Greater severity of apathy diminishes the protective effects of social contact on subjective cognitive symptoms, and loneliness independently contributes to subjective cognitive decline



The interplay of social contact, apathy, and loneliness: Associations with cognitive symptoms in Canadian adults

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BACKGROUND

- Social contact^{1,2}, apathy³, and loneliness^{2,4} have each been independently associated with increased risk for cognitive decline and dementia.
- Few studies have investigated social contact, apathy, and loneliness together.
- · Apathy may influence social interaction factors like social
- Unclear whether the relationship between social contact and cognition is dependent on symptoms of apathy.

Determine the associations of social contact, apathy, and loneliness with subjective cognitive decline (SCD)

Determine whether the association between social contact and SCD depends on apathy severity

METHODS

Participants: 1633 dementia-free participants in the

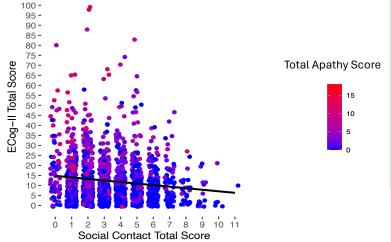
CAN+PROTECT study.

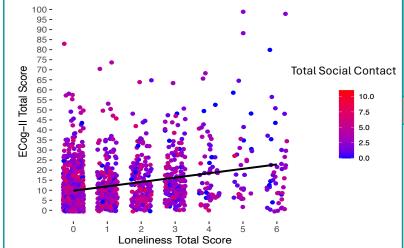
- Community Health Activities Model Program for Seniors Scale: measured social contact:
 score =
 number of social contact instances
- Apathy domain of Mild Behavioral Impairment Checklist: measured apathy; score = apathy severity
- UCLA 3-Item Loneliness Scale: measured loneliness; score = loneliness severity
- Revised Everyday Cognition Scale (ECog-II Scale): measured SCD; __ score = __ SCD

Negative Binomial Regression: to examine associations between social contact, apathy, and loneliness (predictors), with ECog-II total score (outcome).

- · Moderation analysis included total apathy score as an interaction factor.
- Models adjusted for age, sex, years of education, marital status, and ethnic origin.







CONTINUED RESULTS

Variable Associations with ECog-II Total Score:				
Predictor Variable	Exp(b)	95% Confidence Interval (2.5% — 97.5%)	р	
Social contact total score	-2.86	-5.44 — (-0.20)	0.02	
Apathy total score	10.78	7.57 — 14.17	<.001	
Loneliness total score	5.94	2.63 — 9.40	<.001	
Social contact total score*Apathy total score	1.15	0.21 — 2.20	0.01	

CONCLUSIONS

- Social contact, apathy, and loneliness are all associated with both risk and resilience to SCD.
- · Loneliness independently associated with SCD, regardless of social contact.
- The protective association of social contact on cognitive symptoms is diminished with greater apathy severity.
- Future research should consider apathy when investigating the relationship between social norms and SCD, as well as the onset of incident dementia.

REFERENCES AND CONTACT INFO

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