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INCREASED ACTIVITY MAY PREVENT COGNITIVE DECLINE

Participating in cognition-enhancing activities might reduce African Americans' risk for dementia.

AFRICAN AMERICANS ARE AT NEARLY TWICE THE RISK AS Caucasians for developing Alzheimer's and other dementias. Yet, no interventions have been shown to reduce this disparity.

Barry Rovner, MD, professor of psychiatry, neurology and ophthalmology, and a clinical expert in Alzheimer's disease, has been intensely studying racial-based disparities in the incidence and outcomes of dementia. In one notable study, he and **Robin Casten, PhD**, professor of psychiatry, found that African Americans were less likely than whites to recognize cognitive decline as a medical problem. Those findings suggested that culturally specific interventions might help reduce African Americans' risk for developing dementia.

Therefore, Drs. Rovner and Casten undertook an NIH-funded trial of a behavioral intervention that increased participation in cognitive, physical and social activities among African Americans with mild cognitive impairment, a transition state between expected cognitive aging and dementia. In the intervention, community health workers used goal setting and action planning to guide at-risk participants in concrete steps to increase cognition-

enhancing activities. In results published last year, the research team reported that the intervention had clear benefit in helping prevent memory decline in this high-risk population. The behavioral intervention reduced risk of cognitive decline by 88 percent, compared to a control group.

Dr. Rovner attributes much of the intervention's success to the study's sensitivity to the perceptions of the African American participants. The community health workers were themselves African American, and the participants were able to self-select the specific activities they pursued—which included relearning chess, playing guitar, rejoining a church group, making plans to meet friends for lunch and walking to appointments.

While conducting the study, the researchers became more aware of the problems facing African Americans with diabetes—which can cause microvascular disease and neurodegeneration and, thereby, increase risk for dementia. The number of older African Americans with diabetes in the U.S. will double by 2030, and African Americans have worse glycemic control than Caucasians.

To address these disparities—and the related incidence of dementia—Drs. Rovner and Casten are planning a clinical trial on the Efficacy of Diabetes-Specific Behavioral Activation. The researchers hope that, by reinforcing diabetes self-care and addressing African Americans' negative beliefs about medications and physicians, the intervention will simultaneously improve diabetes care and prevent dementia in this high-risk population. ■