

# Predicting cognitive decline:

Evidence from studies of lifestyle,  
neuroimaging, and genetics

Stuart J. Ritchie

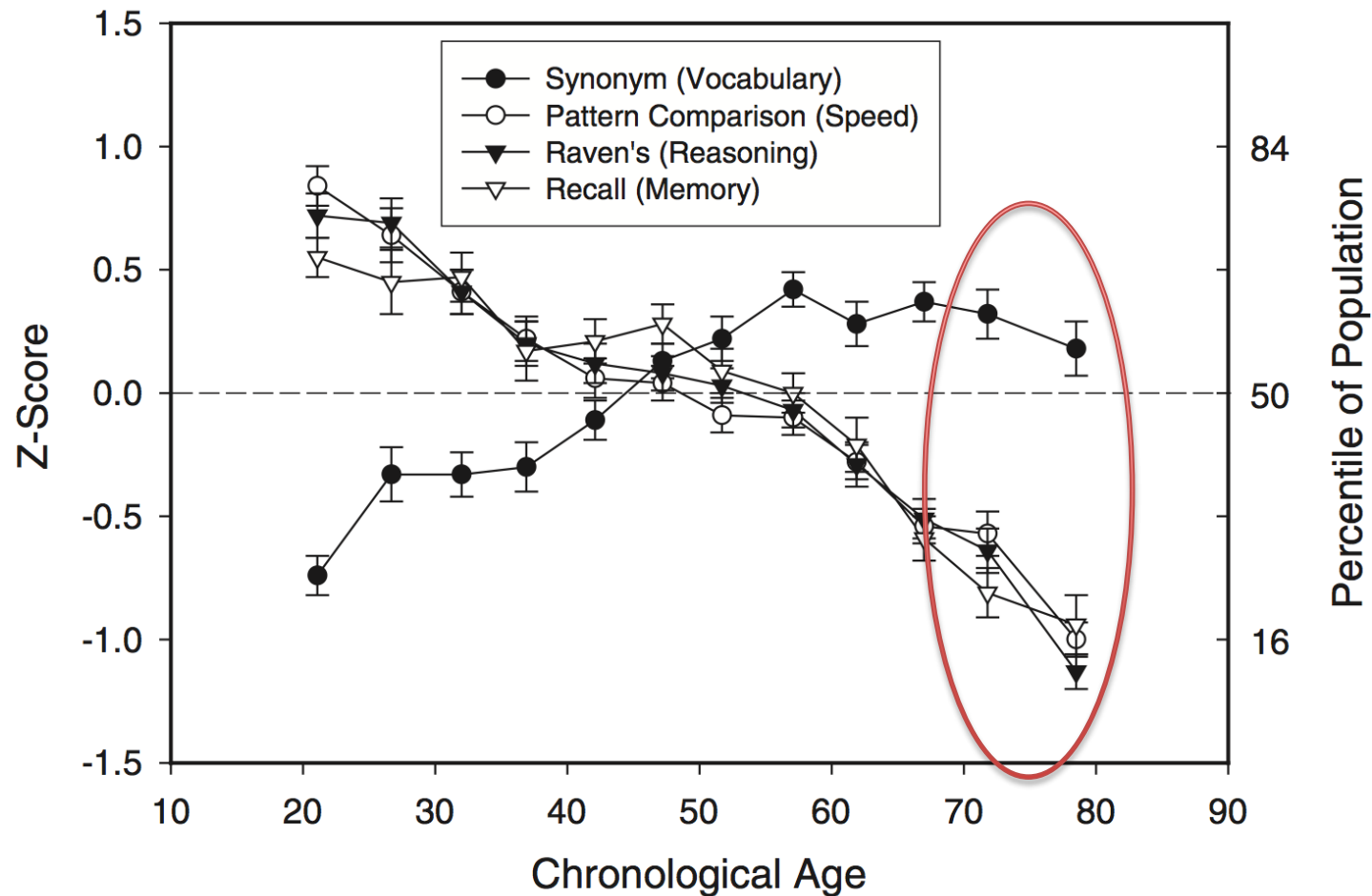
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# Age-related cognitive decline



# Neurocognitive Functions and Everyday Functions Change Together in Old Age

Elliot M. Tucker-Drob  
University of Texas at Austin

OPEN  ACCESS Freely available online

 PLOS ONE

## Poor Decision Making Is a Consequence of Cognitive Decline among Older Persons without Alzheimer's Disease or Mild Cognitive Impairment

Patricia A. Boyle<sup>1,2\*</sup>, Lei Yu<sup>1,3</sup>, Robert S. Wilson<sup>1,3</sup>, Keith Gamble<sup>1,4</sup>, Aron S. Buchman<sup>1,3</sup>,  
David A. Bennett<sup>1,3</sup>

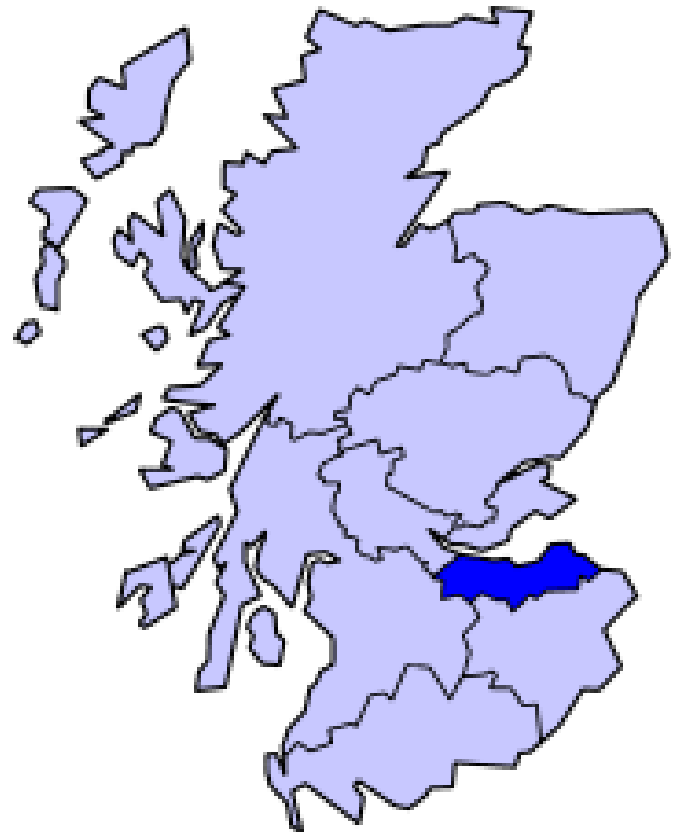
**1** Rush Alzheimer's Disease Center, Rush University Medical Center, Chicago, Illinois, United States of America, **2** Department of Behavioral Sciences, Rush University Medical Center, Chicago, Illinois, United States of America, **3** Department of Neurological Sciences, Rush University Medical Center, Chicago, Illinois, United States of America, **4** Department of Finance, DePaul University, Chicago, Illinois, United States of America





# Lothian Birth Cohort 1936

- Born in 1936, tested in Scottish Mental Survey in 1947
- Followed up from 2004 onwards as a study of ageing
- Follow-up testing:
  - $n = 1,091$  at mean age 70;
  - $n = 866$  at mean age 73;
  - $n = 697$  at mean age 76.
- MRI scans:
  - $n = 728$  at age 73;
  - $n = 488$  at age 76.

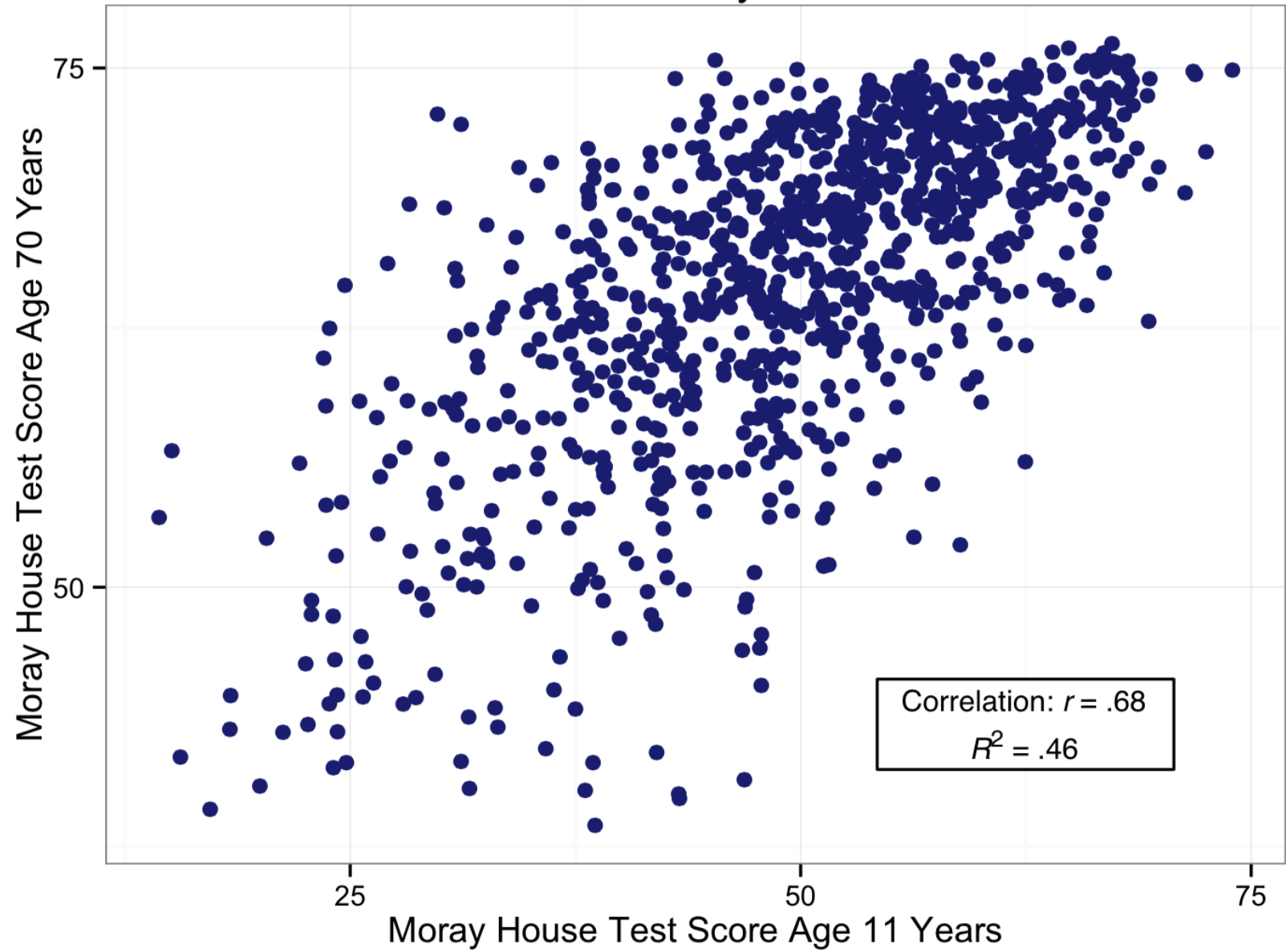








# Stability?



# Studies in this talk

1. **A multivariate model of predictors of cognitive decline**
2. **Coupled change in cognitive ability and in the brain**
3. **Schizophrenia genes and cognitive decline**

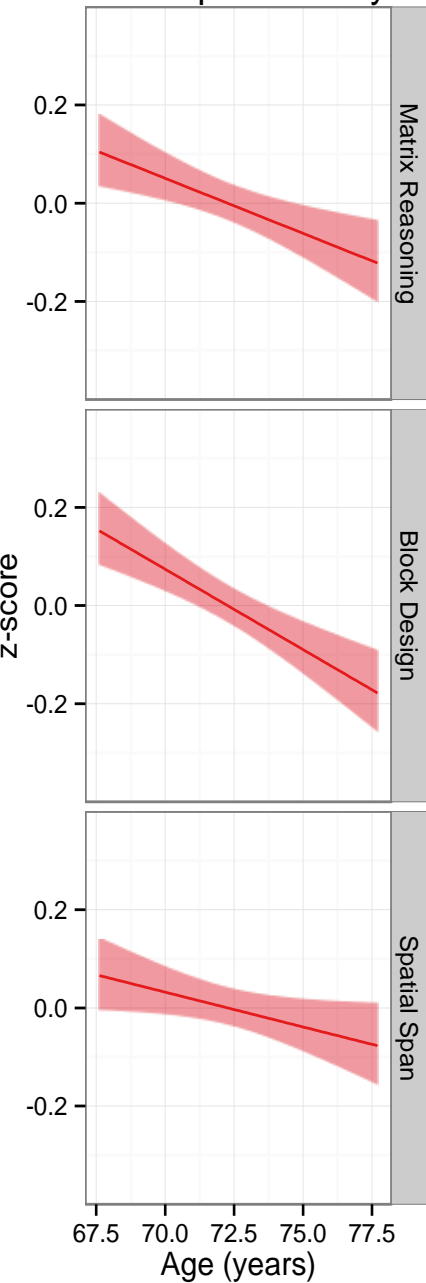


# **1. Predictors of cognitive decline**

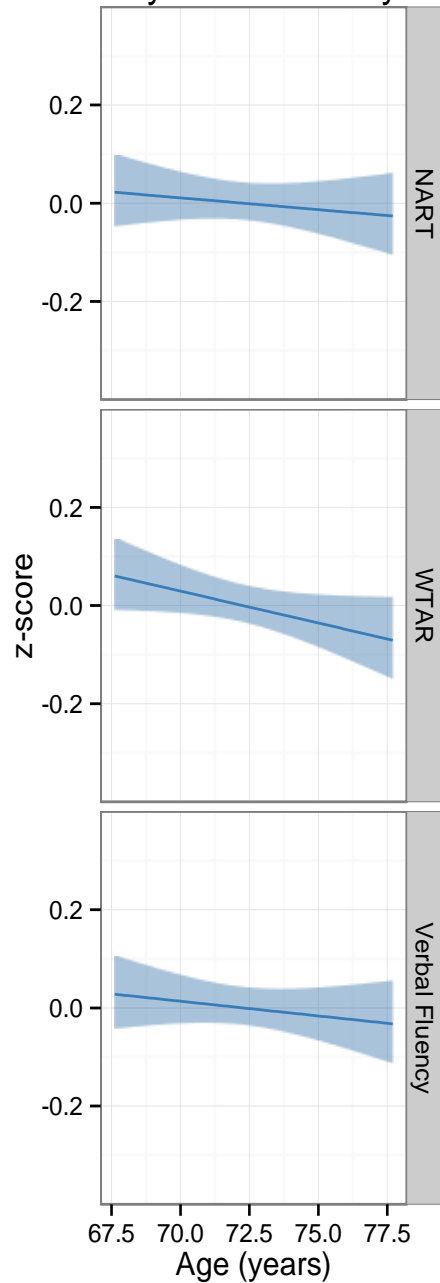
# Background

- Model of cognitive change across three waves
  - Ages 70, 73, 76 years
- 13 sensitive, normal-range cognitive measures
- Wide range of potential predictors
  - Lifestyle, sociodemographic, fitness, genetic
  - All entered simultaneously
  - Controlled for effects of each other and of multiple testing
- Latent growth model design (error-free cognitive change estimates) – “factors of curves”

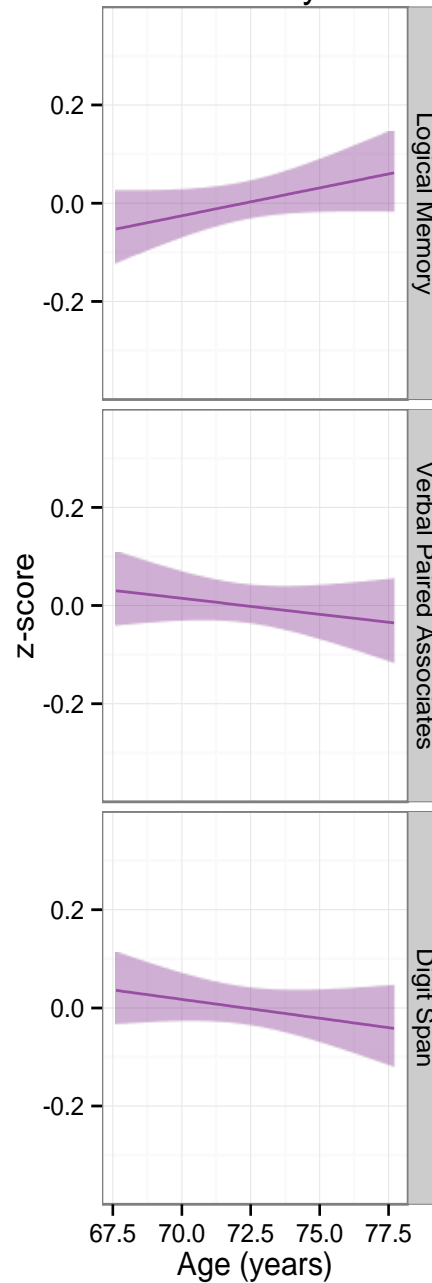
### Visuospatial ability



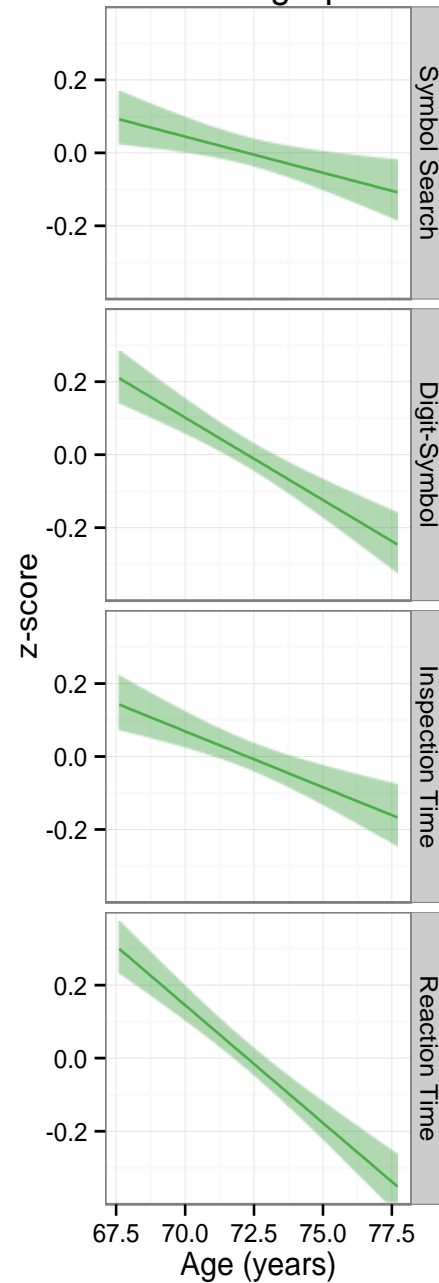
### Crystallized ability



### Memory

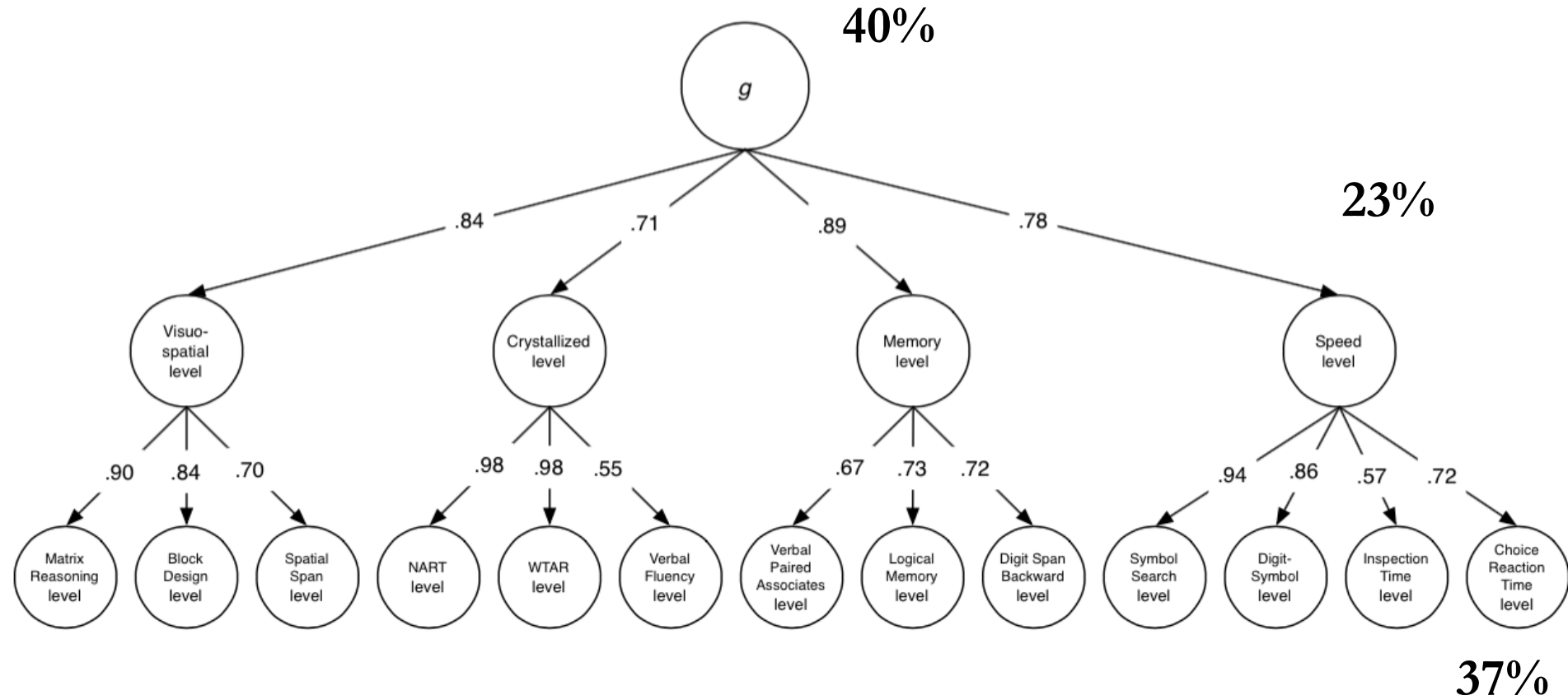


### Processing Speed

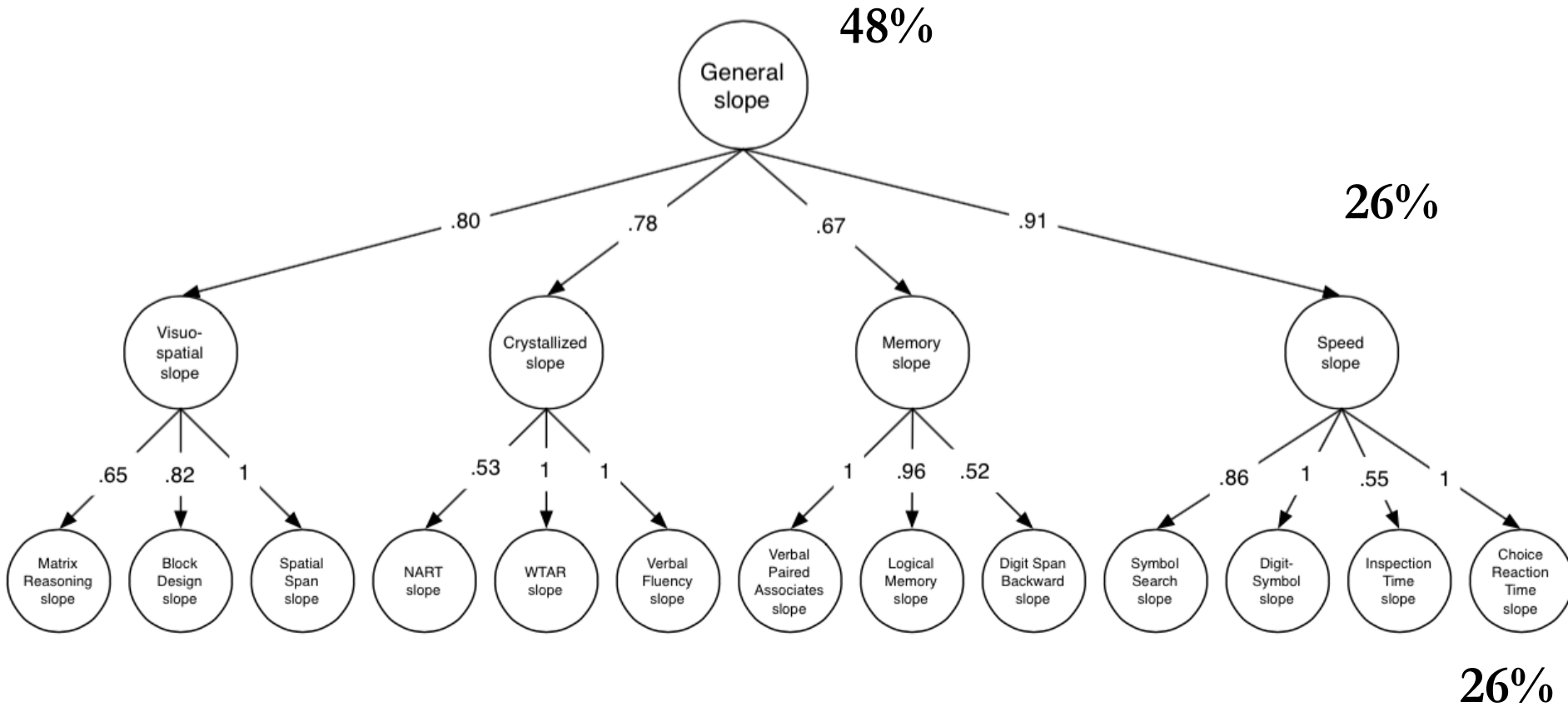




# Model of levels



# Model of slopes



# Potential predictors

- Sociodemographic
  - Age, sex, education, SES of parents, own SES, neighborhood deprivation
- Physical fitness
  - Forced expiratory volume, 6 metre walk time, grip strength
- Genetic
  - APOE  $\epsilon$ 4 carrier
- Lifestyle
  - Smoking, BMI
- Medical history
  - Cardiovascular disease, hypertension, diabetes



Covariate	Domain estimate (SE)				
	General factor estimate (SE)	Visuospatial slope	Crystallized slope	Memory slope	Speed slope
Age (baseline)					
Sex (female) †					
Time lag					
Age 11 IQ					
Education					
Childhood SES					
Own SES					
SIMD					
FEV					
6m Walk time					
Grip strength					
<i>APOE</i> †					
BMI					
Smoking†					
CVD†					
Hypertension†					
Diabetes†					

# Conclusions

- Around half the variance in cognitive ageing associated with a single general factor
- Few strong/significant predictors of cognitive decline in a multivariate model
- *APOE* status the most consistent
- Small effects, low power?
- Analogy to polygenic model of complex traits?
- Importance of multivariate models?

## **2. Coupled change in cognitive ability and the brain**



# The disconnected mind

## DISCONNEXION SYNDROMES IN ANIMALS AND MAN<sup>1</sup>

BY

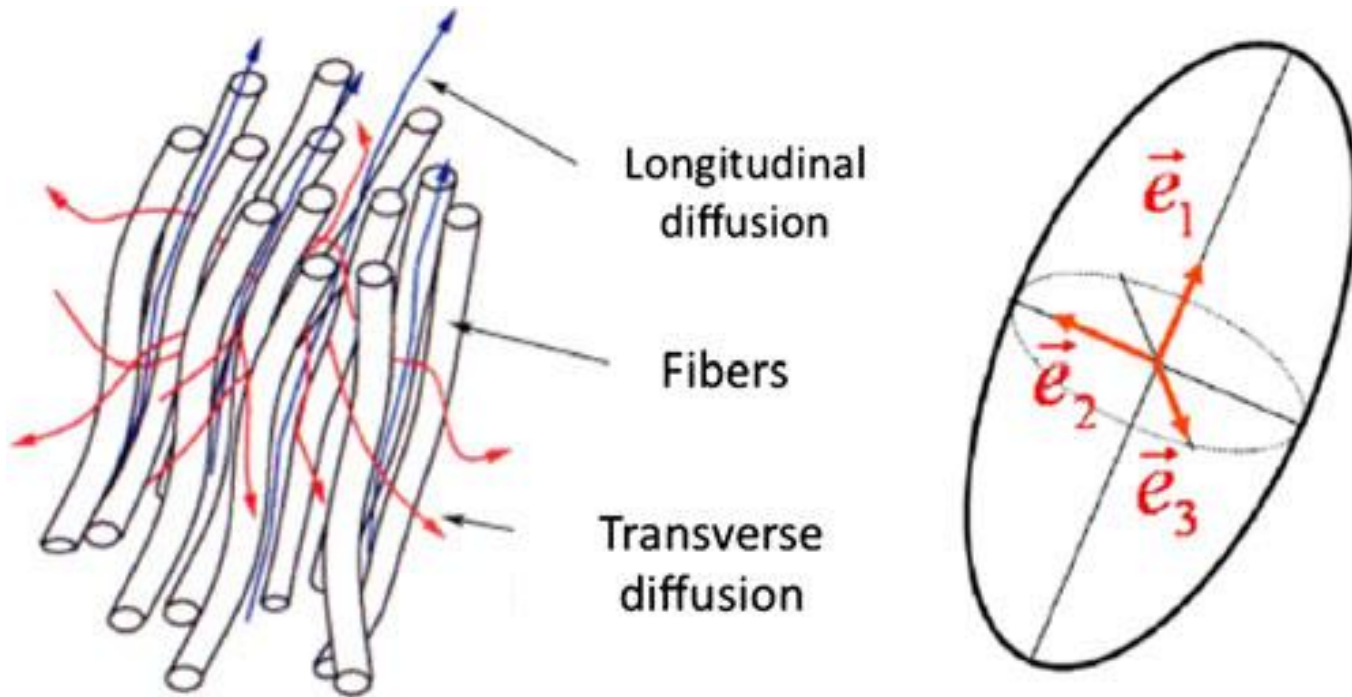
NORMAN GESCHWIND

PART I

*(From the Aphasia Research Section, Neurology Service, Boston Veterans Administration Hospital and the Department of Neurology, Boston University Medical School)*

- Geschwind (1965), *Brain* (Parts I and II)
- White matter lesions may cause agnosias, aphasias, apraxias
- What about age-related cognitive decline?

# Diffusion Tensor MRI

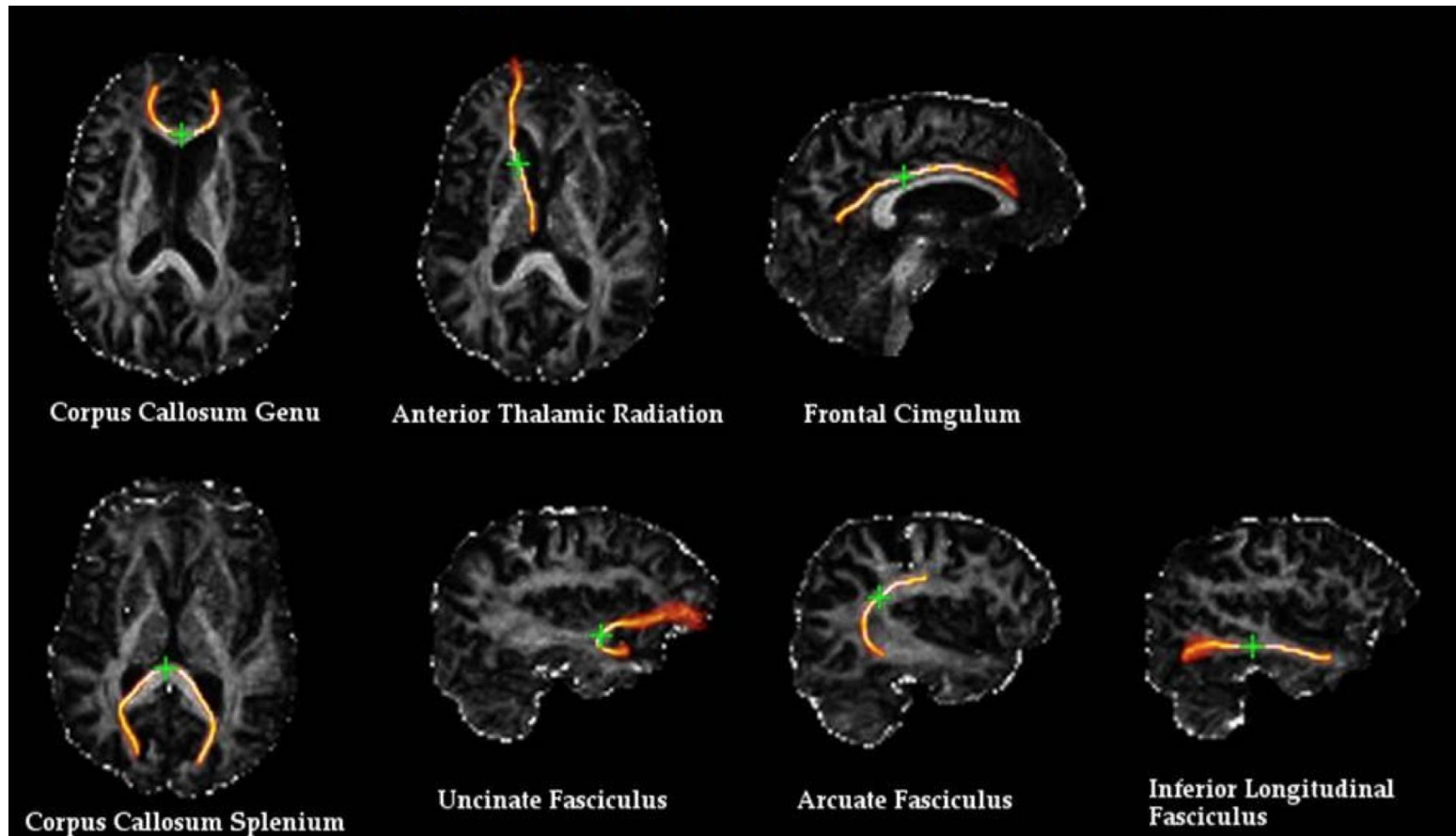


# Background

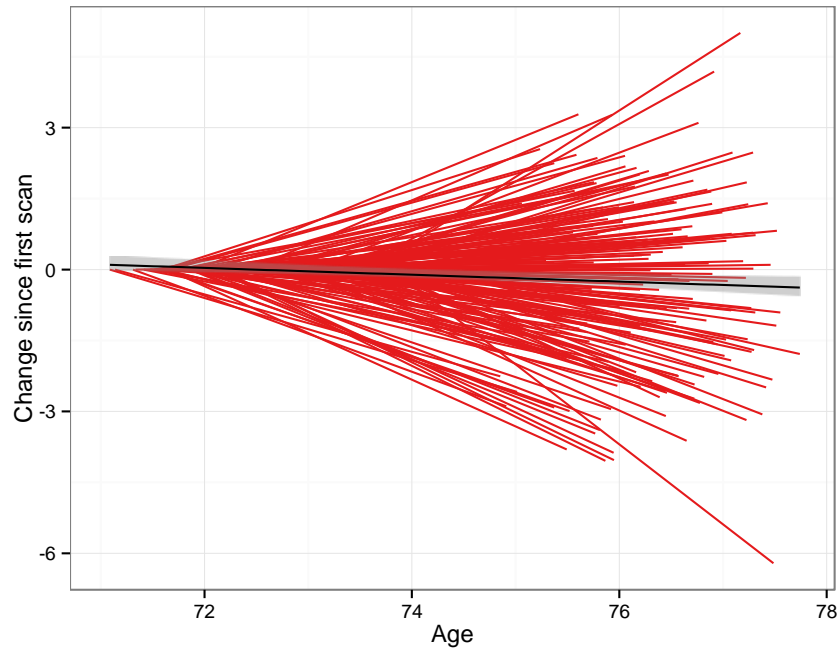
- Only 2 previous longitudinal studies of white matter microstructure change and cognitive ageing
  - $n = 73$  (Charlton et al., 2010, *J Neurol Neurosurg Psychiatr*)
  - $n = 40$  (Lövdén et al., 2014, *NeuroImage*)
- Correlated change between working memory, processing speed, and white matter microstructure
- Our sample:  $n = 731$  age 73,  $n = 488$  age 76.

# I. White matter tractography

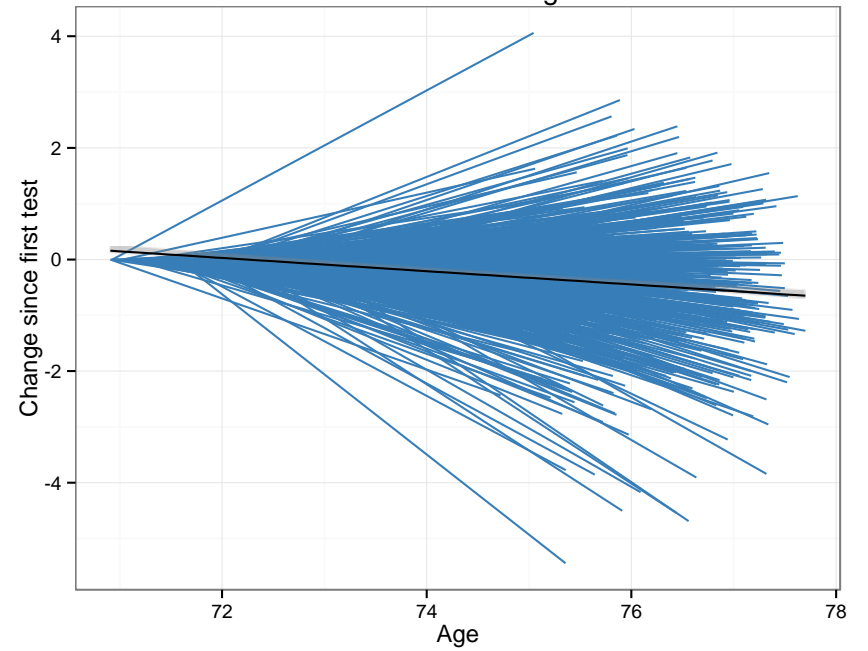
- General FA calculated (age 73 and age 76) from 12 white matter tracts across the brain



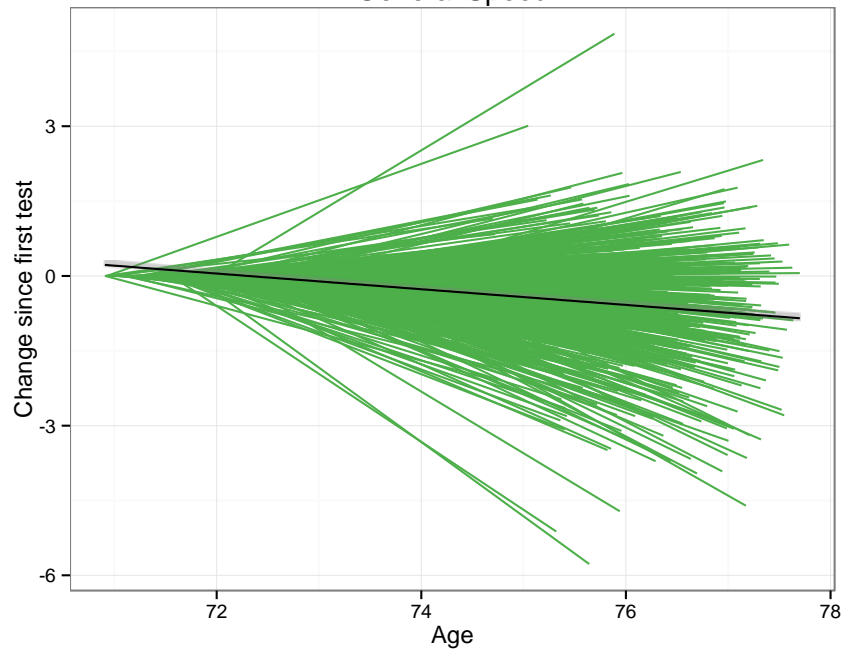
General FA



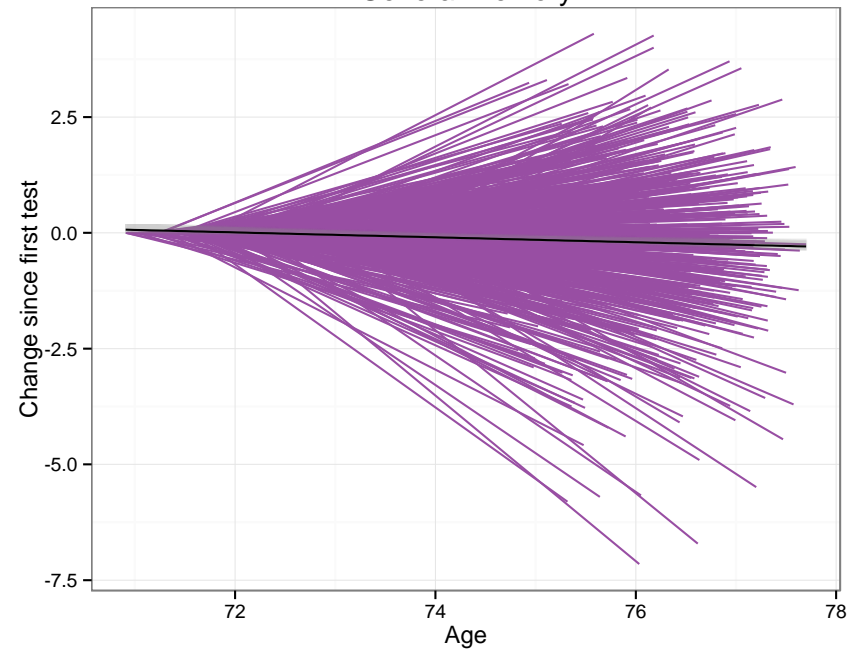
General Fluid Intelligence



General Speed

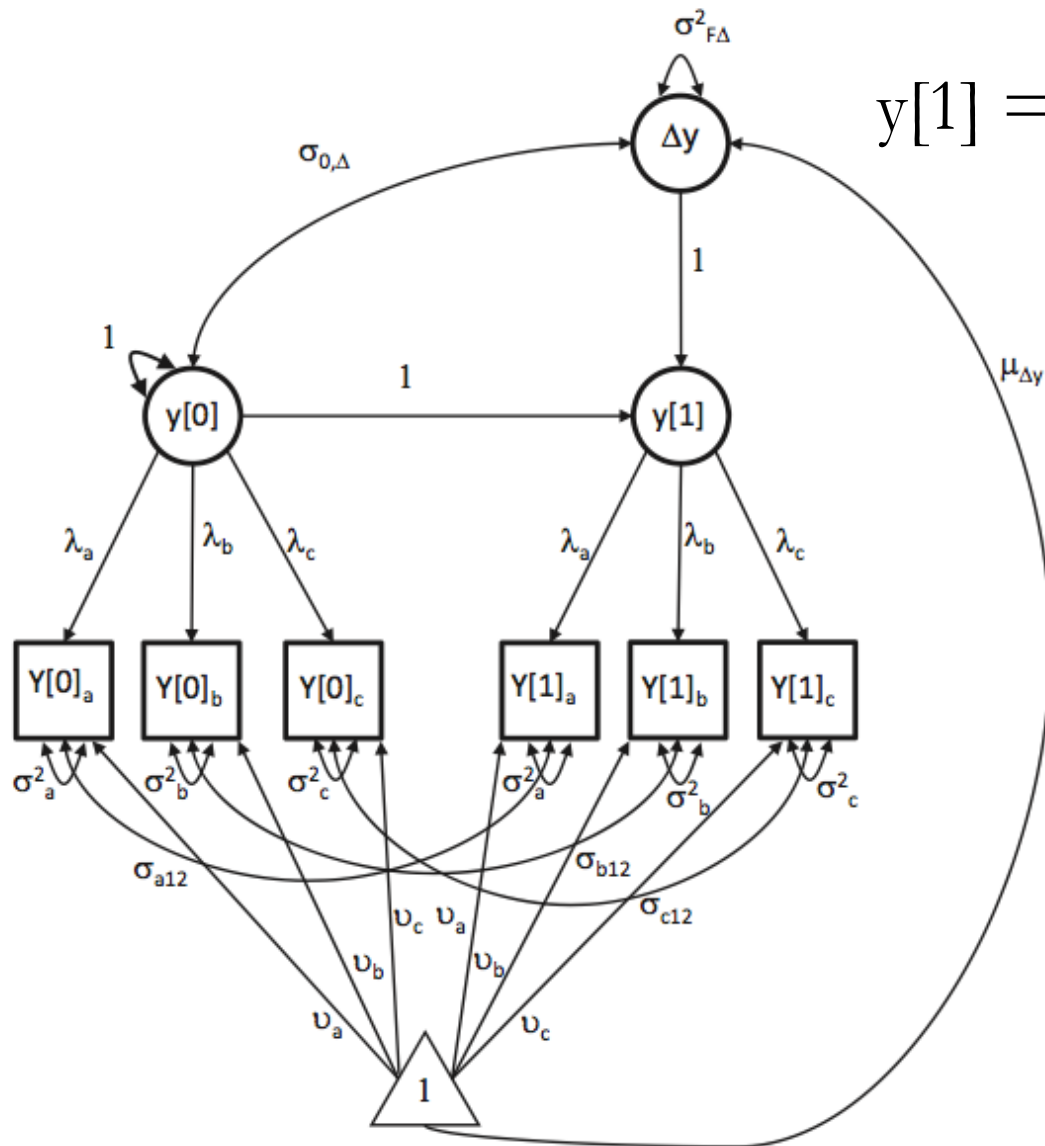


General Memory

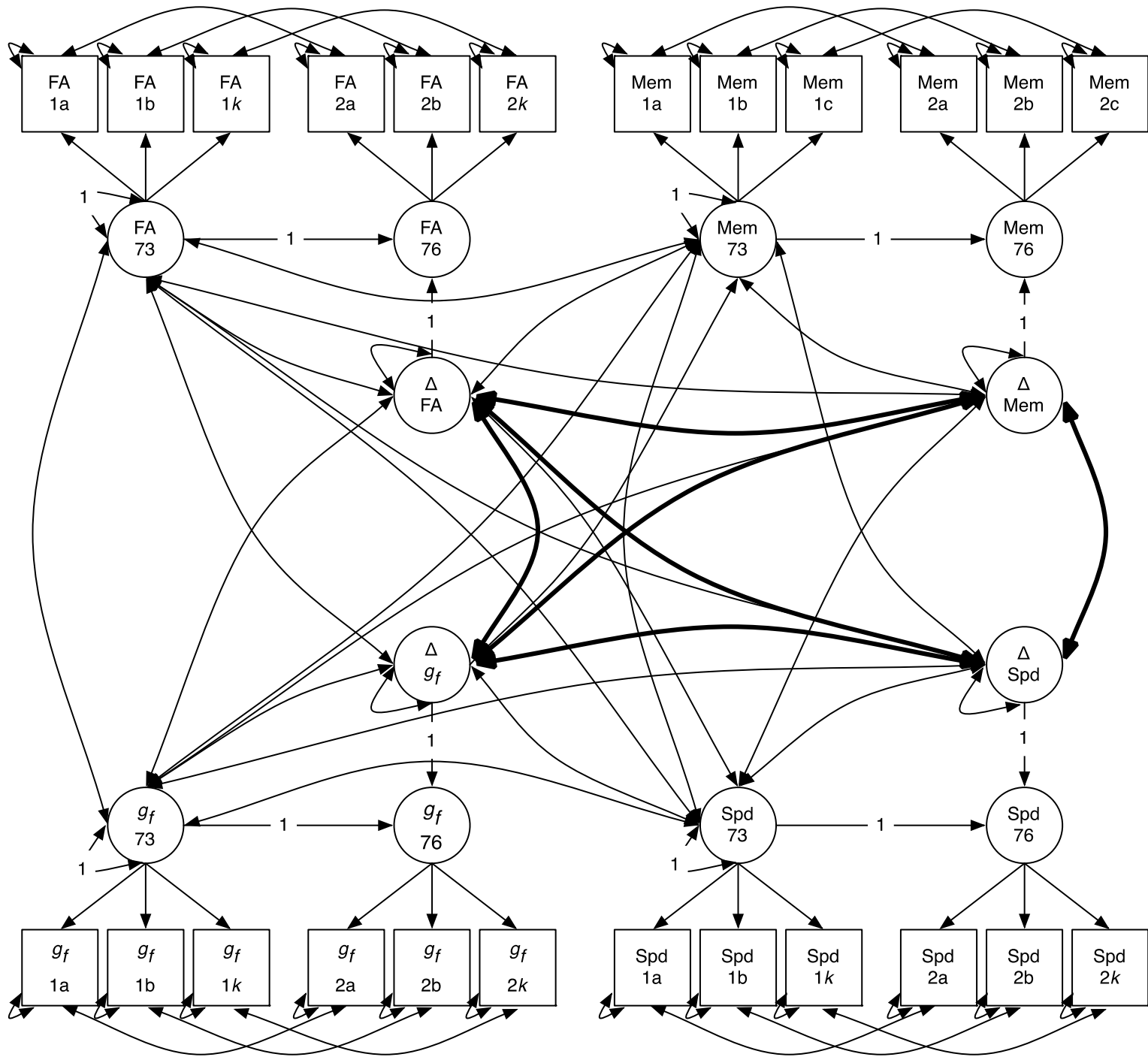




# Latent Difference Score model



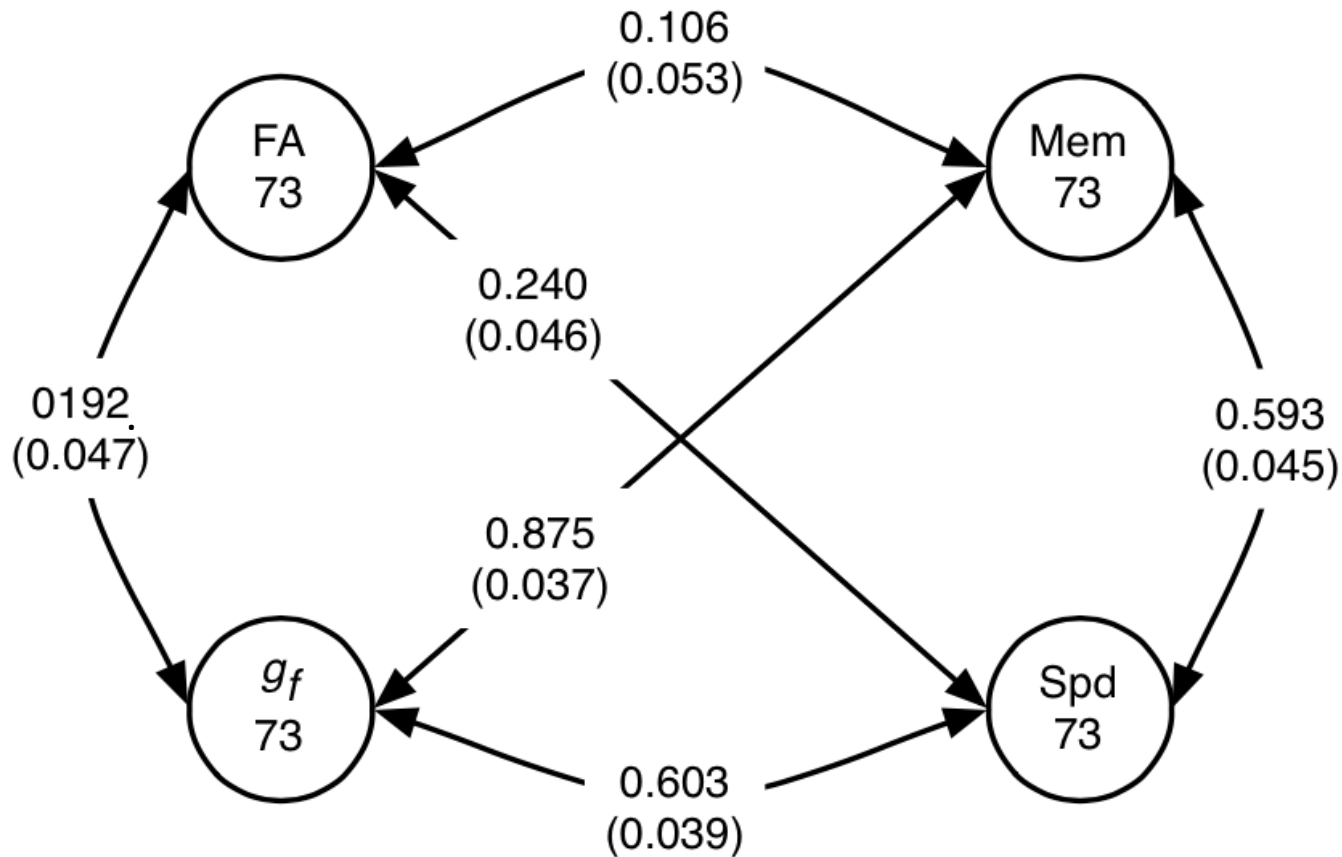
$$y[1] = (1 * y[0]) + (1 * \Delta y)$$



# Results: Level-Level

a

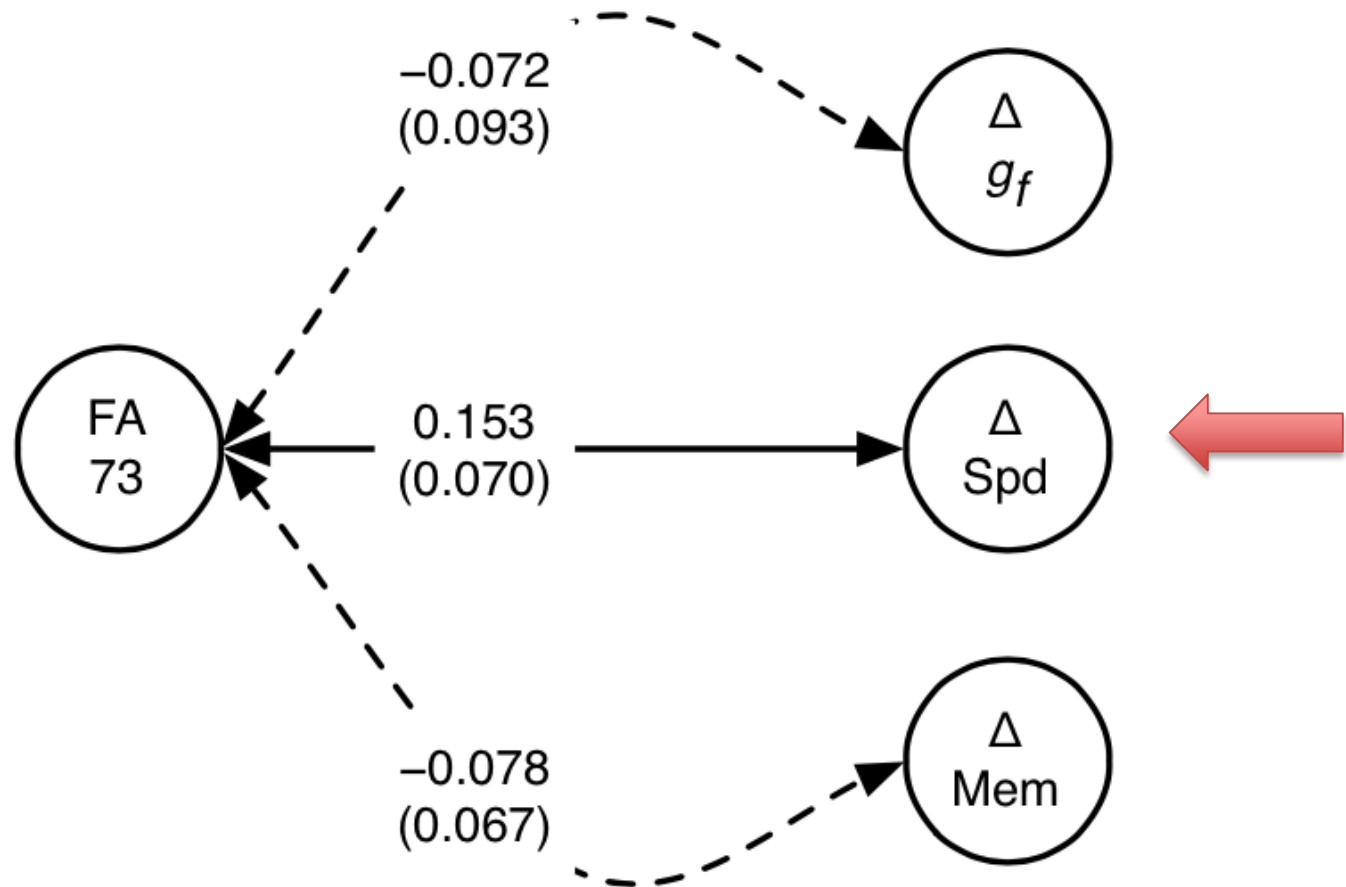
Baseline/baseline correlations (age ~73)



# Results: Level-Change

b

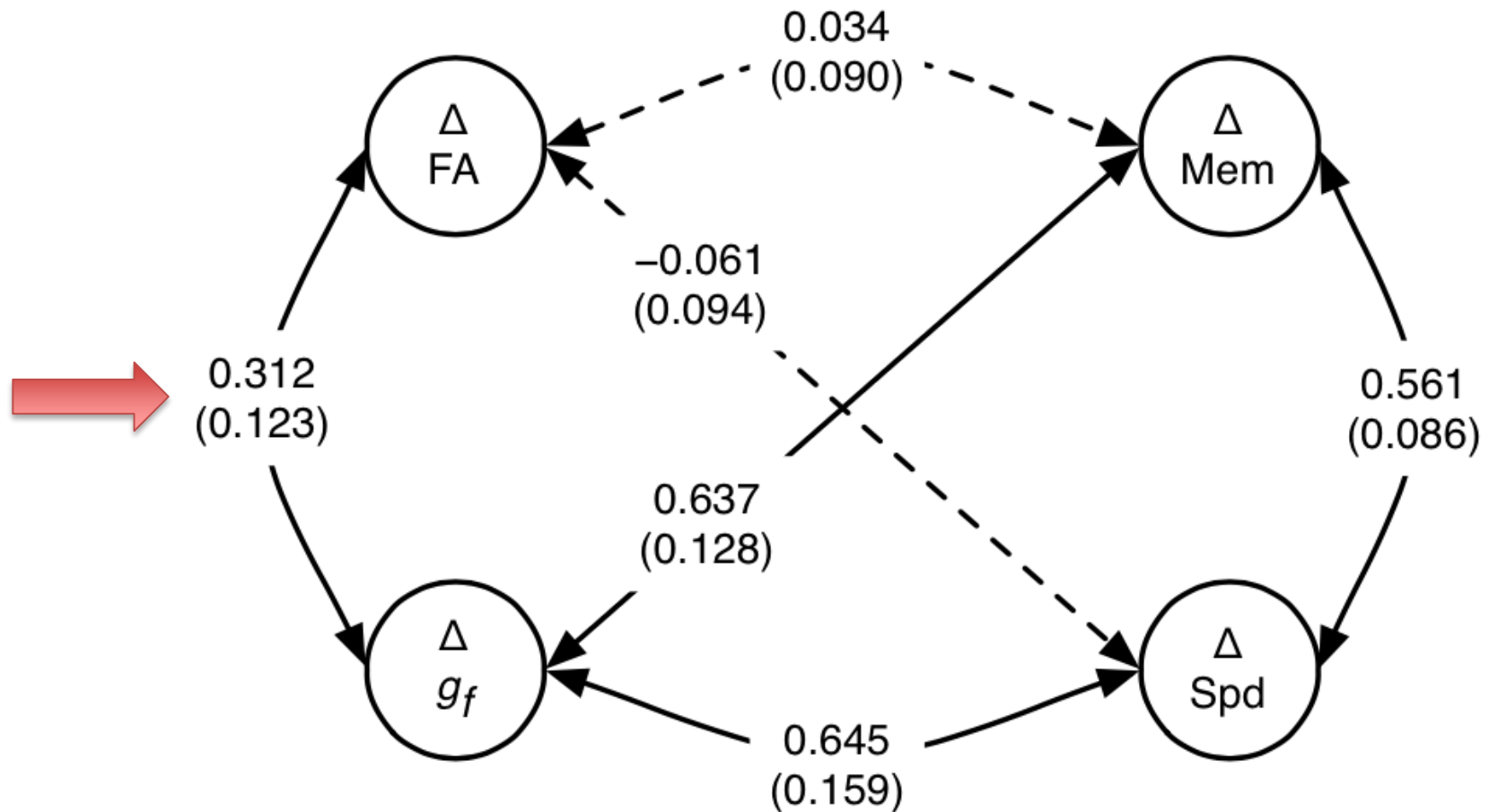
Baseline/change correlations



# Results: Change-change

C

Change/change correlations (age ~73 to age ~76)



# White matter microstructure: conclusions

- Decline in white matter integrity is associated with decline in fluid intelligence from age 73 to age 76
- No such correlation for declines in memory (expected) or processing speed (unexpected)
- Longer time window needed for more power to detect change-change correlations?
- Best evidence to date for “the disconnected mind” underlying age-related cognitive decline?



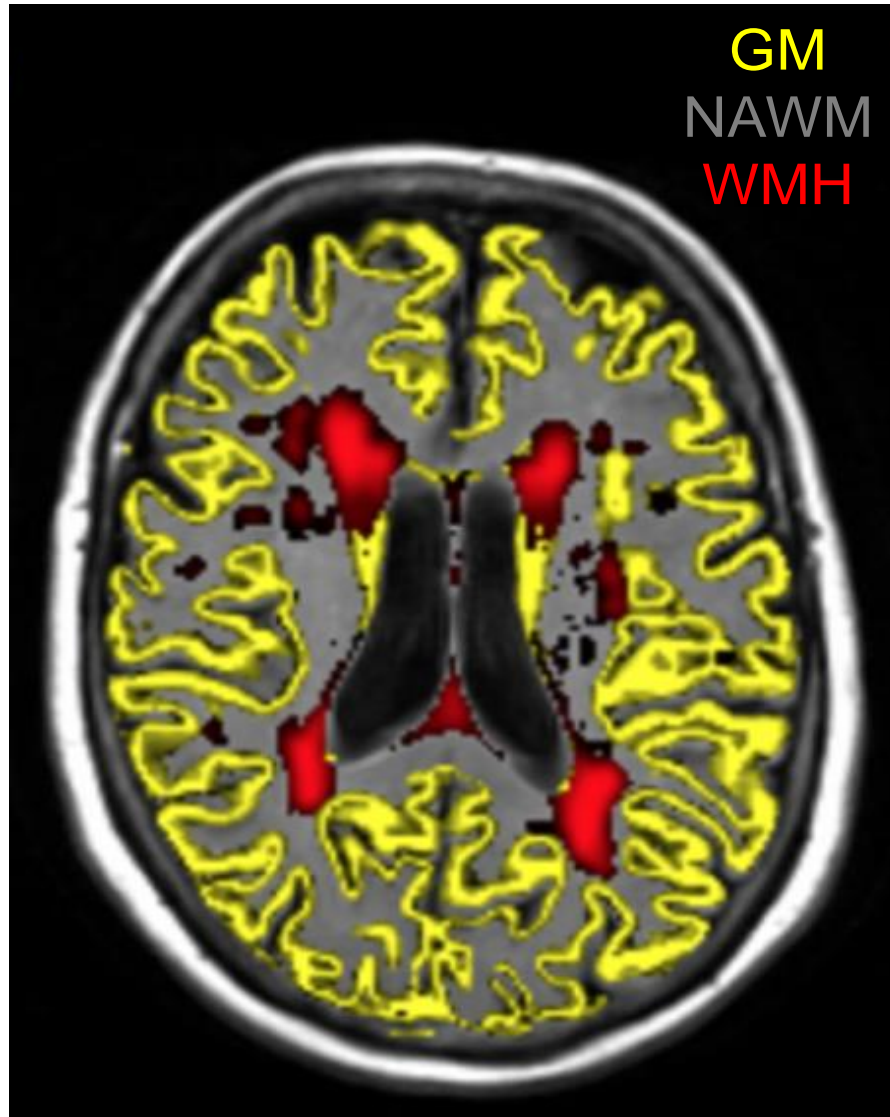
Behavioral/Cognitive

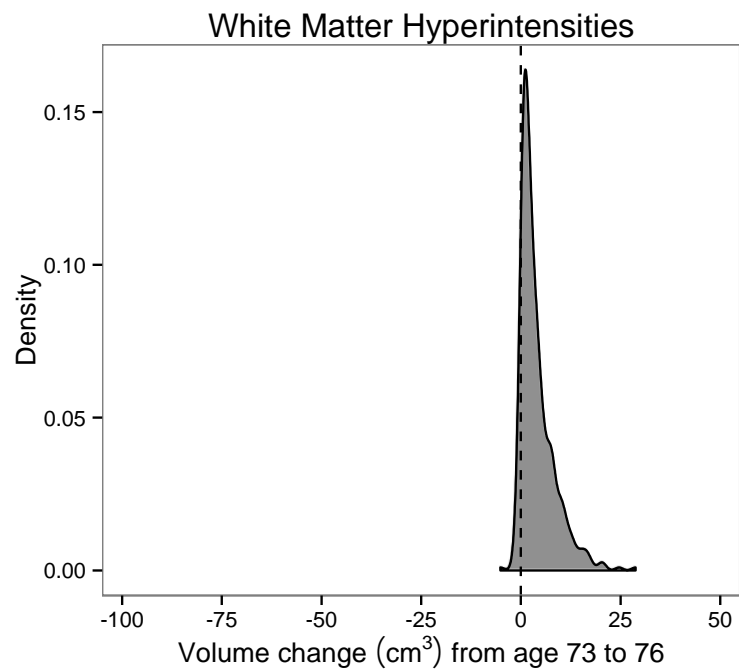
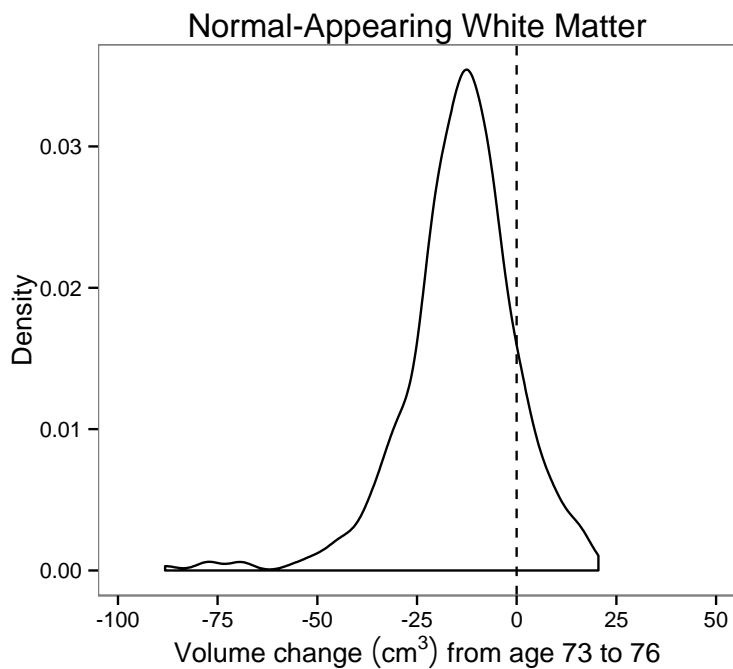
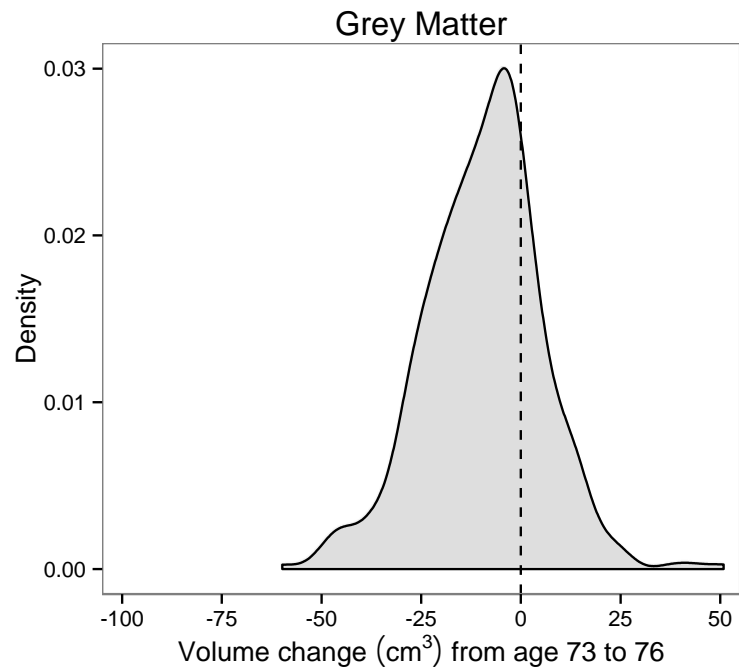
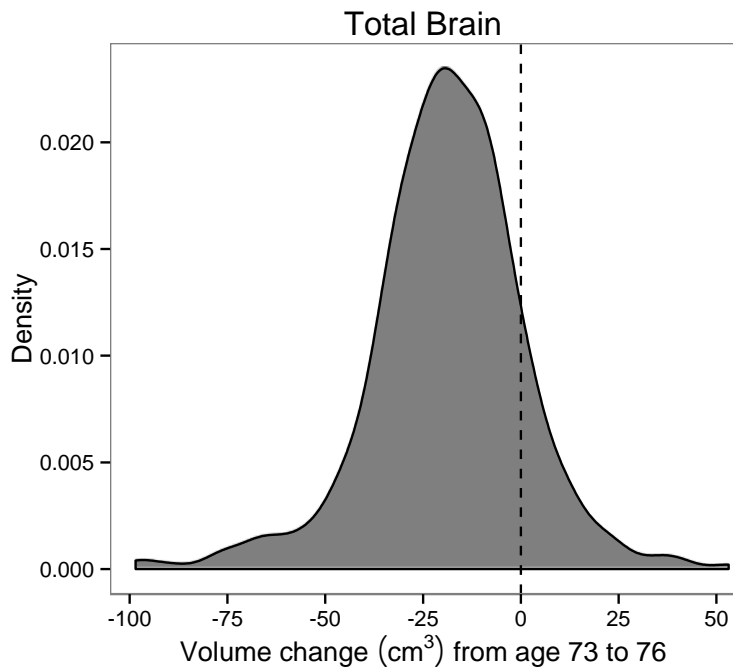
# Coupled Changes in Brain White Matter Microstructure and Fluid Intelligence in Later Life

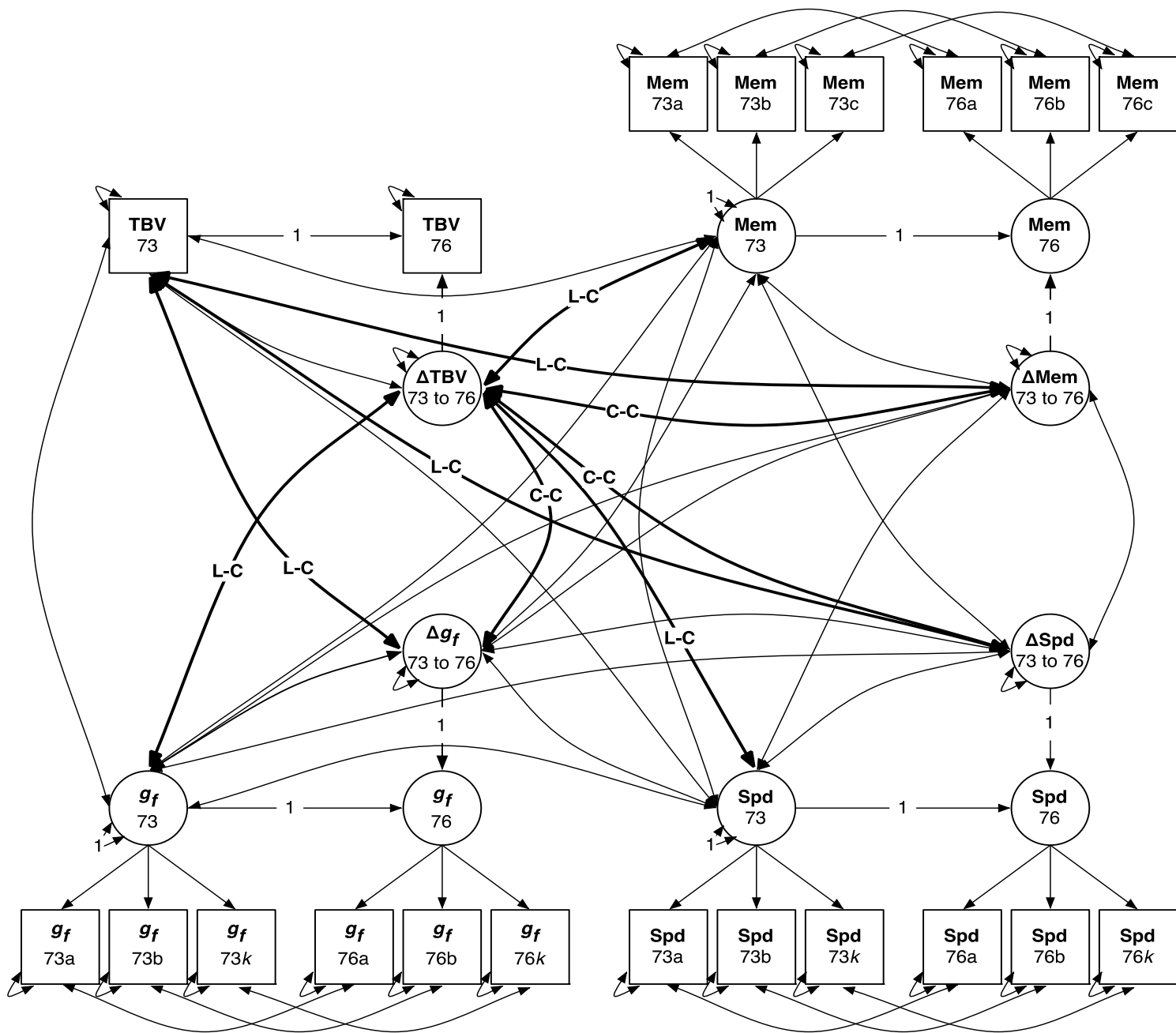
**Stuart J. Ritchie,<sup>1,2\*</sup>  Mark E. Bastin,<sup>2,4,5,6\*</sup> Elliot M. Tucker-Drob,<sup>7\*</sup> Susana Muñoz Maniega,<sup>2,4,5,6</sup>  Laura E. Engelhardt,<sup>7</sup> Simon R. Cox,<sup>1,2</sup> Natalie A. Royle,<sup>2,4,5,6</sup> Alan J. Gow,<sup>2,8</sup> Janie Corley,<sup>1</sup> Alison Pattie,<sup>1</sup>  Adele M. Taylor,<sup>1</sup> Maria del C. Valdés Hernández,<sup>2,4,5,6</sup> John M Starr,<sup>2,3</sup>  Joanna M. Wardlaw,<sup>2,4,5,6</sup> and Ian J. Deary<sup>1,2</sup>**

<sup>1</sup>Department of Psychology, <sup>2</sup>Centre for Cognitive Ageing and Cognitive Epidemiology, and <sup>3</sup>Alzheimer Scotland Dementia Research Centre, The University of Edinburgh, Edinburgh EH8 9JZ, UK, <sup>4</sup>Centre for Clinical Brain Sciences, The University of Edinburgh, Edinburgh EH16 4SA, UK, <sup>5</sup>Brain Research Imaging Centre, The University of Edinburgh, Edinburgh EH4 2XU, UK, <sup>6</sup>Scottish Imaging Network, a Platform for Scientific Excellence (SINAPSE), Edinburgh, UK, <sup>7</sup>Department of Psychology, University of Texas, Austin, Texas 78712-0187, and <sup>8</sup>Department of Psychology, Heriot-Watt University, Edinburgh EH14 4AS, UK

## II. Volumetric changes



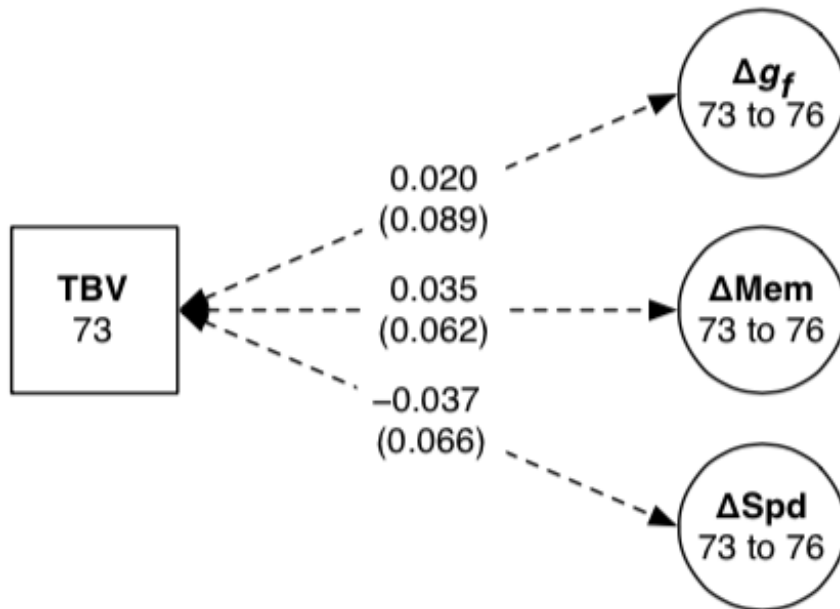




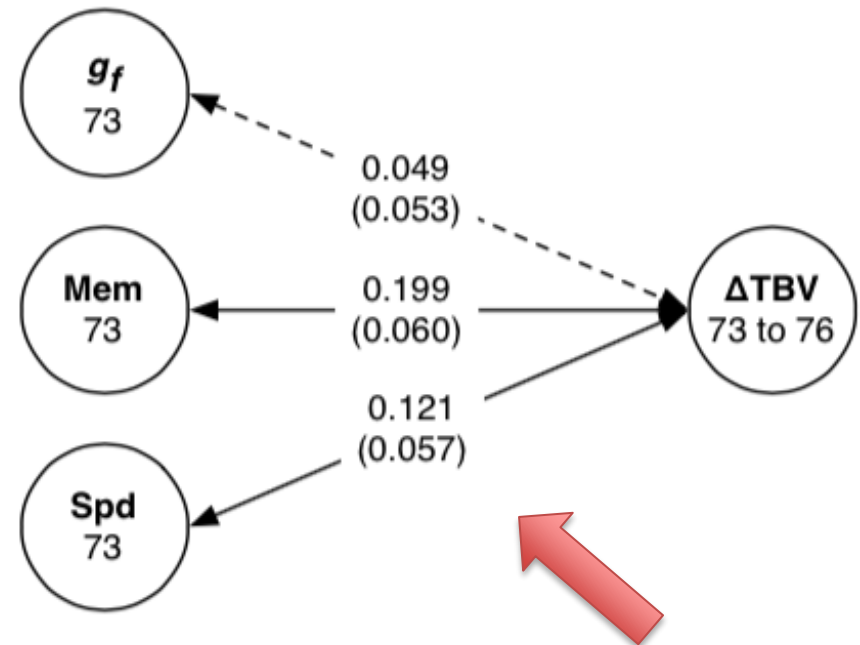
# Results: Level-change

A

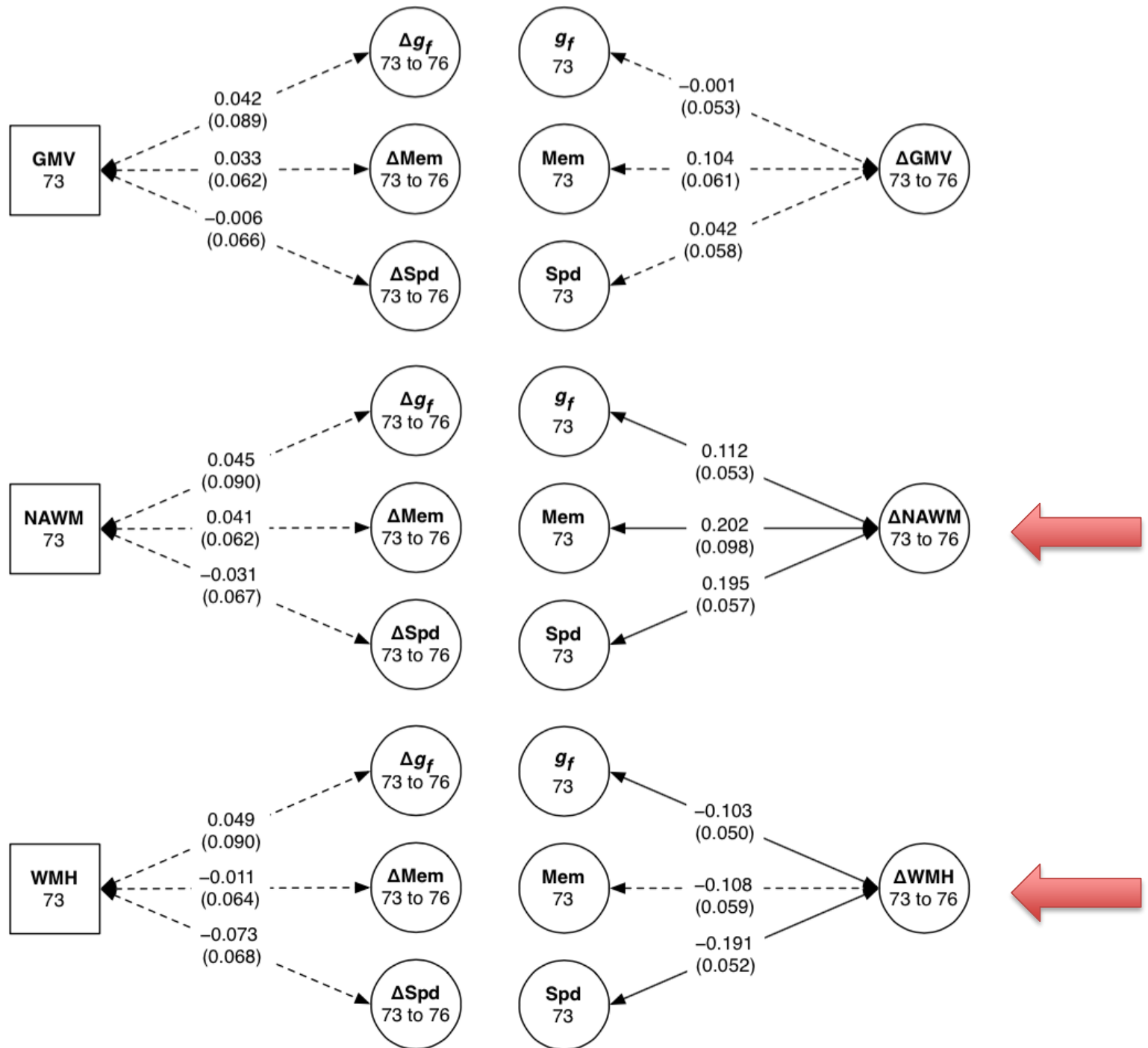
Brain level - cognitive change



Cognitive level - brain change



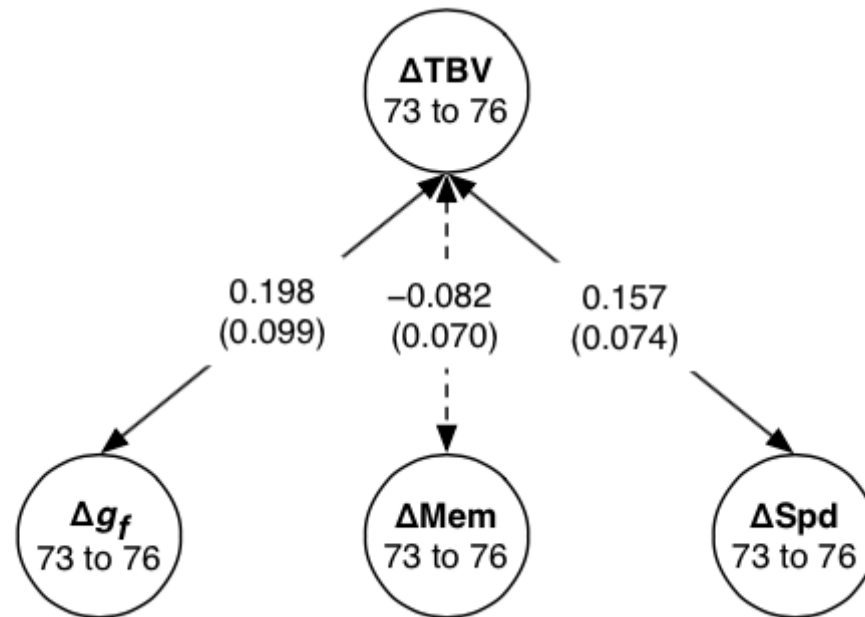
B



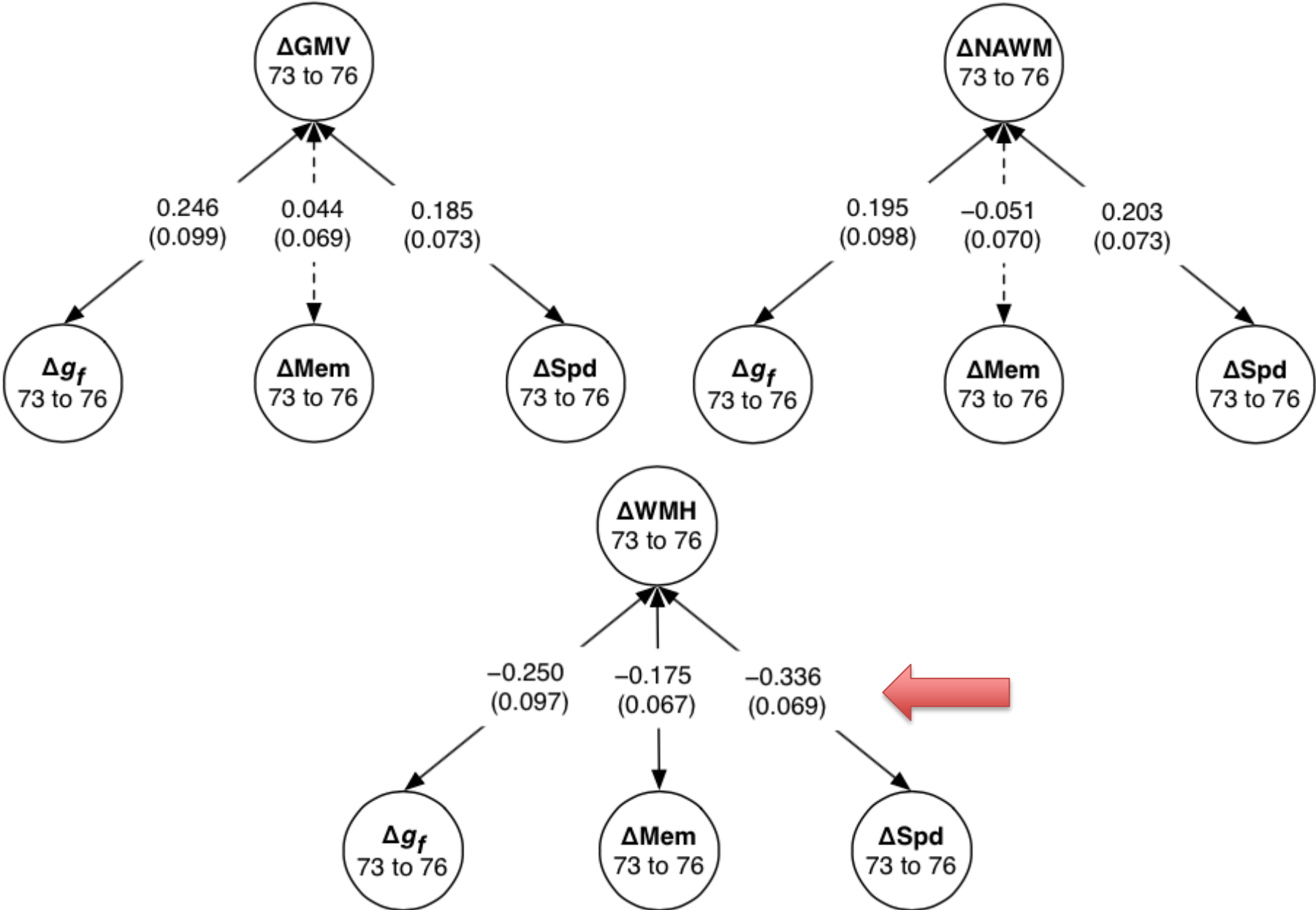


# Results: Change-change

A



**B**



# Brain volumes: Conclusions

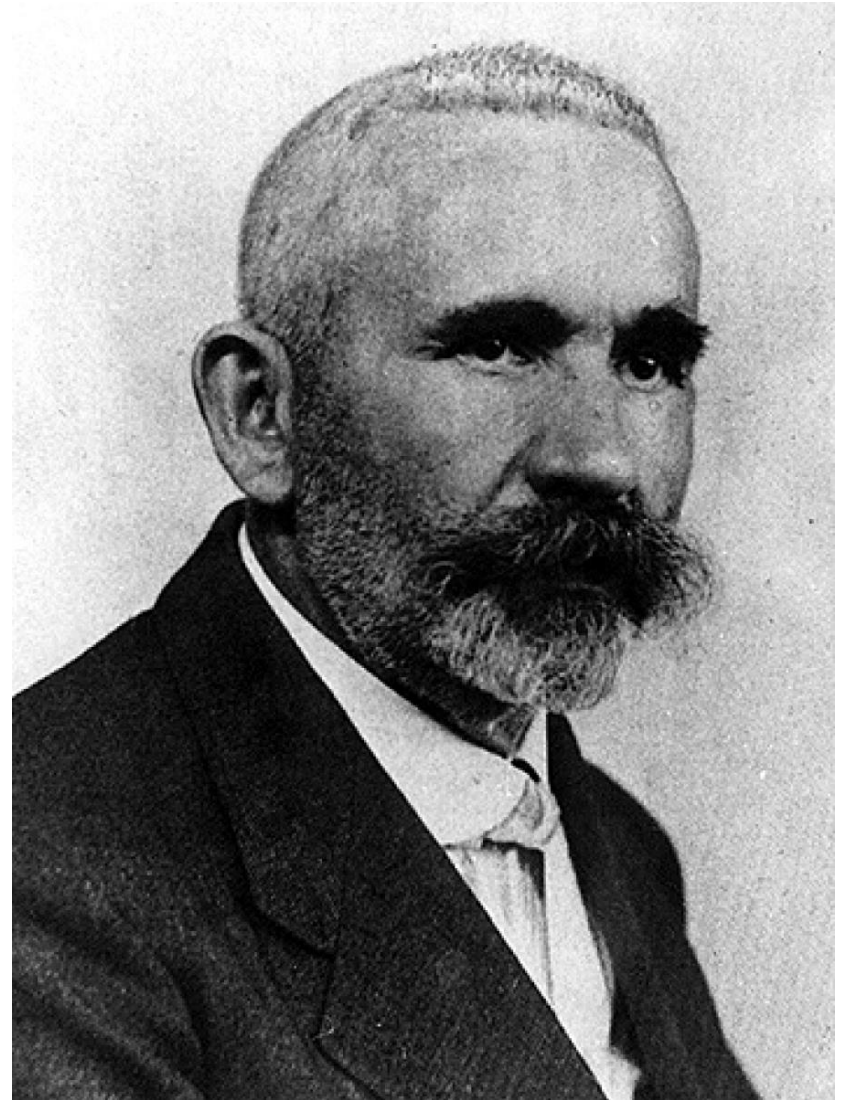
- Cognitive level predicts subsequent brain changes...
- ...but brain volumes do not predict subsequent cognitive changes.
- Strongest change-change correlations with increases in pathological white matter (hyperintensities)
- More detailed brain imaging, longer time window needed for stronger results?

### **3. Schizophrenia genes and cognitive decline**

# *Dementia praecox*



*S. Rich*



# Schizophrenia and intelligence

2011 Meta-analysis, *Schizophrenia Research*:



Contents lists available at [ScienceDirect](#)

Schizophrenia Research

journal homepage: [www.elsevier.com/locate/schres](http://www.elsevier.com/locate/schres)



## A quantitative meta-analysis of population-based studies of premorbid intelligence and schizophrenia

Golam M. Khandaker <sup>a,\*</sup>, Jennifer H. Barnett <sup>a,b</sup>, Ian R. White <sup>c</sup>, Peter B. Jones <sup>a</sup>

<sup>a</sup> Department of Psychiatry, University of Cambridge, Cambridge, UK

<sup>b</sup> Cambridge Cognition Ltd., Cambridge, UK

<sup>c</sup> MRC Biostatistics Unit, Cambridge, UK

**Conclusions:** strong link between premorbid IQ and schizophrenia;  
IQ might be protective against schizophrenia



# Schizophrenia and intelligence

2013 Opinion piece, *JAMA Psychiatry*

**Special Communication**

## Schizophrenia Is a Cognitive Illness Time for a Change in Focus

René S. Kahn, MD, PhD; Richard S. E. Keefe, PhD

# Genetic risk for schizophrenia and intelligence

McIntosh et al., 2013, *Biological Psychiatry*:

- Polygenic Risk for Schizophrenia & Cognition in childhood and in later life
  - Lothian Birth Cohorts 1921 and 1936
- Greater genetic risk for schizophrenia associated with lower cognitive ability at age 70 (but not at age 11)
  - Also associated with greater negative change from childhood to later life

# Polygenic risk score

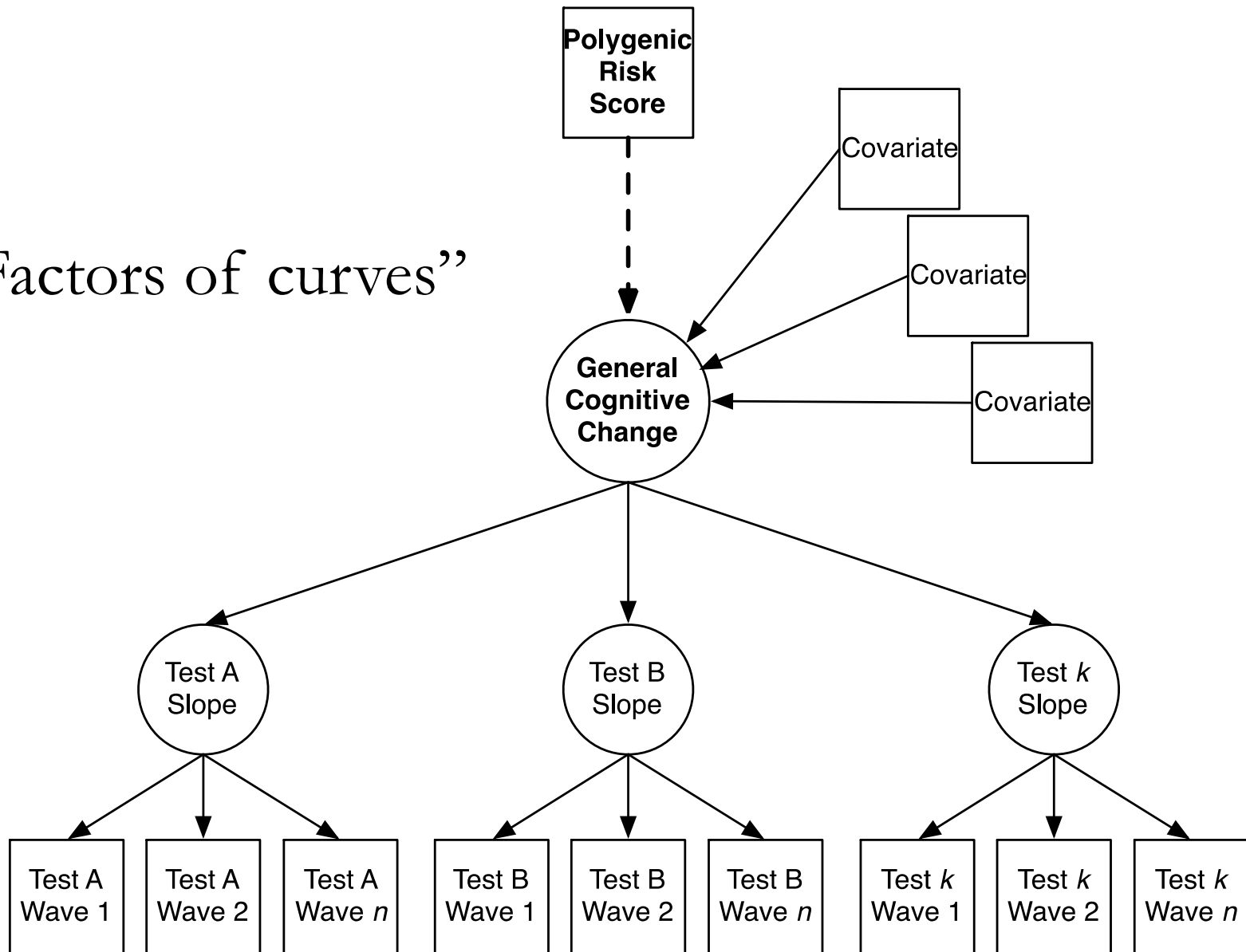
- Most recent schizophrenia GWAS
  - Schizophrenia Working Group of the Psychiatric Genomics Consortium (2014) *Nature*
- Calculation of score in new sample from weight of each SNP in GWAS
- Scores calculated at five thresholds:
  - $p = 1.00$  (least conservative)
  - $p < 0.50$
  - $p < 0.10$
  - $p < 0.05$
  - $p < 0.01$  (most conservative)

# Present study

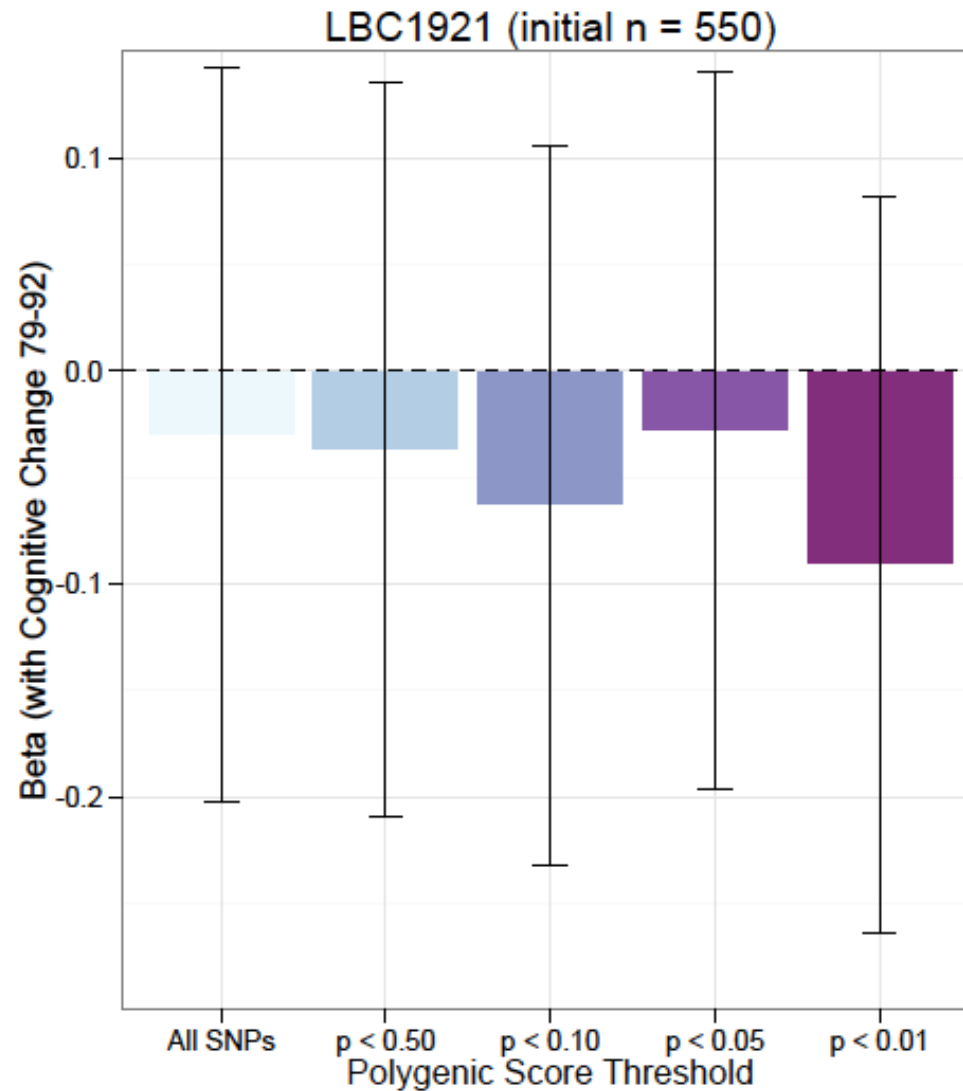
- **Participants:**
- Lothian Birth Cohort 1921 (initial  $n = 550$ ):
  - Ages 79, 83, 87, 90, 92
  - $n = 59$  by final wave
  - Logical Memory, Raven's Matrices, Verbal Fluency
- Lothian Birth Cohort 1936 (initial  $n = 1,091$ ):
  - (see previous studies)
- **Hypothesis:**
  - Higher polygenic risk score for schizophrenia will predict more cognitive decline across testing waves

# Latent Growth Curve Model

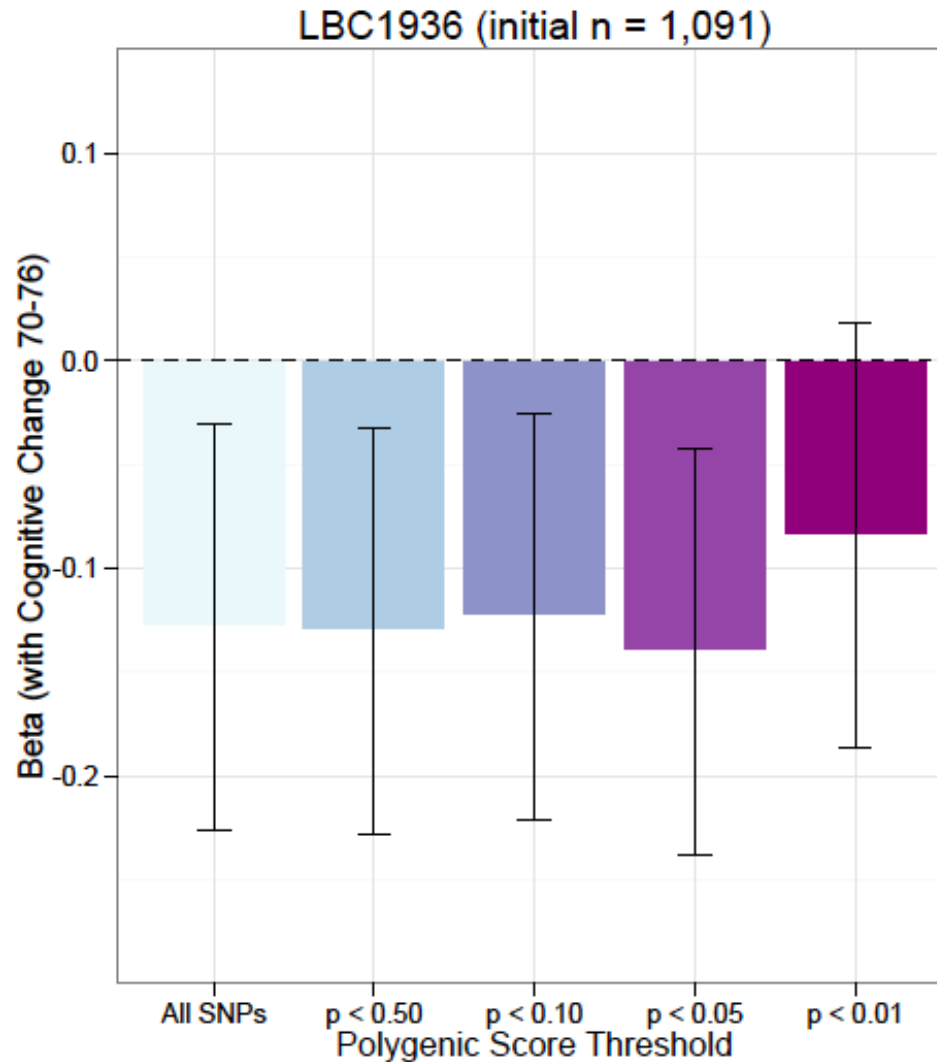
“Factors of curves”



# Lothian Birth Cohort 1921



# Lothian Birth Cohort 1936



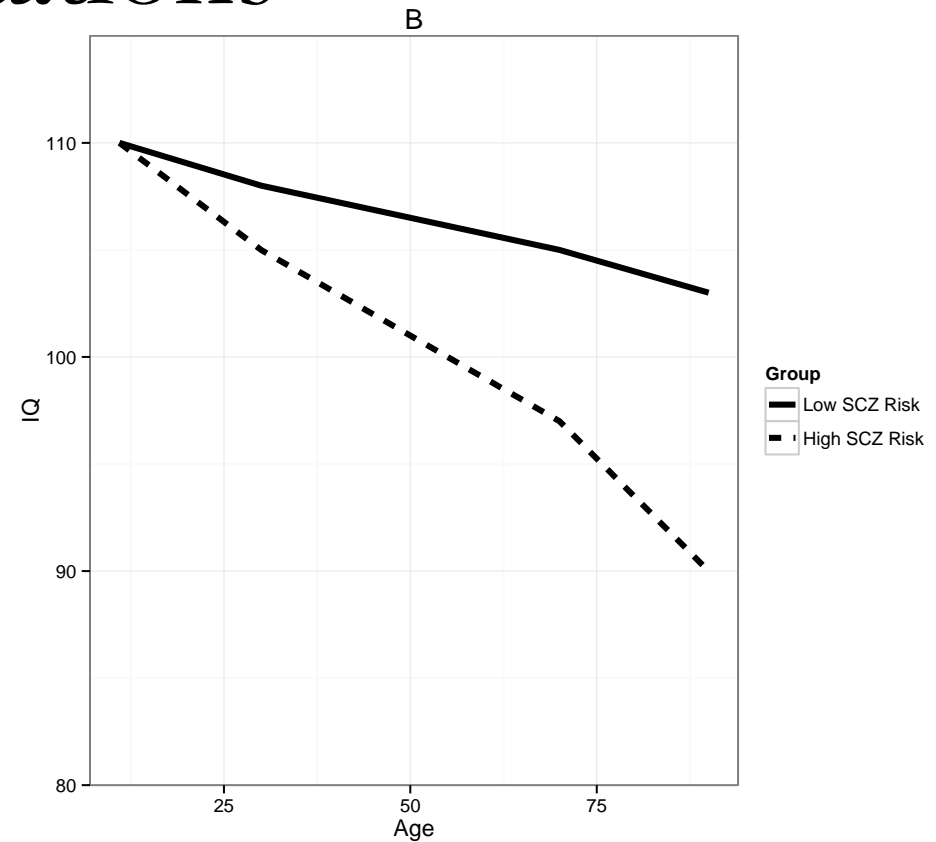
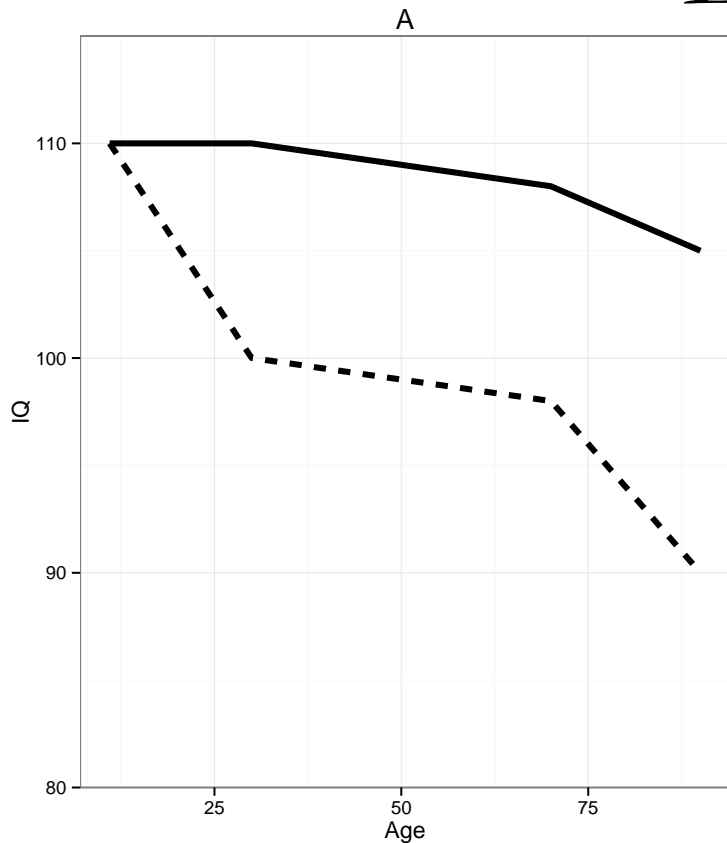
# Meta-analysis

Polygenic Threshold	LBC1921 sample			LBC1936 sample			Fixed-effects Meta- analysis (both samples)		
	$\beta$	SE	$p$	$\beta$	SE	$p$	$\beta$	SE	$p$
All SNPs	-0.030	0.088	0.733	-0.128	0.050	0.010	-0.104	0.043	0.016
$p < 0.50$	-0.037	0.088	0.675	-0.130	0.050	0.009	-0.107	0.044	0.014
$p < 0.10$	-0.063	0.086	0.465	-0.123	0.050	0.014	-0.108	0.043	0.013
$p < 0.05$	-0.028	0.086	0.746	-0.140	0.050	0.005	-0.112	0.043	0.009
$p < 0.01$	-0.091	0.088	0.303	-0.084	0.052	0.106	-0.086	0.045	0.056

- Higher polygenic risk scores associated w/ steeper cognitive decline at 4/5 thresholds



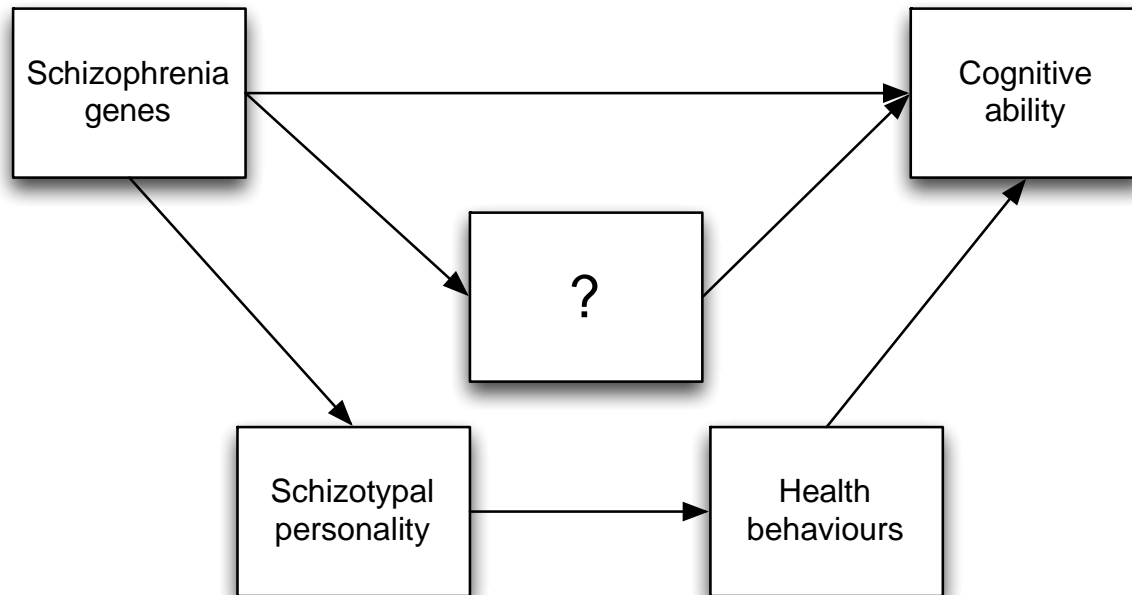
# Limitations



- No data between age 11 & age 70 (LBC1936) or 79 (LBC1921)
- Different cognitive measures in LBC1921 & LBC1936 data
- Same samples as previous polygenic schizophrenia study

# Implications & Future Directions

- *How* do schizophrenia genes affect IQ?
- At which point in the lifetime does schizophrenia risk most affect changes in IQ?



# Conclusions

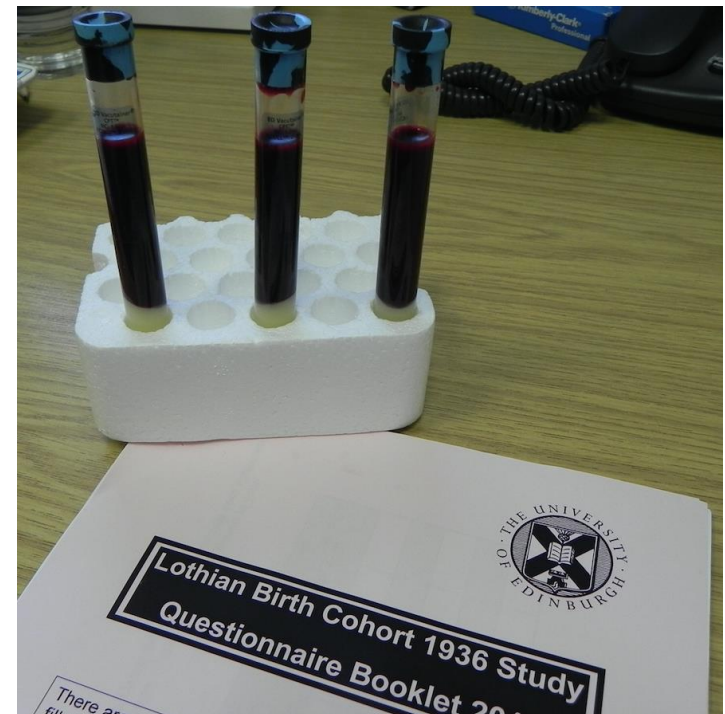
- Higher polygenic risk scores for schizophrenia are associated with steeper cognitive decline within old age
- Future studies: investigate how polygenic risk scores affect cognition across the whole lifetime, & which ages experience strongest relation between risk score and decline

# Overall Conclusions

1. Strong predictors of cognitive decline are few and far between
2. Change in broad brain measures correlates modestly with change in cognitive abilities
3. Schizophrenia risk and cognitive decline may be linked

# Next up

- 4 waves of testing, 3 waves of neuroimaging (new data at 79 years)
- Grey matter parcellation; connectomic analyses of white matter
- Predictors of brain change?
- Longitudinal epigenetic changes
- Induced pluripotent stem cells



# Thanks

- LBC1936 participants
- Co-authors: Ian Deary, Elliot Tucker-Drob, Mark Bastin, David Alexander Dickie, Simon Cox
- LBC1936 team

