

Objective

- Focus on the baseline observations

Aim I: **Framingham score** vs. **MoCA score**

By constructing a summary of modifiable vascular risk factors using the Framingham score, find out whether individuals with high Framingham score have greater cognitive impairment reflected by MoCA score in PD and control group.

Aim II: **Vascular risk factors** vs. **MoCA score**

Identify the relationship between vascular risk factors (hypertension, obesity and smoking) and cognitive impairment.

Variable: 16 variables (29 in total), include

ID, age, PD/control, gender, race, education, ever smoke, depression score (D score), motor score, height, weight, average systolic blood pressure (SBP), average diastolic blood pressure (DBP), hypertension medication, diabetes, MoCA score.

Observation: 1177 observations (2961 in total), exclude

- ▶ 168 atypical parkinsonism syndromes patients;
- ▶ 96 observations from University of Florida (Gainesville) without height and weight information;
- ▶ 1362 visits other than baseline;
- ▶ 158 uncompleted cases.

Check missing

- ▶ Variables with at least 100 missings

| D score | Height | Weight | SBP | DBP | Medication | Diabetes |
|---------|--------|--------|-----|-----|------------|----------|
| 259 | 250 | 235 | 166 | 166 | 158 | 158 |

- ▶ MoCA score

| | Mean | Median | Number |
|----------------------|-------|--------|--------|
| Missing D score | 24.44 | 26 | 259 |
| Not missing D score | 25.69 | 26 | 2638 |
| Missing height | 24.29 | 26 | 250 |
| Not missing height | 25.70 | 26 | 2647 |
| Missing SBP | 26.28 | 27 | 166 |
| Not missing SBP | 25.53 | 26 | 2731 |
| Missing diabetes | 21.69 | 23 | 158 |
| Not missing diabetes | 25.80 | 26 | 2739 |

Descriptive analysis

| | MoCA < 20 | MoCA 20 - 25 | MoCA > 25 |
|--------|-----------|--------------|-----------|
| Number | 61 | 420 | 690 |

Categorical

- ▶ Binary:

| | MoCA<20 | MoCA20-25 | MoCA>25 |
|--------------------|---------|-----------|---------|
| PD (=1 proportion) | 0.902 | 0.700 | 0.543 |
| Female | 0.213 | 0.371 | 0.525 |
| Ever smoke | 0.443 | 0.419 | 0.380 |
| Medication | 0.459 | 0.324 | 0.216 |
| Diabetes | 0.115 | 0.060 | 0.051 |

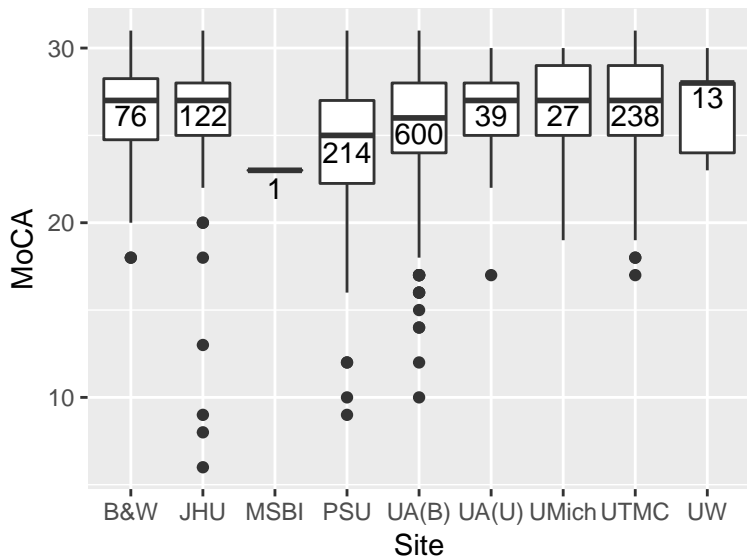
- ▶ Others: race (>90 Caucasian in each), edu

Descriptive analysis (Continued)

Continuous variables

| | MoCA<20 | MoCA20-25 | MoCA>25 |
|------------------|--------------|--------------|--------------|
| Age (median, SD) | (71,7.27) | (67.92,9.56) | (63.08,9.89) |
| Height | (178,10.23) | (173,10.13) | (170,10.09) |
| Weight | (83.9,19.56) | (81.6,18.55) | (79.4,19.33) |
| D score | (4,5.69) | (3,3.57) | (3,3.65) |
| Motor score | (31,20.06) | (19,15.7) | (9,13.91) |
| SBP | (135,24.62) | (132,18.83) | (130,18.12) |
| DBP | (78,10.85) | (79,10.31) | (79,10.41) |
| MoCA | (18,2.98) | (24,1.49) | (28,1.32) |

Site influence



Regression Analysis (Aim 1)

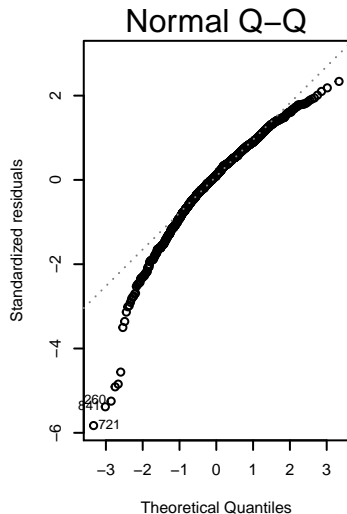
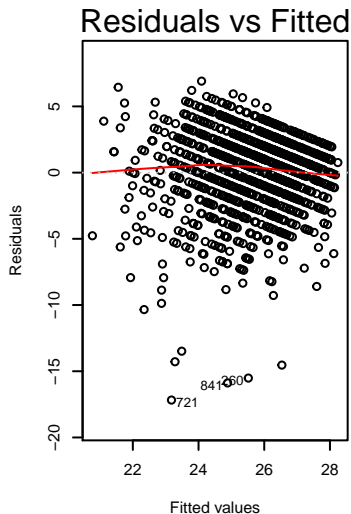
Aim 1: Framingham score vs. MoCA score

| | Estimate | 95%CI | P-value |
|---------------------|----------|----------------|---------|
| (Intercept) | 26.63 | [26.09, 27.17] | <0.01 |
| Framingham score | -0.45 | [-0.54, -0.37] | <0.01 |
| PD | -0.79 | [-1.15, -0.42] | <0.01 |
| Associate degree | 0.48 | [-0.07, 1.02] | 0.09 |
| Bachelors | 1.59 | [1.06, 2.11] | <0.01 |
| Professional degree | 1.68 | [1.15, 2.21] | <0.01 |
| Depression Score | -0.11 | [-0.16, -0.06] | <0.01 |

Interaction term - education level with PD/Control

| | Estimate | Std. Error | t value | Pr(> t) |
|-------------------------|----------|------------|---------|----------|
| (Intercept) | 27.03 | 0.37 | 72.24 | <0.01 |
| Framingham score | -0.45 | 0.04 | -10.21 | <0.01 |
| Associate degree | 0.48 | 0.45 | 1.06 | 0.29 |
| Bachelors | 0.90 | 0.43 | 2.11 | 0.04 |
| Professional degree | 0.97 | 0.44 | 2.21 | 0.03 |
| PD | -1.45 | 0.44 | -3.27 | <0.01 |
| Depression Score | -0.11 | 0.02 | -4.57 | <0.01 |
| Associate degree :PD | 0.00 | 0.57 | -0.01 | 0.99 |
| Bachelors : PD | 1.11 | 0.55 | 2.04 | 0.04 |
| Professional degree: PD | 1.13 | 0.55 | 2.05 | 0.04 |

Model Diagnosis (Aim 1)



Multinomial Logistic Regression (Aim 1)

Table 3: Multinomial Logistic Regression Results for Aim 1

| | D | 95%CI | pval1 | MCI | 95%CI | pval2 |
|---------------------|------|---------------|-------|------|--------------|-------|
| Intercept | 0.01 | [0, 0.03] | <0.01 | 0.32 | [0.22, 0.49] | <0.01 |
| Framingham score | 1.55 | [1.37, 1.77] | <0.01 | 1.27 | [1.19, 1.37] | <0.01 |
| PD | 5.21 | [2.15, 12.69] | <0.01 | 1.75 | [1.33, 2.31] | <0.01 |
| Associate degree | 0.68 | [0.33, 1.39] | 0.29 | 1.01 | [0.68, 1.5] | 0.98 |
| Bachelors | 0.18 | [0.08, 0.42] | <0.01 | 0.51 | [0.34, 0.75] | <0.01 |
| Professional degree | 0.19 | [0.08, 0.42] | <0.01 | 0.46 | [0.31, 0.68] | <0.01 |
| Depression Score | 1.11 | [1.04, 1.17] | <0.01 | 1.01 | [0.98, 1.05] | 0.45 |

Model Selection

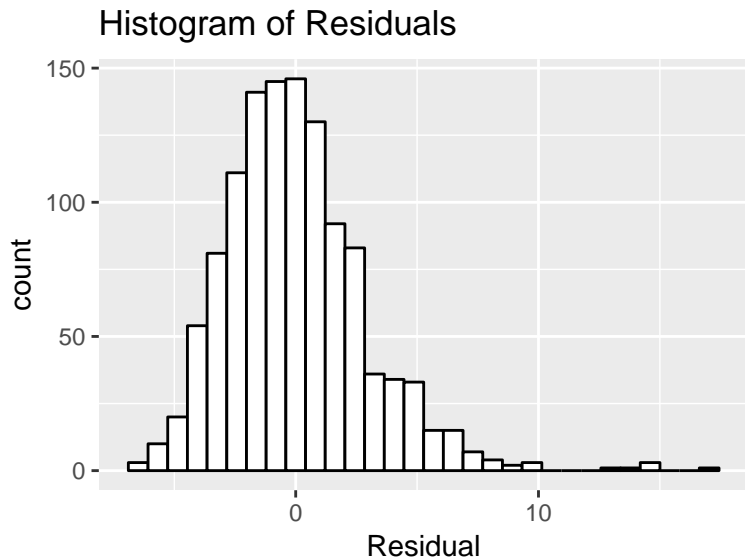
Method: Likelihood Ratio Test

- ▶ Start from the model including all covariates
- ▶ Delete one variable at each time and compare the current model with the model from last step by using likelihood ratio test
- ▶ If $p\text{-value} < 0.05$, there is evidence against the current model in favor of the model containing one more covariate

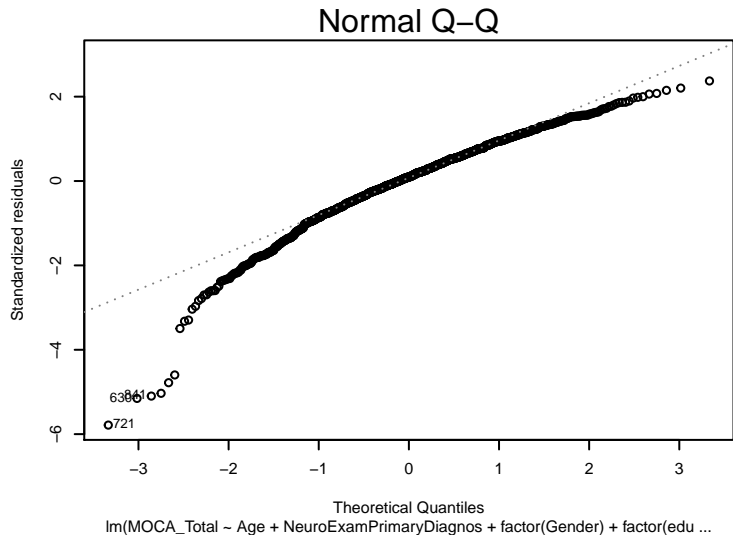
Regression Analysis (Aim 2)

| | Estimate | 95%CI | P-value |
|--------------------------|----------|----------------|---------|
| (Intercept) | 30.17 | [28.96, 31.38] | <0.01 |
| Age | -0.09 | [-0.1, -0.07] | <0.01 |
| PD | -0.63 | [-1, -0.27] | <0.01 |
| Female | 1.27 | [0.92, 1.61] | <0.01 |
| Edu: Associate degree | 0.46 | [-0.07, 0.99] | 0.09 |
| Edu: Bachelors | 1.74 | [1.23, 2.26] | <0.01 |
| Edu: Professional degree | 1.95 | [1.43, 2.46] | <0.01 |
| Depression Score | -0.11 | [-0.16, -0.07] | <0.01 |

Model Diagnosis (Aim 2)



Model Diagnosis (Continued)



Results

- ▶ A person with Parkinson disease has MoCA score 0.69 units higher than a person without Parkinson disease (which means the person with Parkinson has better cognition).
- ▶ For each unit increase in BMI, the MoCA score increases by 0.03 (which means the person has better cognition as BMI increases).
- ▶ For each year increase in age, the MoCA score decreases by 0.007 (which means the person's cognitive impairment gets worse as age increases).
- ▶ Female's MoCA score is 1.14 units higher than male's MoCA score when other variables are controlled.
- ▶ A person with higher education tends to have higher MoCA score. For example, a person with professional degree has MoCA score 2.68 units higher than a person with less than 12th grade degree.

Multinomial Logistic Regression (Aim 2)

Table 4: Multinomial Logistic Regression Results for Aim 2

| | D | 95%CI | pval1 | MCI | 95%CI | pval2 |
|---------------------|------|---------------|-------|------|--------------|-------|
| Intercept | 0 | [0, 0] | <0.01 | 0.02 | [0.01, 0.06] | <0.01 |
| PD | 4.95 | [2.02, 12.21] | <0.01 | 1.68 | [1.26, 2.22] | <0.01 |
| Age | 1.14 | [1.09, 1.18] | <0.01 | 1.06 | [1.04, 1.08] | <0.01 |
| Female | 0.21 | [0.1, 0.42] | <0.01 | 0.52 | [0.39, 0.68] | <0.01 |
| Associate degree | 0.76 | [0.36, 1.6] | 0.46 | 1.03 | [0.69, 1.56] | 0.87 |
| Bachelors | 0.15 | [0.06, 0.36] | <0.01 | 0.45 | [0.3, 0.67] | <0.01 |
| Professional degree | 0.13 | [0.06, 0.31] | <0.01 | 0.38 | [0.25, 0.57] | <0.01 |
| Depression Score | 1.12 | [1.05, 1.19] | <0.01 | 1.02 | [0.99, 1.06] | 0.25 |

Future Work

- ▶ For investigating factors that influence the change of MoCA scores over time, we could use the data of the visits at 12 months, 24 months, etc., to further implement a longitudinal data analysis, such as the linear mixed-effects model, to address the random effect of each individual.