Potential for dementia prevention in Latin America and Africa based on population-attributable fraction estimates

Authors’ reply
We thank Deborah Oliveira and Cleusa Ferri for their interest in our Article on potentially modifiable risk factors in low-income and middle-income countries (LMICs).

We agree that data from Africa is scarce in many such studies and welcome their study on population attributable fractions (PAF) in Portugal, Brazil, and Mozambique. In their Correspondence, Oliveira and Ferri comment on the discrepancy between our estimates of PAF in other Latin American countries and their lower estimate in Brazil. As we acknowledge in our Article, each country has a unique risk profile so we would expect differences in estimates. Additionally, Oliveira and Ferri estimated PAF for seven as opposed to nine risk factors, so one would expect their estimates to be lower, especially as one of the omitted risk factors was hearing loss, which has a high prevalence and high relative risk for dementia so would be expected to contribute significantly to an overall PAF estimate.

In their Correspondence they further suggest that our higher estimate might be due to the possibility that the 10/66 dementia diagnosis protocols overestimate dementia prevalence. If this were the case, this would not affect the PAF, which is purely based on prevalence of the risk factor for dementia (not the prevalence of dementia) and the relative risk associated with it. We used previously published estimates of relative risks and did not calculate them using 10/66 data. We agree with them that further efforts to explore differences and clarify the potential for dementia prevention in LMICs are needed.

We also welcome further investigation into other potentially modifiable risk factors for dementia and, particularly, where LMICs are included in considerations.

We declare no competing interests.

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