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Sex Differences in the Association between Sleep Medications and Risk of Alzheimer’s Disease: The Cache County Study on Memory in Aging

Photos:

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Elizabeth Vernon Bio:

Elizabeth Vernon is currently a doctoral student at Utah State University in the Combined Clinical/Counseling PhD program. She obtained her BA in Psychology from Indiana University and subsequently worked for three years as a research assistant at the Charles F. and Joanne Knight Alzheimer’s Disease Research Center at Washington University in Saint Louis, MO. There, she gained experience conducting neuropsychological assessments with persons with Alzheimer’s disease and related disorders and conducting research on preclinical Alzheimer’s Disease and driving outcomes.

At Utah State, she has expanded her research to include an examination of environmental and genetic risk factors associated with the development of neurocognitive disorders. For the past four years, she has been working in the Alzheimer’s Disease and Cognitive Disorders Lab at Utah State University under the supervision of Dr. JoAnn Tschanz. Vernon has examined research primarily using extant data from the “Cache County Study on Memory and Aging” and the “Cache County Dementia Progression Study.” She completed her master’s degree at USU in 2018; her thesis focused on examining sleep disturbances and sleep medication use in males and females with regards to risk for developing Alzheimer’s disease. Upon completion of her predoctoral internship and doctorate, Ms. Vernon looks forward to continuing a career that combines both clinical and academic work.

Press Release:

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NCBI Link:
The Cache County Study on Memory in Aging

Public Abstract:
The study evaluated if use of sleep medications was associated with increased risk of developing AD and if that association differed between males and females: males who reported use of sleep medication, regardless of having a sleep disturbance, were at increased risk of developing AD (for men without a sleep disturbance HR = 3.604; \( p = 0.0001 \)). By contrast, in females, risk for developing AD varied by the presence of a sleep disturbance. Compared to the reference group (females without a sleep disturbance and no sleep medication use), females who reported a sleep disturbance and use of sleep medication were at a 35.2% reduced risk of developing AD (HR = 0.648; \( p = 0.011 \)) while, those not reporting a sleep disturbance but were taking sleep medications were at 3.9 times increased risk in the hazards of developing AD (HR = 3.916; \( p = 0.0001 \)). Although this study is observational in nature and therefore does not prove that the use of sleep medication is harmful, it is recommended that health care providers consider alternative, nonpharmacological approaches to treat sleep disorders in older adults. Further research is needed to examine sex differences and how they may relate to the differences associated with sleep disturbances and risk for AD.

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