



Subjective Cognitive Decline Among Older Adults

Background

In 2023, approximately 370,000 Maryland adults aged 45 and older reported experiencing difficulties with thinking or memory loss.¹ This self-reported difficulty with cognition is referred to as Subjective Cognitive Decline (SCD). SCD is one of the earliest symptoms for Alzheimer's and related dementias, but SCD does not imply a diagnosis of cognitive decline by a health care professional.² Some people with cognitive decline may have difficulty with self care or self management tasks such as managing finances or medications.³ Adults with SCD should speak with a health care professional to assess their degree of cognitive decline and address treatment of symptoms and how to manage co-occurring chronic conditions.⁴ This surveillance brief describes SCD in Maryland adults stratified by various demographic factors, as well as reviewing the prevalence of chronic conditions among those who experience subjective cognitive decline.

Key Findings:

- 17.5% of MD adults 45+ report subjective CD
- Only 40.0% have discussed their symptoms with a provider
- SCD is more common among those with disabilities, lower income, and lower educational attainment
- SCD strongly associated with self w/ poor self-reported health and chronic conditions

Methods

The Maryland Behavioral Risk Factor Surveillance System (BRFSS) is a telephone-based survey of adult Maryland residents that provides data on the statewide prevalence of chronic health conditions, health-related behaviors, use of preventive services, and access to care. Maryland's survey is part of the National BRFSS and is conducted under guidance from the Centers for Disease Control and Prevention (CDC).

The cognitive decline module was part of a split-survey design in the 2023 Maryland BRFSS and administered to 33% of eligible respondents aged 45 and older. The first question in the module asked about experiences of difficulty with thinking or memory loss during the previous 12 months; respondents who said "yes" to this question were asked additional questions about the impact of difficulty with thinking or memory loss on their daily lives,

► Issue Date: April 2025

including: if they are worried about the experienced difficulties with thinking or memory; if they discussed with a healthcare provider; if the difficulty in thinking or memory impacted day to day activities or work/volunteer activities.

The 2023 Maryland BRFSS assessed respondents' health status by asking: "Would you say that in general your health is excellent, very good, good, fair, or poor?" Disability status was also assessed, and respondents were asked a series of five questions about cognitive disability, mobility disability, vision disability, self-care disability, and independent living disability. Respondents who said "yes" to one or more of the five questions were considered to have a disability. Records for those who did not respond to all five disability questions were excluded from analysis.

Questions related to prevalence of chronic health conditions were included in the 2023 BRFSS survey, and respondents were asked if they had ever been told by a doctor, nurse, or other healthcare professional that they had certain conditions, including asthma, diabetes, and hypertension. Respondents who said "yes" to asthma were also asked: "Do you still have asthma?" Female respondents who said "yes" to diabetes or to hypertension were asked: "Was this only when you were pregnant?" Records for women who were told they had diabetes only during pregnancy were excluded from analysis. Records for women who were told they have high blood pressure only during pregnancy and records for respondents who stated that they have borderline high blood pressure were also excluded.

To improve the generalizability of the survey data, making it possible to draw conclusions about the health of Maryland residents, CDC weighted the data using iterative proportional fitting, also known as raking, to account for demographic differences between the survey sample and Maryland's population.

Results

Table 1

Subjective Cognitive Decline Prevalence (BRFSS 2023)	%	95% CI
Statewide	17.5	(15.4 - 19.7)
Sex		
Male	15.8	(13.1 - 18.6)
Female	19.0	(15.7 - 22.3)
Age		
45-54	14.0	(9.5 - 18.4)
55-64	15.9	(12.3 - 19.4)
65-74	17.5	(13.9 - 21.0)

► Issue Date: April 2025

Subjective Cognitive Decline Prevalence (BRFSS 2023)	%	95% CI
75-84	25.3	(17.4 - 33.1)
85+	25.2	(16.1 - 34.3)
Race/Ethnicity		
White	19.2	(16.7 - 21.6)
Black	14.9	(10.7 - 19.1)
Hispanic	15.4	(6.6 - 24.3)
Asian	**	**
Health Insurance Status		
Have Insurance	17.6	(15.3 - 19.9)
Do not have insurance	**	**
Disability Status		
One or more disabilities	31.9	(27.2 - 36.6)
Hearing disability	28.2	(21.0 - 35.4)
No disabilities	12.1	(9.7 - 14.5)
Education Status		
Did not graduate high school	26.0	(13.0 - 39.1)
High school Graduate	20.7	(15.9 - 25.5)
Some college or technical school	17.4	(13.1 - 21.6)
Graduated college or technical school	14.4	(11.9 - 16.8)
Income		
<\$15,000	54.9	(31.5 - 78.4)
\$15,000 to less than \$25,000	19.1	(10.6 - 27.6)
\$25,000 to less than \$50,000	18.8	(13.8 - 23.8)
\$50,000 to less than \$100,000	16.8	(13.0 - 20.5)
\$100,000 to less than \$200,000	16.5	(12.4 - 20.6)
\$200,000+	11.9	(6.9 - 17.0)

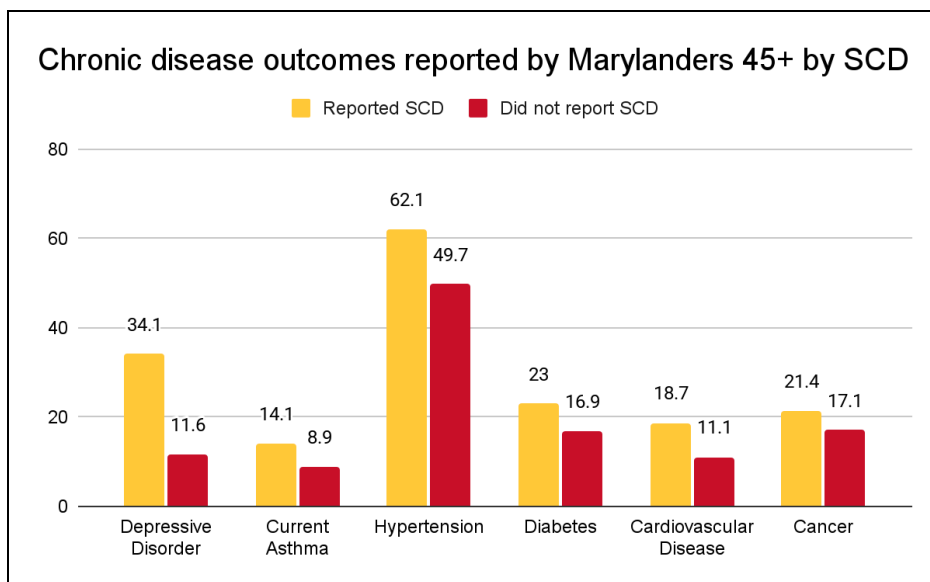
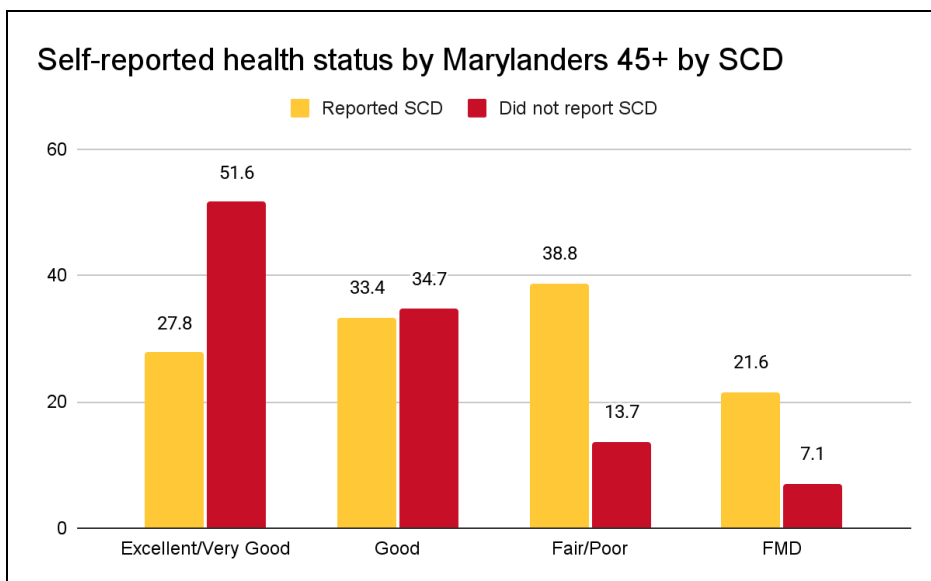
** = Data suppressed due to sample size

About one in six (17.5%) Maryland adults aged 45 or over reported experiencing difficulties in thinking or memory that is happening more often or getting worse. This equates to roughly 370,000 Maryland adults, with less than half (40.9%) discussing these difficulties with a health care provider. There were no significant differences in SCD prevalence by sex or race/ethnicity, but SCD prevalence had a linear relationship with age.

► Issue Date: April 2025

SCD prevalence was significantly higher among adults that reported any disability or hearing disability in specific, compared to not reporting any disability at all (31.9%, 28.2% vs 12.1%). SCD prevalence was highest among those with lower education levels and decreased linearly as education increased. Similarly, SCD was highest among those with lower incomes and decreased as income increased.

When looking at self-reported health status, those reporting having SCD were significantly less likely to report having "Excellent" or "Very Good" health compared to those who did not report SCD (51.6% vs 27.8%). The prevalence of those reporting "Good" health status was similar in both groups, and those who reported SCD were significantly more likely to report "Fair" or "Poor" health compared to their non-SCD counterparts (38.8% vs. 13.7%). Frequent Mental Distress (FMD) is defined as having 14 or more mentally unhealthy days in a 30 day period.⁵ Those with SCD were significantly more likely to experience FMD compared to those without SCD (21.5% vs. 7.1%)



The prevalence of self-reported depressive disorder (34.1% vs 11.6%), hypertension (62.1% vs 49.7%), diabetes (23.0% vs 16.9%) and cardiovascular disease (18.7% vs 11.1%) were significantly higher among those with SCD vs. those without SCD. Prevalence rates for current asthma and cancer appeared higher among those with SCD, but were not significant.

► Issue Date: April 2025



Conclusion

Roughly one in six Maryland adults 45 and older experienced difficulties with thinking or memory that was getting worse in 2023. This was a marked jump in prevalence from previous estimates (12.3% in 2021, 10.1% in 2019). One third of those living with a disability of any kind report having SCD, with over one fourth of those with a hearing disability specifically reporting SCD.

Of those who reported SCD, roughly one third (30.0%) reported their difficulties with thinking and memory have interfered with their ability to perform day-to-day chores. One in five (20.7%) of those reporting SCD said their difficulties with thinking and memory interfered with their ability to work or volunteer. Over two thirds of those with SCD reported having 2 or more chronic diseases.⁶ As the number of chronic diseases increases, self-care becomes more and more complex and harder to manage. Inability to manage self-care may contribute to the development or worsening of health complications, which is in line with nearly 40% of those with SCD reporting “Fair” or “Poor” health.

Maryland adults 45 and older with subjective cognitive decline reported significantly higher rates of depressive disorders, hypertension, diabetes, and cardiovascular diseases. Research has demonstrated that cardiovascular diseases are closely linked with cognitive decline. It has also been shown that cardiovascular disease risk factors such as diabetes and hypertension are closely linked with cognitive decline.⁷ With SCD potentially impacting day-to-day activities such as medication adherence, and uncontrolled cardiovascular diseases leading to further cognitive decline, it is critically important for older adults to receive cognitive screening routinely.

Among the 370,000 Maryland adults that report SCD, less than half (40.9%) of those discussed their difficulties with thinking and memory with a healthcare provider. This impacts a healthcare provider's opportunity to adequately discuss and screen for cognitive decline. Early detection, treatment, and risk reduction can slow cognitive decline, support better health outcomes, and reduce caregiver burden.⁸ Providers are encouraged to routinely screen those who may be at risk of cognitive decline.

► Issue Date: April 2025

Resources

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► Issue Date: April 2025