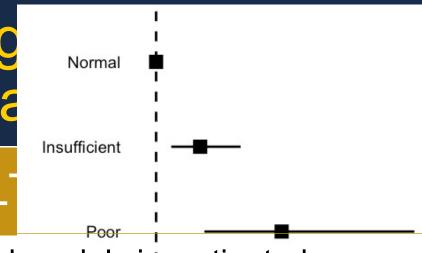
# Sex differences in dementia risk and gray matter volume associated with hearing impairment

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Women with impaired hearing are at gincreased atrophy in memory a



### RESUL

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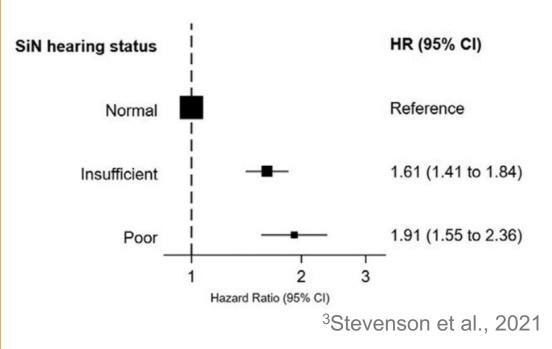
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ALZHEIMER'S \\ \square \text{Association}^\circ

## POSTDOC

#### INTRODUCTION

**Background:** Hearing impairment is highly prevalent in older adults<sup>1</sup> and was recently recognized as a significant, modifiable risk factor for dementia<sup>2</sup>.



However, it is unknown if risk differs by sex and what mechanisms may explain the association between hearing loss and dementia risk.

#### Purpose:

Study 1: Investigate sex differences in the association between hearing loss and dementia risk and examine a psychosocial mediator

Study 2: Examine sex differences in the association between longitudinal change in hearing and brain volume

# **UK Biobank cohort:** Study 1

METHODS

Table 1. Study 1 participant characteristics	(N=133,387)
Age, mean (SD), years	56.7 (8.2)
Education (%, university degree)	34.9
Hx of heart conditions (%, yes)	29.2
Hx of smoking (%, yes)	44.3
Townsend deprivation index, mean (SD)	-1.2 (2.9)
APOE e4 status (%, carrier)	28.2
Psychosocial composite (%, yes)	5.4

487 developed dementia over 11 years follow-up

#### Study 2

Table 2. Study 2 participant characteristics	s (N=1,892)
Age, mean (SD), years	62.2 (7.3)
Education, No. (%, university degree)	919 (48.6)
Hx of heart conditions, No. (%, yes)	326 (17.2)
Hx of smoking, No. (%, yes)	612 (32.3)
Townsend deprivation index, mean (SD)	-2.1 (2.5)
APOE e4 Status, No. (%, carrier)	465 (24.6)
Baseline SRT, mean (SD), dB	-6.1 (1.6)
Time between visits, mean (SD), years	2.3 (0.5)

No dementia cases

Hearing assessed with speech-reception thresholds (SRT), categorized into:

- Normal, insufficient, and poor
- Impairment = insufficient or poor

# Cox proportional-hazard models investigated sex differences in dementia risk

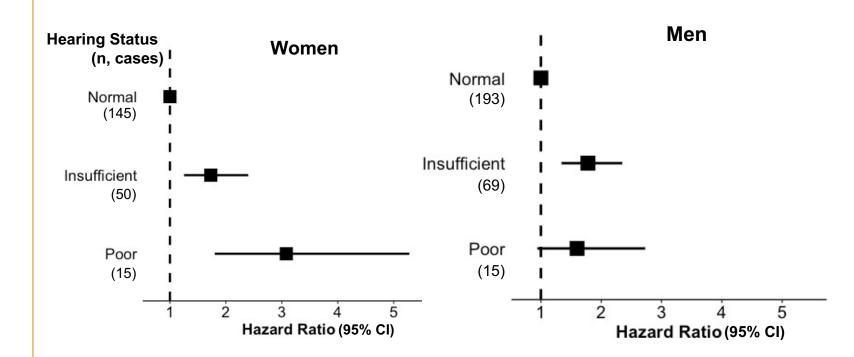


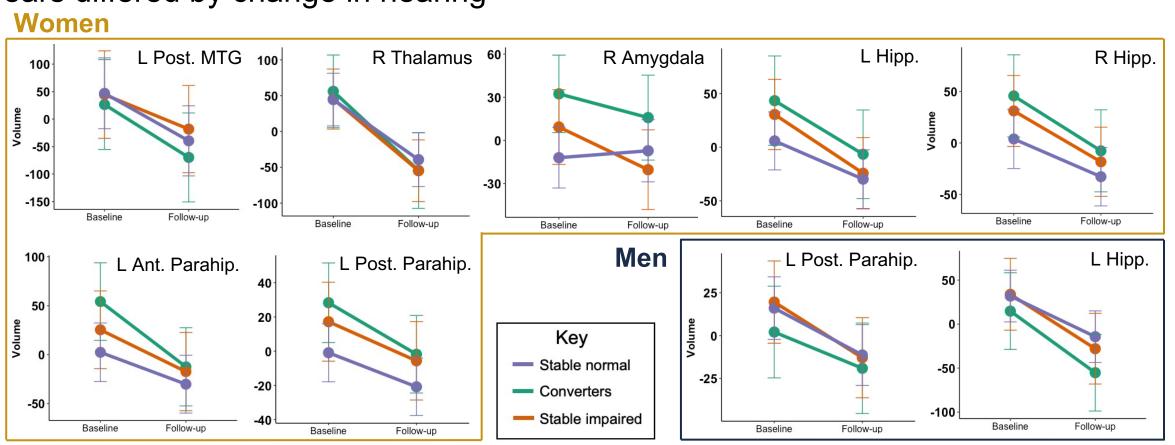
Fig 1. Forest plots showing greater risk of dementia in women with poor hearing compared to men

Table 3. Complete cox regression models in Study 1						
	Women (n=73,196)		Men (n=60,641)			
	HR (95% CI)	Sig.	HR (95% CI)	Sig.		
Age	1.17 (1.13 – 1.20)	<.001	1.15 (1.12 – 1.18)	<.001		
TDI	1.07 (1.02 – 1.12)	.005	1.05 (1.01 – 1.09)	.028		
Hx of smoking	1.03 (0.78 – 1.35)	.847	1.14 (0.89 – 1.46)	.285		
Hx of heart conditions	1.55 (1.18 – 2.05)	.002	1.35 (1.06 – 1.71)	.016		
Education <sup>1</sup> : University	0.65 (0.43 - 0.98)	.039	0.54 (0.39 - 0.76)	<.001		
APOE e4 carriers	3.91 (2.96 – 5.15)	<.001	1.92 (1.51 – 2.44)	<.001		
Insufficient hearing <sup>2</sup>	1.73 (1.25 – 2.40)	.001	1.78 (1.34 – 2.35)	<.001		
Poor hearing <sup>2</sup>	3.08 (1.80 – 5.28)	<.001	1.60 (0.94 – 2.73)	.082		
*Significance at p<0.05. <sup>1</sup> Reference is no secondary education. <sup>2</sup> Reference is normal hearing.						

- Hearing impairment is largest risk factor after presence of APOE4 in both women and men
- Social isolation/depression composite score only accounted for 1.2 - 4.3% of risk

## RESULTS: STUDY 2

Linear mixed models stratified by sex were examined if change in brain volume over 2 years differed by change in hearing



**Fig 2.** Plots of significant time-by-hearing interactions on brain volume showing greater rates of atrophy in those who converted to impaired hearing or who maintained impaired hearing over 2 years

- Women who converted from normal to impaired hearing, or had stable impairment, had increased atrophy in several auditory and medial temporal regions
- Men who converted to or maintained impaired hearing had increased atrophy in two hippocampal regions only

#### CONCLUSIONS

- Women with hearing impairment have increased risk of dementia and increased atrophy in more medial temporal and auditory regions compared to men
- After APOE4, hearing impairment was largest risk factor for dementia
- Social isolation and depression did not explain the association between hearing impairment and dementia

#### REFERENCES

Lin et al., 2011, Arch Intern Med
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