# Mechanisms of Age-Related Cognitive Change/Targets for Intervention: Social Interactions/Stress



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**No Conflicts** 

Discussion

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# Current (Lack of) Knowledge

- Many reliable associations with level of cognitive functioning, but not with change
- Unclear directionality of social relations, stress and cognitive functioning
- "Firm conclusions cannot be drawn about the association of any modifiable risk factor with cognitive decline or Alzheimer's Disease"

NIH State-of-the-Science Conference, April 2010

### Pieces of the Puzzle

- Early Life Factors
  - Education
- Physical Factors
  - Health
- Psychological Factors
  - Personality, Self-Efficacy, Control Beliefs, Coping
  - Stress- Chronic, Acute, Daily, Cumulative, Reactivity
- Social Factors
  - Social Ties, Network, Integration, Support, Conflict
- Behavioral Factors
  - Exercise, Cognitive Activity



### But...

How do these psychosocial and behavioral factors get *under the skull*?

- What are the pathways?
- If we modify these factors, does this affect cognitive aging?



### Some Possible Mechanisms

- Health and Disease
- Hormonal Factors (e.g., Cortisol, Oxytocin)
- Allostatic Load (e.g., Inflammation, Metabolic Parameters)
- Neural Plasticity
- Motivation, Effort, Strategy Use
- Rumination, Intrusive Thinking, Distraction
- Emotional Factors, Depression, Anxiety

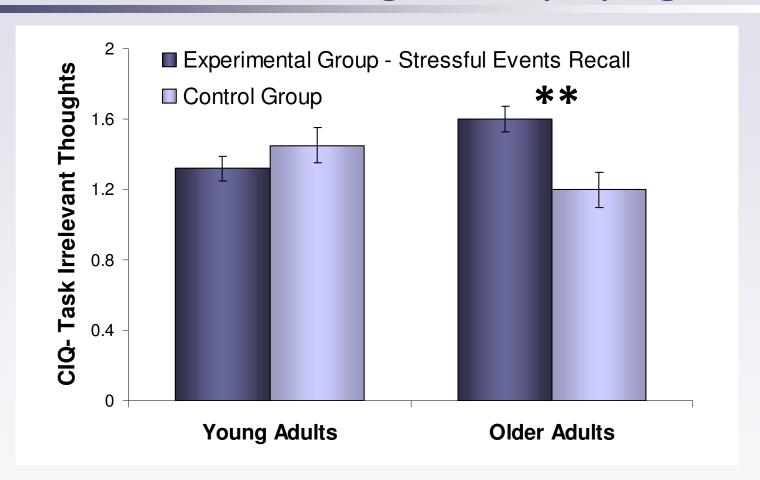


# Putting the Pieces Together

Identify Mechanisms
Suggest Targets for Interventions

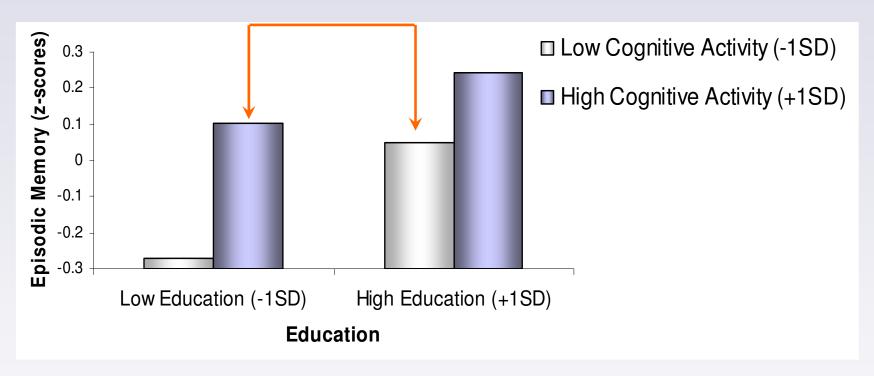
- Mediation
  - Multiple Mediators
- Moderation-Interactions
  - Age, Stress, Intrusive Thoughts and Memory
  - Education, Cognitive Activity and Memory
- Composites- Combined Effects
  - Protective Effects for Reasoning

### Effects of Stress Condition on Task Irrelevant Thoughts Vary by Age



(Rosnick & Lachman, 2009)

### Frequent Cognitive Activity Moderates Education Differences in Episodic Memory



Midlife in the U.S. (MIDUS)

(Lachman, Agrigoroaei, Murphy & Tun, 2010)

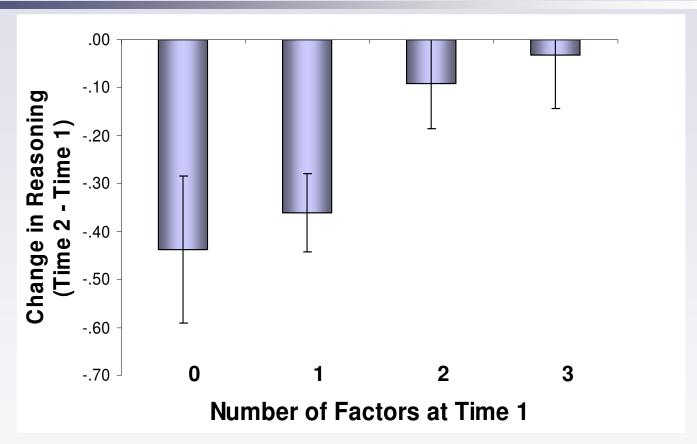
Controlling for age, sex, self-rated health, physical activity, and income

### Composites- Combined Effects

#### **Factors**

- Social
  - Good quality social relations- High support, low strain = 1
- Psychological
  - High sense of control- High mastery, low constraints = 1
- Physical/Behavioral
  - Frequent vigorous physical exercise = 1
- Composite Scoring 0 to 3 (low or high on each factor)

# Protective Effects of Composite for 10-year Changes in Reasoning



Boston Subsample of MIDUS (Agrigoroaei & Lachman, 2010)

Controlling for age, sex, education, race, waist circumference, smoking, alcohol problems, functional health

### Intervention Approaches

- Multimodal, Multifaceted
- Integrated into Everyday Life
- Preventive
- Target Vulnerable High Risk Groups
- Experience Corps (Fried et al.)
- Healthy Lifestyle Program (Small et al.)
- Computer-Mediated Support Groups (Rains & Young)

Improve Existing Social Relations or Cultivate New Ones

### **Next Steps**

- Conduct Multidisciplinary Studies
- Integrate Findings from Epidemiological (Survey) and Experimental (Lab) Studies
- Examine Antecedents of Intraindividual Change and Variability with Longitudinal, Prospective Data
- Test Mechanisms and Treatment Benefits with Interventions/RCT's
- Consider Social Policies to Facilitate Social Interactions,
   Reduce Stress and Promote Cognitive Health

### Summary and Conclusions

# Explanation and Modification of Age-Related Cognitive Change

### Mechanisms

- Multiple Pathways/ Mediators/Moderators
- Multifaceted/Composites

- All Roads Lead to Rome
- There is More than One Way to Skin a Cat
- Moderation in All Things
- The More the Merrier
- The Whole Is Greater Than the Sum of Its Parts

### Interventions

- Multimodal
- Prevention

- Kill Two Birds with One Stone
- The Early Bird Catches the Worm
- An Ounce of Prevention is Worth a Pound of Cure

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