

What is already known about confusion and memory loss?

Declines in cognitive function vary from person to person and may include changes in attention, memory, learning, executive function, and language that negatively affect quality of life, personal relationships and capacity for making informed decisions about health care and other issues (Wagster, et. al, 2012). Memory problems are typically one of the first warning signs of cognitive loss, and Mild Cognitive Impairment (MCI) may occur when memory problems are greater than normal for a person's age but not as severe as those experienced in Alzheimer's disease (NIH, 2013). Some, but not all, people with MCI develop Alzheimer's disease (the most common cause of dementia), and some may even recover from MCI if treatable causes such as medication side effects or temporary depression are detected and treated (NIH, 2013).



In 2011, 21 states added 10 questions on cognitive impairment to their Behavioral Risk Factor Surveillance System (BRFSS) survey. These data were analyzed for a total of 59,852 respondents aged 60 and older in the 21 states.

What has been learned about this topic in Nebraska?¹

- 12.0% of Nebraska adults aged 60 or older self-reported confusion or memory loss that is happening more often or getting worse over the past 12 months² (values ranged from 6.4% to 20.0% across the 21 states)

Among Nebraska adults aged 60 or older with confusion or memory loss:

- 33.3% reported confusion or memory loss that always, usually, or sometimes interfered with their ability to work, volunteer or engage in social activities, and/or caused them to give up household activities or chores³ (range: 21.3% - 52.2%)
- 46.5% reported that they needed assistance in some area (range: 45.9% - 63.9%)
- 5.5% reported that they always or usually received help from a family member or friend because of their confusion or memory loss (range: 2.8% - 14.7%)
- 34.3% live alone, with no other adults or children in the household (range: 28.2% - 48.8%)
- 14.2% discussed their confusion or memory loss with a health care provider (range: 11.2% - 32.0%)

Characteristics of Older Adults who Self-Reported Confusion or Memory Loss, Nebraska BRFSS 2011		
	Weighted %	95% C.I.
All adults aged 60+	12.0	10.8 - 13.4
Age (years)		
60-64	10.5	8.1 - 13.5
65-74	10.3	8.4 - 12.5
75-84	14.9	12.6 - 17.6
85 and older	15.5	9.4 - 12.5
Gender		
Male	13.5	11.4 - 15.9
Female	10.8	9.4 - 12.5
Education*		
Less than high school	16.3	11.9 - 21.9
High school	11.4	9.7 - 13.4
Some college	12.5	10.0 - 15.5
College graduate	10.3	8.2 - 12.9
Disability Status		
Disabled	18.1	15.8 - 20.6
Not disabled	8.2	6.9 - 9.9
Veteran Status*		
Veteran	12.3	9.9 - 15.3
Non-veteran	11.9	10.5 - 13.5

The denominator in every case is >50

* P > 0.05; not statistically significant

Why is this important?

This report provides a baseline estimate of the extent of self-reported confusion or memory loss among non-institutionalized adults aged 60 or older who may require services and support now or in the future. These findings underscore the need for increased awareness about changes in memory and confusion that may warrant discussions with health care and service providers so that linkages can be made to accurate information and needed services.

¹ Sample size for Nebraska is 4,706 adults aged 60 and older.

² 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.

³ Defined as associated functional difficulties in MMWR 2013;62(18)

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.