

Giver stress demens?



Resultater fra Østerbrounderøgelsen

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Finansiering

MEMORIA er finansieret af Arbejds miljøforskningsfonden og VELUXFONDEN.

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Hvis jeg er ude og holde foredrag, så er der jo tit nogen der taler om det her [”at gå ned med stress”, red.]. Og der er jo to spørgsmål, som går igen.

Det ene er: Er der større risiko for, at det kan ske igen, hvis man har haft det en gang? Og det andet er: Øger det risikoen for demens?

Peter Lund Madsen, Hjerneboksen på P1, 2019-01-07: Stress

Formål med vores undersøgelse



At undersøge om selvoplevet stress midt i livet hænger sammen med en højere risiko for demens.



Demens

- Demens er et syndrom, der skyldes underliggende sygdom i hjernen, fx Alzheimers sygdom eller cerebrovaskulære forandringer.
- Påvirkning af flere kognitive domæner, herunder fx hukommelsen. Ofte ændringer i adfærd eller personlighed.
- Stærkt aldersrelateret (sjælden før 60-årsalderen).
- Patologiske forandringer starter potentielt årtier før diagnose.
- Risikofaktorer skal findes midt i livet.

Eksempler på mulige mekanismer bag en sammenhæng mellem stress og demens



- Kardiovaskulære risikofaktorer og sygdom (Raz et al. 2016)
- Depression (Kessing 2012)
- Kroniske søvnproblemer (Ju et al. 2014)
- Kortisol-induceret atrofi af hjernen, fx hippocampus (Lucassen et al. 2014)



Design og studiepopulation

- Longitudinelt design – vi fulgte deltagerne over tid.
- Anden runde af Østerbroundersøgelsen
- Selvoplevet stress blev “målt” 1981-1983.
- 11.032 deltagere (57% kvinder), 1504 demenscases
- Deltagerne blev fulgt i danske registre indtil 2016
- Vi ekskluderede deltagere, der fik en demensdiagnose i løbet af de første 5 år af opfølgningsperioden.





Måling af selvoplevet stress: Intensitet og hyppighed

52. Føler De Dem stresset (anspændt, nervøs, utålmodig, ængstelig, søvnløs):

overhovedet
ikke

i mindre
grad

i nogen
grad

i høj
grad

53. Hvor ofte føler De Dem stresset:

aldrig eller
næsten aldrig

nogle gange
månedligt

nogle gange
ugentligt

hver dag

Beregning af sumscore (0-6): Lav (0-1), medium (2-4), høj (5-6)



Perceived stress and dementia: Results from the Copenhagen city heart study

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ABSTRACT

Objectives: We investigated if perceived stress in midlife increased the risk of dementia. Furthermore, we explored differences between subgroups related to sex, age and employment status when reporting stress.

Methods: In this longitudinal study, we used information on perceived stress from 10,814 participants (mean age 56.7 years). Participants were followed through Danish national registers for development of dementia. Participants were considered at risk of dementia from the date they turned 60 years. Perceived stress was assessed as a combination of self-reported intensity and frequency of stress, and categorized into low (score 0–1), medium (score 2–4), and high stress (score 5–6). We used Poisson regression to estimate incidence rate ratios (IRR) and their 95% confidence intervals (CI) and adjusted for sociodemographic factors and psychiatric morbidity at baseline (main model) as well as cardio/cerebrovascular diseases and health behaviors at baseline (additional model).

Results: The mean follow-up time was 13.8 years, and 1,519 participants were registered with dementia. Dementia risk was higher in participants reporting medium stress (IRR = 1.11, 95% CI: 0.99–1.24) and high stress (IRR = 1.36, 95% CI: 1.13–1.65). Adjustment for cardio/cerebrovascular diseases and health behaviors did not alter the results. We did not find strong support for differences between subgroups, although the association between stress and dementia was stronger for those who were employed at the time of reporting high stress.

Conclusion: Our results provide empirical support for an effect of perceived stress on the risk of dementia in old age.

ARTICLE HISTORY

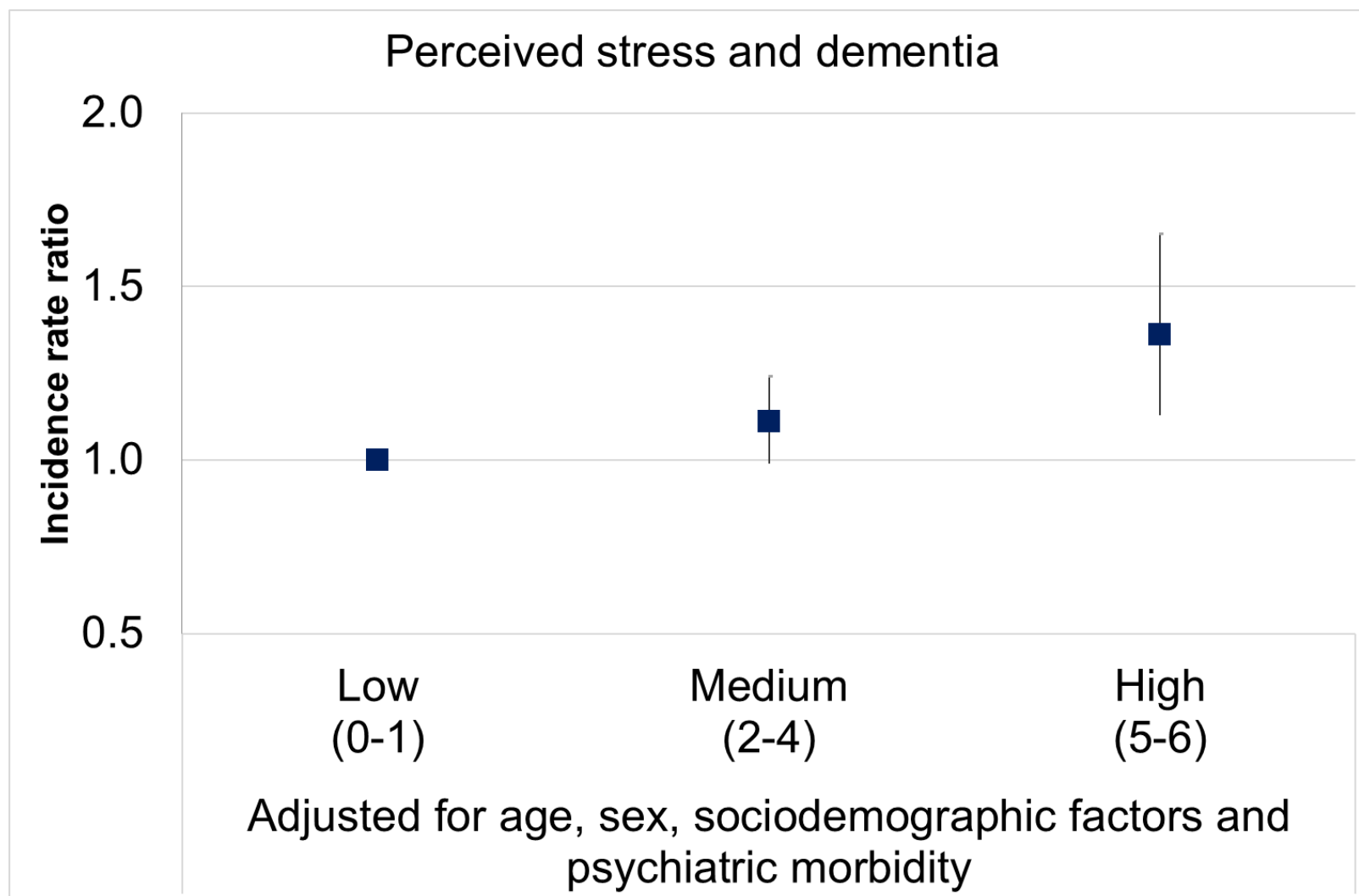
Received 11 January 2019
Accepted 23 May 2019

KEYWORDS

Alzheimer's disease;
cognitive function; distress;
mental health;
psychological stress



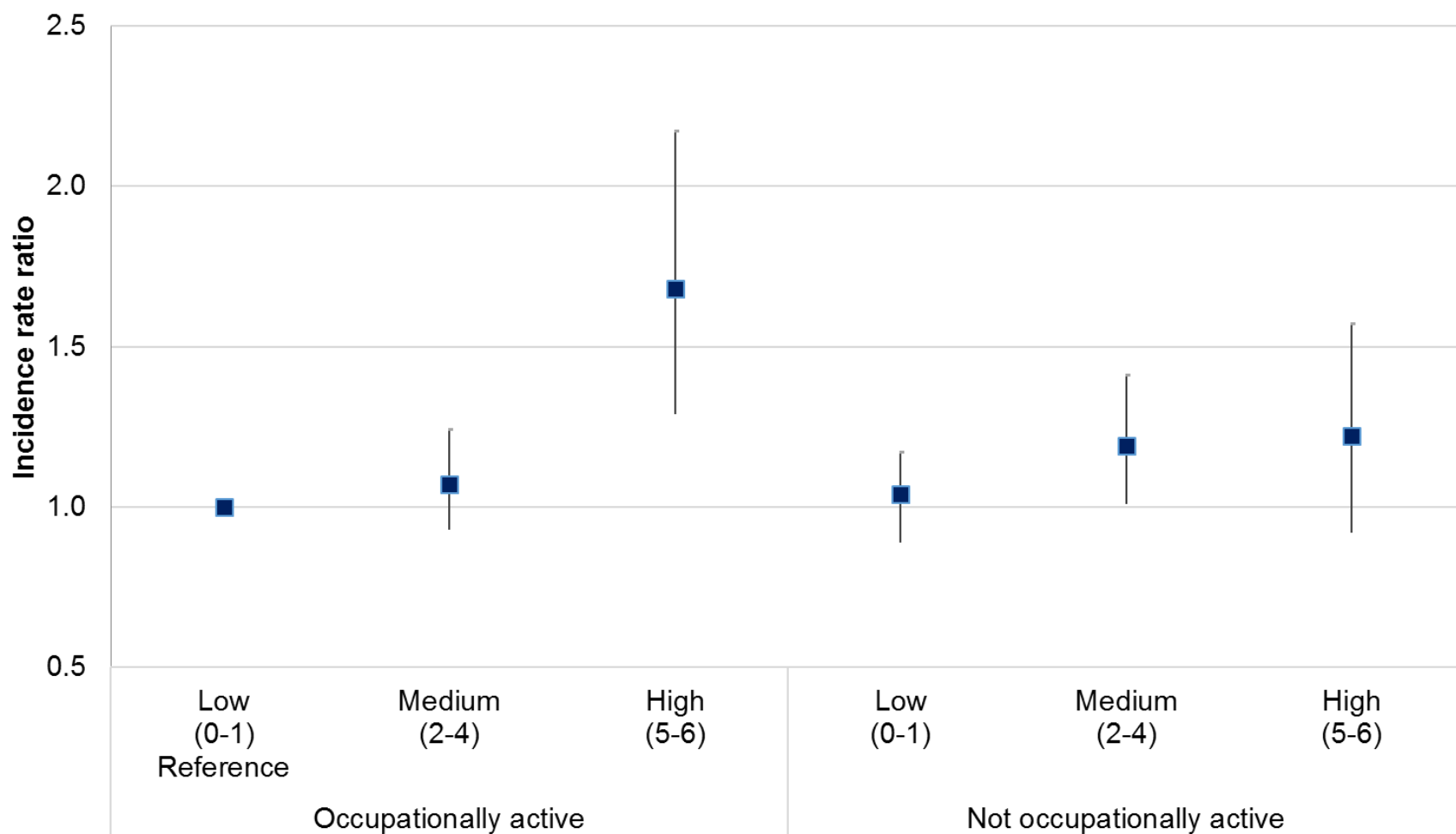
Selvoplevet stress og demens



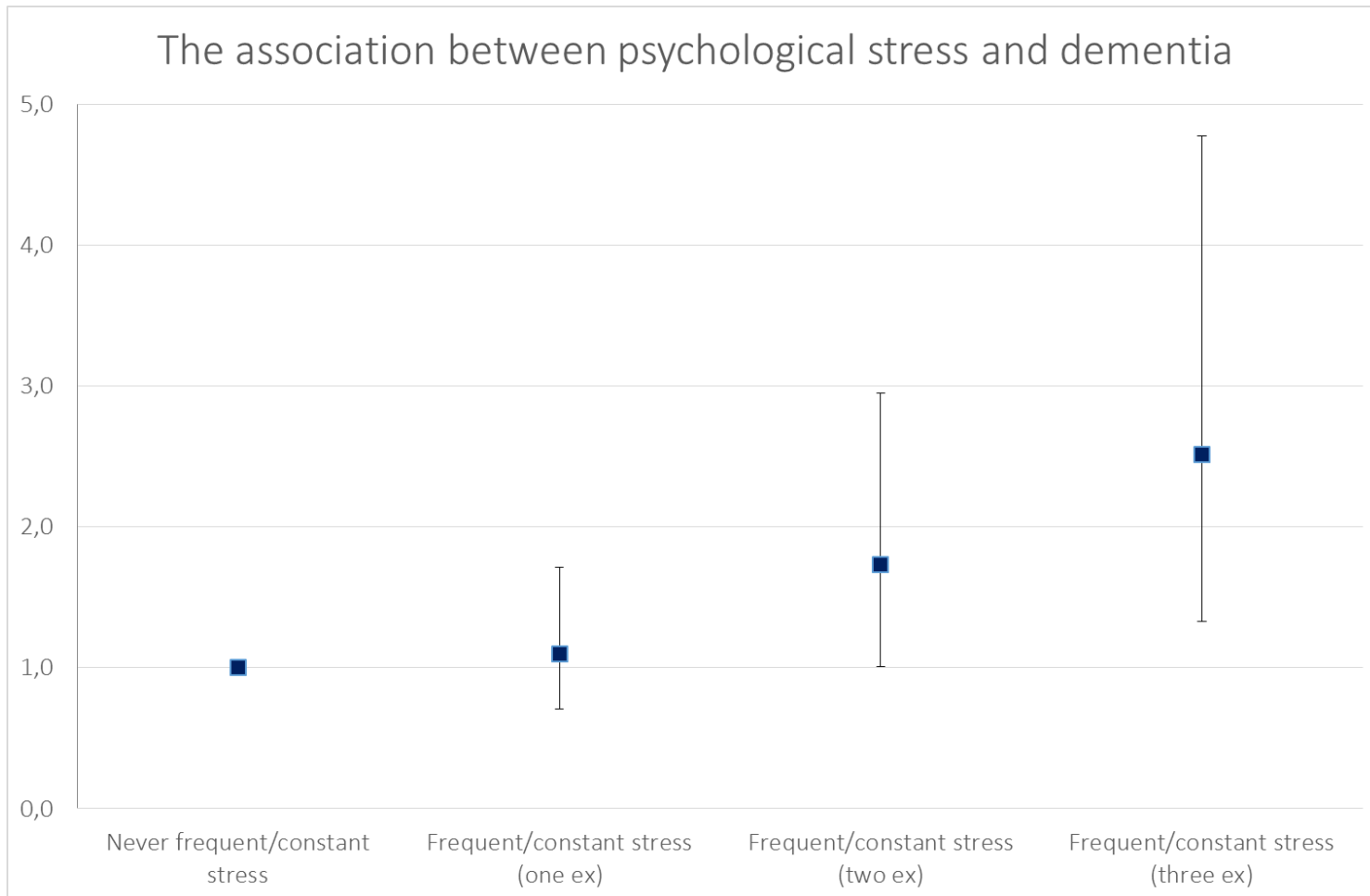
Selvoplevet stress og demens



Figure 2: Perceived stress and dementia among occupationally active vs. non-active at baseline
(adjusted for sociodemographic factors and psychiatric morbidity)



Hyppig/konstant stress og demens



Justeret for alder, uddannelse, civilstand, socioøkonomisk position, at have børn, rygning, alkoholforbrug, koronarlidelser, forhøjet blodtryk og talje-hofte-ratio.



Review Article

Is late-onset Alzheimer's disease really a disease of midlife?

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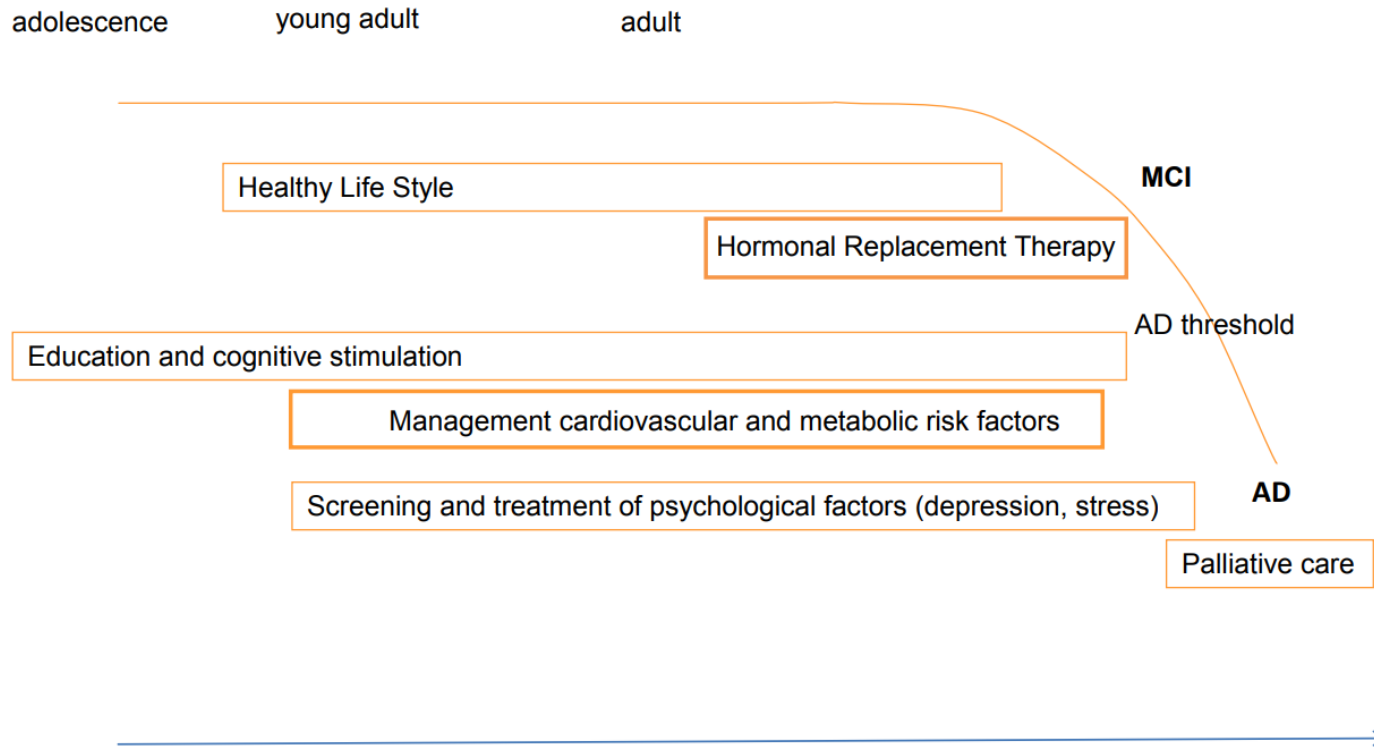


Fig. 1. Theoretical timing of potential intervention windows for prevention/delaying of AD. Abbreviations: AD, Alzheimer's disease; MCI, mild cognitive impairment.



Konklusion

- Vores fund støtter *hypotesen* om, at selvoplevet stress øger risikoen for demens.
- Hvilke modificerbare årsager er vigtigst i forhold til selvoplevet stress?
- Hvordan skal disse fund kommunikeres?



Hvis du vil vide mere...

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