

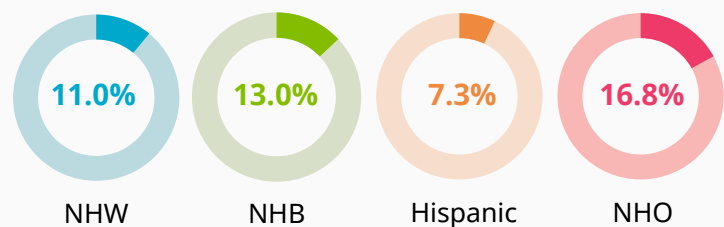
What is Subjective Cognitive Decline?



Subjective Cognitive Decline (SCD) is classified in the Behavioral Risk Factor Surveillance System (BRFSS) as a response of “yes” or “unsure” of “experiencing confusion or memory loss happening more often or has gotten worse in the previous year.”

Who is impacted?

On average, **11.6%** of South Carolina (SC) respondents aged 45+ in 2015, 2019, and 2022 were classified as having SCD. A similar percentage of males and females were classified as having SCD (11.8% of males and 11.4% of females). A higher proportion of respondents aged 55-64 were classified as having a SCD (12.2%) compared to those 45-54 (11.0%) and 65+ (11.6%). SCD was reported most often by non-Hispanic Other (NHO) respondents (including multi-racial) followed by non-Hispanic White (NHW), non-Hispanic Black (NHB), and Hispanic respondents.

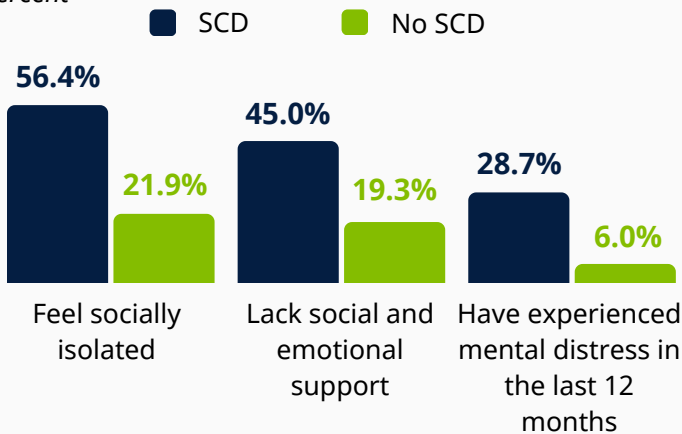


Social Determinants of Health

In 2022, respondents who reported SCD had a significantly higher proportion of all measured social determinants of health (SDoH) when compared to those who reported no SCD. These SDoH include life satisfaction, social and emotional support, social isolation, mental distress, employment status, food insecurity, housing insecurity, and transportation reliability.

Social Determinants of Health, by SCD Status

Percent



What is impacted?



In 2015, 2019, and 2022, **over half (53.2%)** of respondents who were classified as having SCD reported at least one type of household or social limitation due to their cognitive decline.

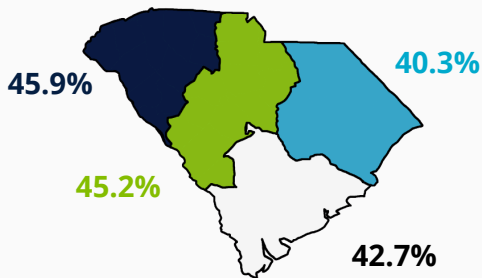
In SC, non-Hispanic Black respondents with SCD were **15%** more likely to report a limitation than their non-Hispanic White counterparts (64.1% vs 48.7%).



Of the 43.7% respondents whose SCD led to an interference with their day-to-day activities, **85.3%** said they were able to get the help they needed. The highest percentage that were able to receive help lived in the Lowcountry region (90.0%) and the lowest lived in the Upstate region (80.9%).

Discussion with Health Care Professionals

In 2015, 2019, and 2022, non-Hispanic White respondents were **7%** more likely than non-Hispanic Black respondents to report discussing their SCD with a healthcare professional. Respondents in the Upstate (45.9%) and Midlands (45.2%) regions were more likely to discuss their SCD with a healthcare professional in comparison to the Lowcountry (42.7%) and Pee Dee (40.3%) regions.



What is a Caregiver?

A caregiver as classified in the BRFSS is a respondent 18+ who said they provide regular care or assistance to a friend or family member who has a health problem or disability.

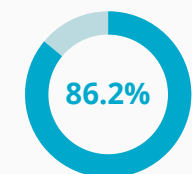
Who is a Caregiver?

In 2021, **24.8%** of all BRFSS respondents were classified as being caregivers. Of these caregivers, **22.3%** provided care to someone with Alzheimer's disease, dementia, or other cognitive impairment disorder (hereafter referred to as Alzheimer's disease and related dementias: ADRD) as a major or secondary health problem. In SC, **87.4%** of ADRD caregivers provided care to a family member or relative (including a spouse) and **12.6%** providing care to a non-family member/non-relative.

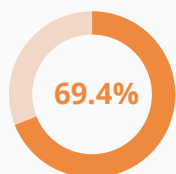


Type of Care?

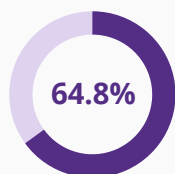
In 2021, **86.2%** of ADRD caregivers assisted with household tasks, such as cleaning, managing money, and preparing meals and **69.4%** assisted with personal care, such as giving medications, feeding, dressing, and bathing. **64.8%** of ADRD caregivers provided both household and personal assistance.



Assisted with household tasks



Assisted with personal care



Assisted with both household and personal care

Length of Care?

Caregivers providing care for someone with ADRD were more likely to provide long-term care (6+ months) than short-term care (<6 months). **33.2%** of ADRD caregivers provided care for 5 or more years.



Short-term care  **15.6%**

Long-term care  **84.4%**

21.2% of Males

provided 40+ hours of care



32.2% of Females

provided 40+ hours of care



Caregivers were most likely to provide less than 20 hours of care a week (**59.4%**). In SC, **28.2%** of caregivers provided 40+ hours of care a week.

Caregivers providing 40+ hours of care were more likely to be female than male (32.2% vs 21.2%).

SC is promoting risk reduction strategies to address subjective cognitive decline. With education and data surveillance, there will be more opportunities for early dementia assessments and intervention.

The BRFSS data collected, in regards to caregiving, helps us understand the types of care and length of care needed for a friend or family member living with ADRD. By sharing data about ADRD caregiver needs, SC will have a better understanding of the impact ADRD has on adults and their families, as well as help to enhance the best practices and well-being of many South Carolinians.

For More Information Visit:
[DPH.SC.GOV/BRAINHEALTH](https://dph.sc.gov/brainhealth)



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