

News From the JAMA Network

Obesity Is Now the Top Modifiable Dementia Risk Factor in the US

The most prominent modifiable risk factors for Alzheimer disease and related dementias (ADRD) in the US changed during the past decade, with midlife obesity overtaking physical inactivity at the top of the list.

An [analysis](#) of data from 378 615 respondents in the 2018 US Behavioral Risk Factor Surveillance System annual survey evaluated the relative contribution of 8 modifiable risk factors—physical inactivity, current smoking, depression, low education, diabetes, midlife obesity, midlife hypertension, and hearing loss—to ADRD risk.

About a third of ADRD cases were associated with a combination of these factors, with midlife obesity followed by physical inactivity and low educational attainment being the most prominent. In 2011, the most prominent risk factors were physical inactivity, depression, and smoking.

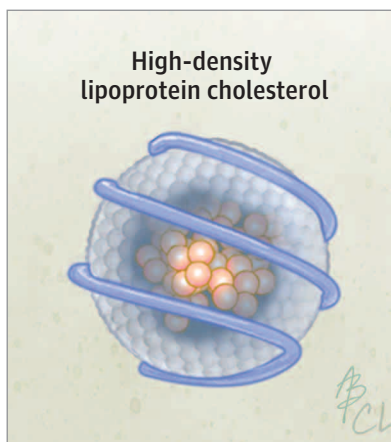
Men had a greater proportion of ADRD cases associated with the 8 risk factors than did women. The excess caseload of ADRD due to all 8 modifiable risk factors was relatively higher among American Indian and Alaska Native, Black, and Hispanic individuals compared with Asian and White individuals. Midlife obesity was the most important modifiable risk factor for American Indian and Alaska Native, Black, and White individuals, whereas for Asian individuals, physical inactivity, and for Hispanic individuals, low education, were most important.

The authors wrote in *JAMA Neurology* that “Alzheimer risk reduction strategies may be more effective if they target higher-risk groups and consider current risk factor profiles.”

High HDL Cholesterol Linked With Death in Coronary Artery Disease

Recent studies have shown paradoxical adverse effects of very high high-density lipoprotein cholesterol (HDL-C) levels in the general population. Now there's more evidence that, when it comes to HDL-C, there could be too much of a good thing.

The evidence, published in *JAMA Cardiology*, comes from a cohort [study](#) that included a total of 19 945 patients with coronary artery disease (CAD) from the UK Biobank and the Emory Cardiovascular Biobank who were followed up for a median of 6.7 to 8.9 years, respectively.



In the larger UK Biobank study, 16.86% of 255 individuals with HDL-C levels greater than 80 mg/dL experienced an all-cause death, compared with 11.26% of 7888 individuals with normal HDL-C concentrations of 40 to 60 mg/dL. High HDL-C levels also were significantly associated with all-cause death in the Emory Cardiovascular Biobank cohort.

The mechanisms behind the association need further investigation, according to the authors.

Kids Move Much More When Screen Time Is Reduced

Reducing families' recreational screen time led to children becoming substantially more physically active, trial investigators [reported](#) in *JAMA Pediatrics*.

Eighty-nine families in Denmark participated in the trial, including 164 adults and 181 children with an average age of around 9 years. The children's screen time averaged 35.9 hours per week at baseline. While the control group followed a normal routine, the families randomly assigned to the intervention relinquished their smartphones and tablets and were

asked to limit recreational screen media to 3 hours or less per week for 2 weeks; they were considered adherent with up to 7 hours per week of screen time.

Based on wearable device data, children in the intervention group were far more physically active during the study than those in the control group. The average between-group difference in leisure nonsedentary activity was 45.8 minutes per day overall—and 73.4 minutes per day on the weekend. Adults participating in the intervention, however, did not increase their movement, likely because they replaced screen time with other sedentary activities.

According to the authors, the study suggests that too much recreational screen time among children is a public health concern.

Physical Activity Benefits Older Adults' Kidney Function

Randomized [trial](#) findings published in 2014 demonstrated that moderate-intensity physical activity and exercise reduced major mobility disability among sedentary older adults. The investigators now [report](#) that the intervention also slowed kidney function decline.

In the 2-year trial, 1199 adults with physical limitations and an average age of about 79 years were assigned to a structured intervention including walking and strength, flexibility, and balance training or to a control group that participated in health-related workshops.

In the recent analysis, reported in *JAMA Internal Medicine*, participants in the intervention group had a lower decline in estimated glomerular filtration rate per cystatin C over 2 years than did the control group and were less likely to experience rapid decline in kidney function. Even modest increases in physical activity showed a benefit for kidney function—despite increasing their movement, most of the intervention group participants still would be considered sedentary based on exercise recommendations for older adults. — **Anita Slomski**

Note: Source references are available through embedded hyperlinks in the article text online.