Table 2

Established detrimental effect on cognitive function

Risk factor or remedy	Method (Year)	Results
Smoking as a risk factor for dementia and cognitive decline[11]	Meta-analysis of 19 prospective studies with at least 12 months of follow-up (2007)	● Current smokers at baseline relative to never smokers: Pooled RR for incident Alzheimer's disease 1.79 (95% CI: 1.43 to 2.23) Pooled RR for incident vascular dementia 1.78 (95% CI: 1.28 to 2.47) Pooled RR for any dementia 1.27 (95% CI: 1.02 to 1.60). Greater yearly declines in MMSE over the follow-up period (β=-0.13, 95% CI: -0.18 to -0.08). ● Current smokers at baseline compared with former smokers: Pooled RR of Alzheimer's disease 1.70 (95% CI: 1.25 to 2.31). Increased decline in cognitive abilities (β=-0.07, 95% CI: -0.11 to -0.03)
Diabetes and the risk of multisystem ageing phenotypes[12, 13]	Systematic review and meta-analysis of 15 studies (2009)	● Pooled RR for Alzheimer's disease comparing persons with diabetes with those without was 1.39 (CI: 1.16 to 1.66) ● Pooled RR for vascular dementia comparing persons with diabetes with those without was 2.38 (CI: 1.79 to 3.18) ● Pooled RR for all dementia when persons with diabetes were compared with those without was 1.47 (95% CI: 1.25 to 1.73)
Procaine for cognition and dementia[31]	Cochrane review: meta-analysis of 2 controlled studies (2008)	● Detrimental effect of procaine (20/208 active versus 3/207 placebo, OR 7.30, 95% CI: 2.13 to 25.02, P = 0.002)