

Subjective Cognitive Decline: A Risk Factor for Alzheimer's and Other Dementias

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Subjective cognitive decline (SCD) is when a person feels like their memory or thinking skills are getting worse compared to how they used to be.

SCD can indicate Mild Cognitive Impairment (MCI) and may point to a higher risk of developing dementia in the future. Research shows that people with SCD are twice as likely to develop dementia later in life compared to people without SCD. In fact, memory problems can show up as many as 16 years before a person is diagnosed with dementia. Even when doctors can't find any measurable thinking or memory problems, SCD can still affect a person's emotions, relationships, and overall quality of life.

This data brief gives an overview of how common SCD is in Vermont, who is most affected, and which groups are at the highest risk for SCD and dementia in the future.

If you need help accessing or understanding this information, contact ahs.vdhhdpanalytics@vermont.gov.

Key Points

- **Of the 16% of Vermont adults who report SCD, only half have discussed their concerns with a provider.**
- **Adults 45+ with SCD have a significantly higher prevalence of mental health conditions.**
- **The prevalence of SCD is significantly higher among those with three or more dementia risk factors than among those with two or fewer.**

What is the burden of subjective cognitive decline in Vermont?

16% of Vermont adults aged 45 and older report worsening or more frequent difficulties with thinking or memory in the past year.

Of those who report SCD...

More than half (56%) worry about their difficulties with thinking or memory



Nearly three in 10 (28%) say their difficulties interfere with daily activities



More than two in 10 (22%) say their difficulties interfere with their ability to work or volunteer



Despite this, only 53% of those who report SCD have discussed their concerns with a provider.



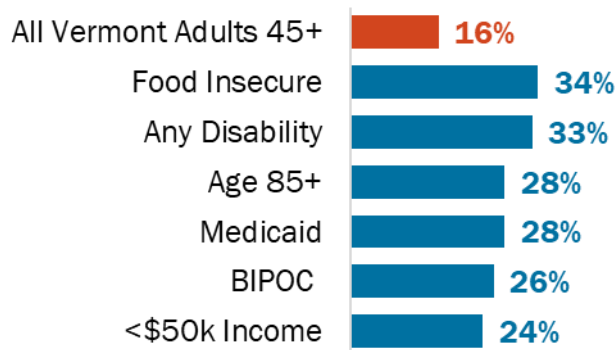
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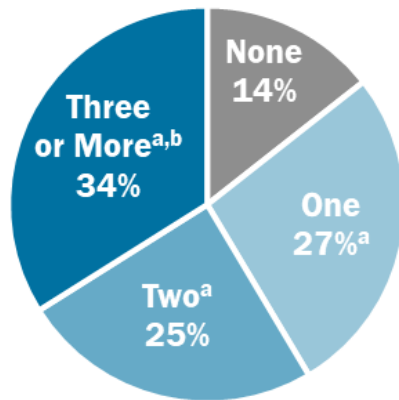
How is the burden of subjective cognitive decline distributed?

Percentage of Vermont Adults 45+ with SCD



- Adults 45+ who are food insecure or have a disability are more than two times as likely to report SCD than Vermont adults aged 45 or older.
- Adults aged 85 or older, those on Medicaid, BIPOC Vermonters, and those with less than a \$50,000 household income are also significantly more likely to report SCD than Vermont adults aged 45 or older.

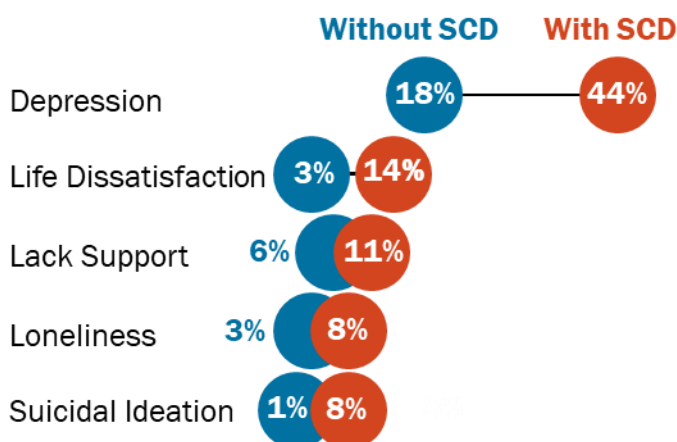
Number of Co-Occurring Chronic Conditions† among Adults 45+ with SCD



- 86% of Vermonters aged 45 or older with SCD have one or more co-occurring conditions such as diabetes, cardiovascular disease or depression.
- Those with SCD are more likely to have one, two, or three co-occurring conditions than to have none.

^a Significantly higher than none
^b Significantly higher than 0, 1, or 2

Adults 45+ with SCD have a significantly higher prevalence of mental health conditions.



- Adults **with SCD** are more than two times as likely to report depression and more than eight times as likely to report suicidal ideation than those **without SCD**.
- For some, SCD may increase the risk of experiencing poor mental health, and for others, poor mental health may increase the risk of experiencing SCD. In either case, the cumulative impact of cognitive decline and mental health challenges is significant.

Data Source: BRFSS 2024

†Chronic conditions: arthritis, asthma, cancer, COPD, cardiovascular disease, depression, diabetes, and kidney disease

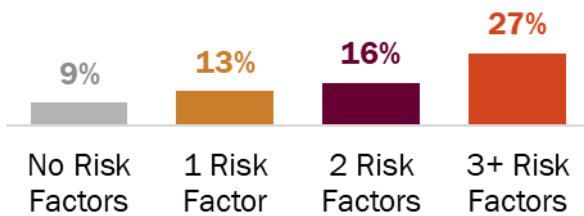
Which Vermonters are at the highest risk for developing dementia?

Certain factors can increase dementia risk³, including:

- Hearing impairment
- Vision Impairment
- Physical inactivity
- Obesity
- Excessive alcohol consumption
- Depression
- Infrequent social contact
- Low education level
- Cigarette smoking
- Diabetes

72% of Vermont adults aged 45 and older report one or more dementia risk factors.

Prevalence of SCD by Number of Dementia Risk Factors among Adults 45+



- The prevalence of SCD is significantly higher among those with **three or more dementia risk factors** than among those with **none, one, or two** risk factors.

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There are things you can do to help prevent or delay dementia.

- ✓ Get routine checkups to receive hearing, vision, heart health, and cognitive screenings
- ✓ Stay physically active
- ✓ Stay cognitively and socially engaged
- ✓ Manage chronic conditions such as hypertension, high cholesterol, and diabetes
- ✓ Limit alcohol use and quit smoking through free resources available at 802Quits

Learn more about dementia prevention at <https://www.healthvermont.gov/wellness/brain-health-dementia/healthy-body-healthy-brain>

References

¹Mitchell, A. J., Beaumont, H., Ferguson, D., Yadegarfar, M., & Stubbs, B. (2014). Risk of dementia and mild cognitive impairment in older people with subjective memory complaints: Meta-analysis. *Acta Psychiatrica Scandinavica*, 130(6), 439–451.

²Verlinden, V. J. A., van der Geest, J. N., de Bruijn, R. F. A. G., Hofman, A., Koudstaal, P. J., & Ikram, M. A. (2016). Trajectories of decline in cognition and daily functioning in preclinical dementia. *Alzheimer's & Dementia*, 12(2), 144–153.

³Livingston, G., et al. (2024). Dementia prevention, intervention, and care: 2024 report of the Lancet standing Commission. *The Lancet*, 404(10452), 572–628.

Learn more about how the way these data were collected may impact this data brief:

HealthVermont.gov/EquityData