

## What is known about increased confusion and memory loss and co-occurring conditions?

Much like physical functioning, cognitive functioning involves many aspects. Cognitive functioning includes: attention, memory, learning, executive function and language capabilities, and affects one's ability to maintain social connectedness; an ongoing sense of purpose; the ability to function independently and recover from illness or injury; and to cope with functional deficits as one ages. Persons experiencing increased confusion or memory loss might also have co-occurring chronic conditions (e.g., asthma, arthritis, diabetes, heart disease) and these conditions can be more difficult to manage in the face of declining cognitive health.



The Behavioral Risk Factor Surveillance System (BRFSS) survey provides an opportunity to conduct surveillance of self-reported increased confusion or memory loss and associated difficulties. The BRFSS consists of annual state-based telephone surveys of randomly

selected non-institutionalized U.S. adults aged ≥18 years regarding health practices and risk behaviors linked to chronic diseases, injuries, and preventable infectious diseases. To estimate the prevalence of self-reported increased confusion or memory loss and associated functional difficulties among adults aged ≥60 years, CDC analyzed data from 21 states that administered an optional module in the 2011 BRFSS survey and reported the results in *Morbidity and Mortality Weekly Report*.<sup>1</sup>

## What has been learned about this topic in Maryland?<sup>2</sup>

- 9.5% of Maryland adults aged 60 or older reported confusion or memory loss that is happening more often or getting worse over the past 12 months<sup>3</sup>

Among Maryland adults aged 60 or older who reported increased confusion or memory loss:

- 11.3% reported having been told by a doctor, nurse or other health care provider that they have arthritis
- n/a reported having been told that they have asthma (range: 7.9% - 30.2%)
- n/a reported having been told that they have cancer, other than skin cancer (range: 9.5% - 23.27%)
- n/a reported having been told that they have cardiovascular disease (range: 9.5% - 23.27%)
- n/a reported having been told that they have chronic obstructive pulmonary disease (range: 11.1% - 28.5%)
- n/a reported having been told that they have diabetes (range: 10.9% - 26.5%)

**Adults Reporting Increased Confusion and Memory Loss, With and Without Co-occurring Conditions, Maryland BRFSS 2011**

	% With Co-Occurring Condition	% Without Co-Occurring Condition
<b>Arthritis</b>	11.3%	7.7%
<b>Asthma</b>	n/a	8.1%
<b>Cancer (excluding skin cancer)</b>	n/a	8.4%
<b>Cardiovascular Disease</b>	n/a	8.4%
<b>Chronic Obstructive Pulmonary Disease (COPD)</b>	n/a	7.6%
<b>Diabetes</b>	n/a	9.4%

## Why is this important?

These findings underscore the need for continued monitoring and assessment of older adult's perceptions about increased confusion or memory loss in order to better understand the nature and consequences of this issue, including documentation of the extent to which these conditions occur among individuals with multiple chronic conditions. This information can help inform the development of effective approaches for potentially reducing the risk of cognitive decline as well as enhancing the lives of older adults and their families.

<sup>1</sup> Self-reported increased confusion or memory loss and associated functional difficulties among adults aged ≥60 years - 21 States. MMWR. Morb Mortal Wkly Rep. 2013 May 10; 62(18):347-50. Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6218a1.htm>.

<sup>2</sup> Sample size for Maryland is 208 adults aged 60 and older.

<sup>3</sup> Results are specific for this question and do not correspond to a specific diagnosis. Data are weighted and refer to the civilian, non-institutionalized population. Source: CDC, BRFSS, 2011.

The development of this fact sheet was supported through Cooperative Agreement 1U58DP002759 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the National Association of Chronic Disease Directors and do not necessarily represent the official views of the CDC.