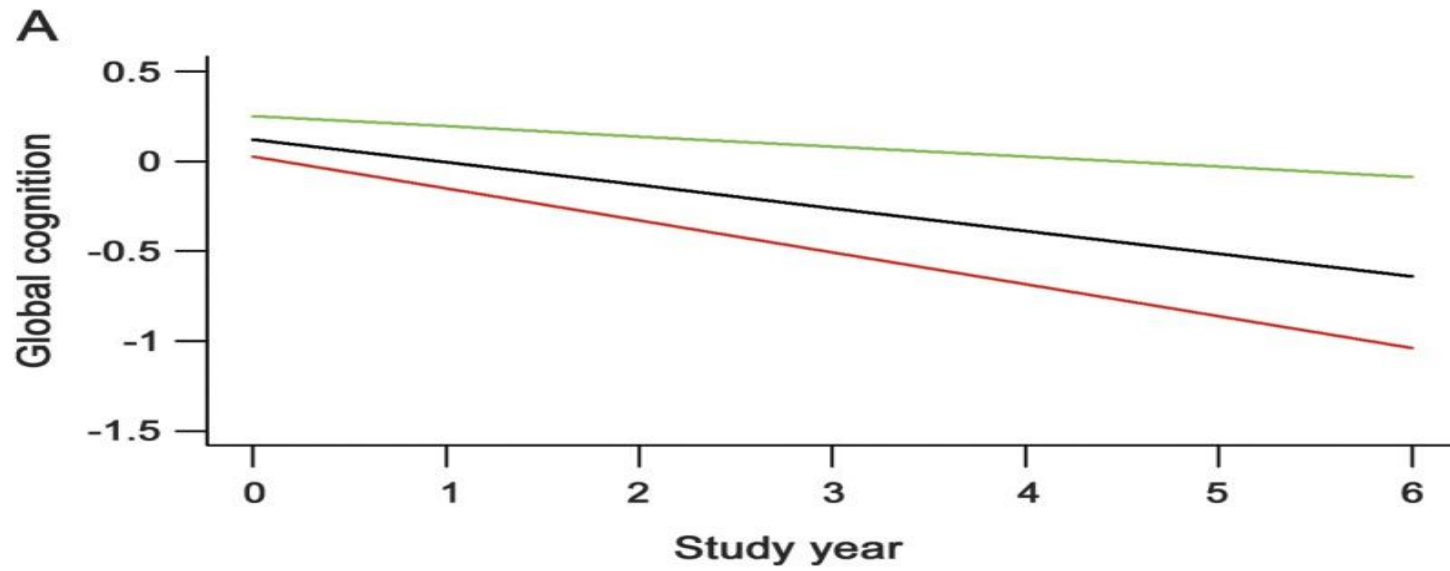
^aEstimated from 3 mixed-effects models adjusted for age at death, sex, and education. In subsequent analyses, there were no interactions between depressive symptoms and neuropathologic markers.



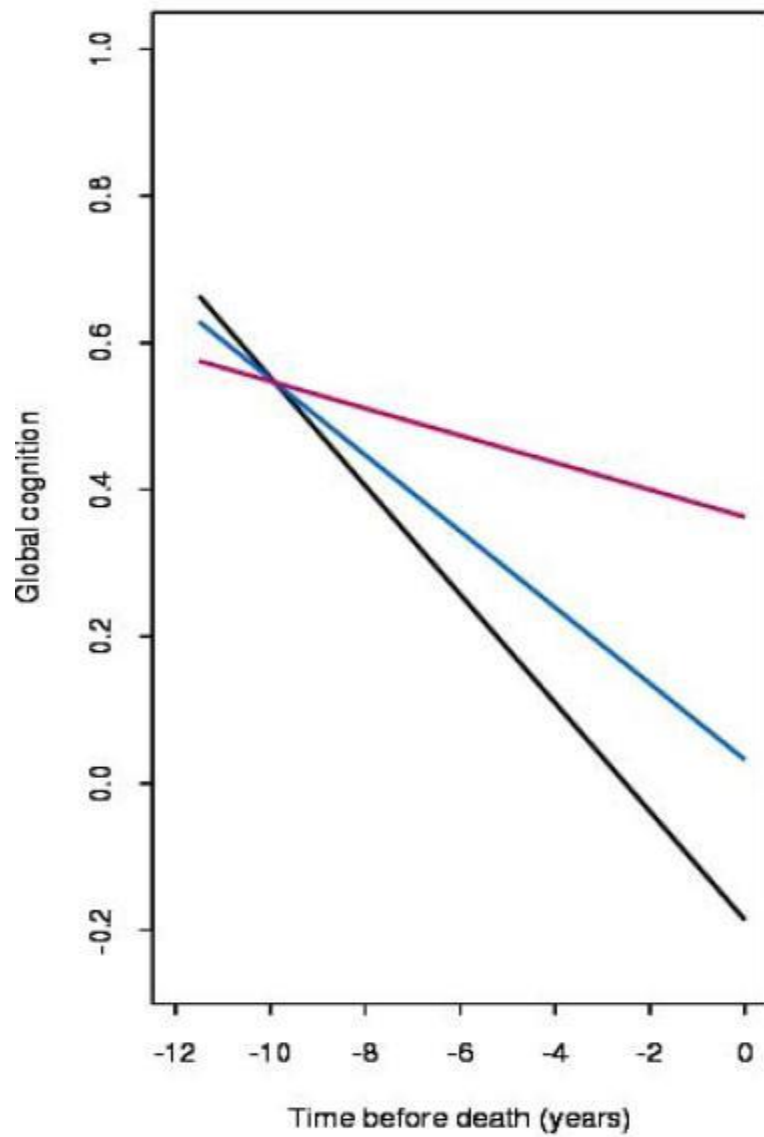




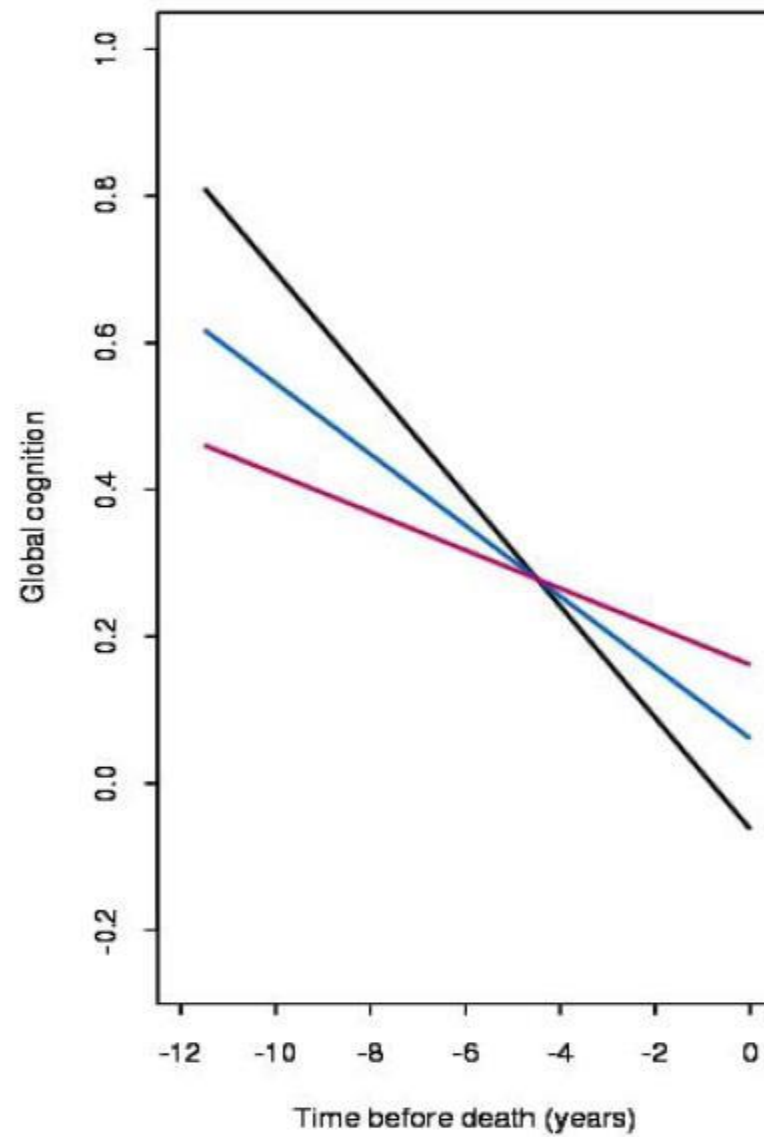




Complexin-1



SNAP-25-syntaxin interaction



CONCLUSIONS



- Much of variability in cognitive aging is not associated with common dementia related pathologies
- This residual cognitive variability is related to individual differences in:
 - Potentially modifiable lifestyle factors
 - Density of neurons and their connections in key brain systems
- Better understanding of how lifestyle influences cognitive reserve may suggest novel strategies for cognitive health maintenance in old age