The Role of Educational Attainment and APOE ε4 in Alzheimer Disease among Puerto Ricans: Disparity in Resilience

Farid Rajabli^{1,2}, Azizi A Seixas^{3,4}, Dingtian Cai¹, Kara L. Hamilton-Nelson¹, Larry D. Adams¹, Pedro R Mena¹, Carolina Scaramutti⁴, Katrina Celis¹, Vanessa C Rodriguez¹, Jose Javier Sanchez¹, Glenies S. Valladares¹, Patrice L. Whitehead¹, Michael Prough¹, Heriberto Acosta⁵, Katalina McInerney⁶, Anthony J. Griswold^{1,2}, Briseida E. Feliciano-Astacio⁷, Jeffery M Vance^{1,2,6}, Michael L Cuccaro^{1,2}, and Margaret A. Pericak-Vance^{1,2,6}

- (1) John P. Hussman Institute for Human Genomics, University of Miami Miller School of Medicine, Miami, FL, USA,
- (2) Dr. John T. Macdonald Foundation Department of Human Genetics, University of Miami Miller School of Medicine, Miami, FL, USA,
- (3) Department of Psychiatry and Behavioral Sciences, Miller School of Medicine, University of Miami, Miami, USA
- (4) Department of Informatics and Health Data Science, University of Miami Miller School of Medicine, Miami, FL 33136, USA
- (5) Clinica de la Memoria, San Juan, PR, USA,
- (6) Department of Neurology, University of Miami Miller School of Medicine, Miami, FL, USA
- (7) Universidad Central del Caribe, Bayamón, PR, USA,

Background: Cognitive reserve research in African Americans shows that higher educational attainment (EA) can mitigate Alzheimer disease pathology (ADP), though this effect is less pronounced in APOΕε4 carriers, suggesting resilience disparities influenced by the interplay of educational and genetic factors. Our study examines whether similar patterns exist in Puerto Ricans (PR), a population with distinct social and ancestral backgrounds. We aim to explore education as a modifiable risk factor in AD among PRs and to determine whether the APOΕε4 allele affects resilience between carriers and non-carriers.

Methods: We analyzed 732 PRs, focusing on their education years, plasma pTau181 levels, and *APOE* genotypes. We derived a composite functional score, CDR-FUNC (0–12), by summing the non-memory components of the Cognitive Dementia Rating scale. EA was classified as low (≤9 years) and high (>9 years). Plasma pTau181, used as a proxy for ADP, identified advanced pathology if log_{10} (pTau181) was >mean+1SD. We used the Mann-Whitney U test to assess associations between EA and CDR-FUNC in those with advanced pTau181 levels and the *APOE*ε4 allele.

Results: We found a significant association between EA and functional difficulties in participants with high pTau181 levels. Individuals with high EA showed better functional ability than those with low EA (pv= 3.2×10^{-4}). Additionally, ϵ 4 carriers with low EA had worse functional outcomes compared to non-carriers (p = 0.045). No difference was observed in functional outcomes among individuals with high EA.

Conclusion: Our study demonstrates that education functions as a modifiable risk factor for AD in PRs, contributing to resilience against ADP. Notably, APOE£4 carriers with low EA had worse functional outcomes than non-carriers. Understanding the combined influence of education, genetics, and functional resilience in PRs is essential for creating targeted interventions to improve health outcomes in this distinct population.