Deborah Gustafson Adiposity and Brain Health

Adipose tissue influences health of both central and peripheral nervous systems via neuroendocrine and vascular mechanisms. Body mass index (BMI), body weight and waist circumference are common measures of overweight and obesity in epidemiologic studies. Neuroepidemiological associations between the adiposity phenotype by neurological outcome vary depending on when and how during the human life course adiposity is measured and age and stage of neuropathological and clinical outcomes onset and progression. Secular changes in environment and socioeconomic and cultural factors globally, also influence observed associations. Over the adult life course, overweight and obesity during middle age are associated with higher risk for late-life Atzheimer's Disease and Related Dementias (ADRD) and underlying neuropathologies. However, there is often observed an 'obesity paradox'. BMI and body weight increase until approximately age 70 years, when there is often observed an inflection point, and BMI and body weight. Some studies observe that possession of the APOE₆4 allele is associated with steeper BMI and body weight decline, irrespective of whether dementia develops. Observations in susceptible populations, including HIV-infected adults and indigenous elders, may differ. Risk and/or prognosis of other neurological outcomes in association with adiposity include Parkinson's disease, migraine, multiple sclerosis, peripheral neuropathies, and late-onset Huntington's Disease.

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