Prevalence and factors associated with cognitive frailty in older adults. Results from ELSI-BRAZIL



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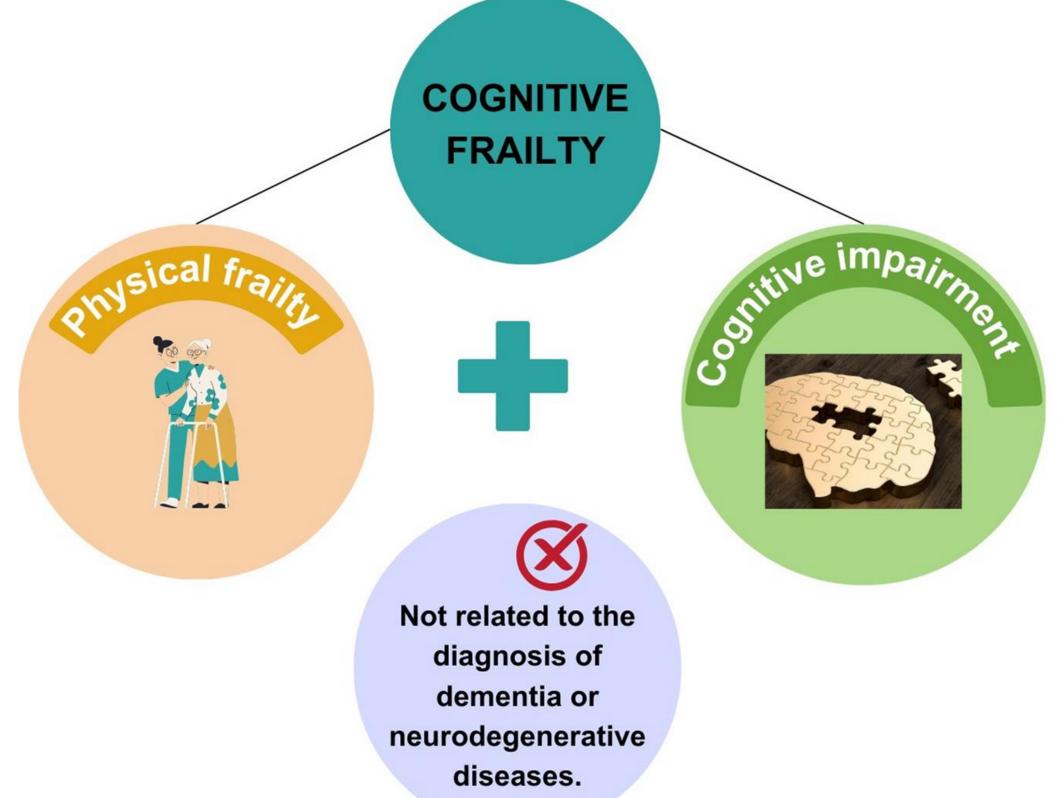


CONFLICT OF INTEREST

I have no conflict of interest to declare



Background





Background



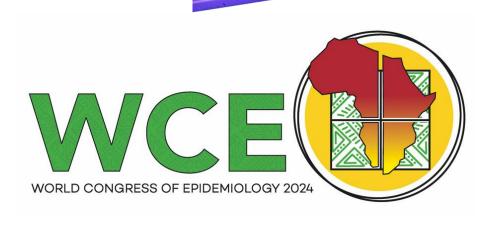


- Cognitive frailty has been investigated using various methods, both in the frailty phenotype and in the definition of cognitive decline.
- However, regardless of the different types of measurement of cognitive decline and frailty, cognitive frailty has been associated with all-cause mortality and dementia in older adults.



Background

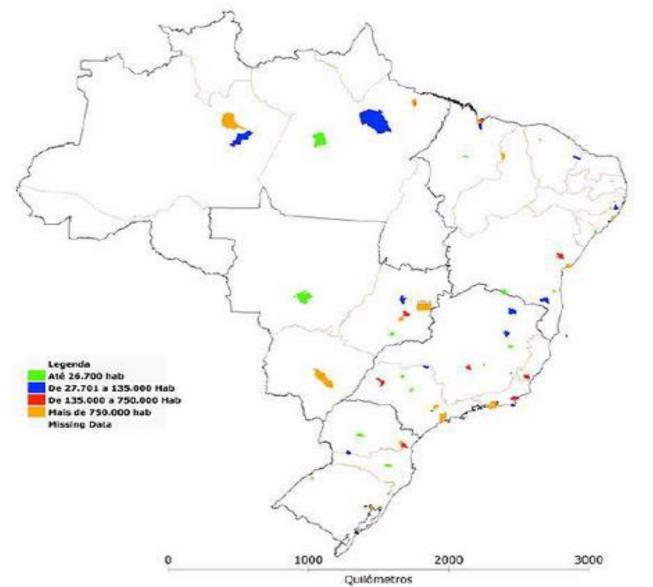
To our knowledge, this is the first study to estimate the prevalence of cognitive frailty and associated factors in a representative cohort of older adults from the Brazilian population.



• This is a cross-sectional study with data from the Brazilian Longitudinal Study of Aging (ELSI-Brazil) (2015-16).

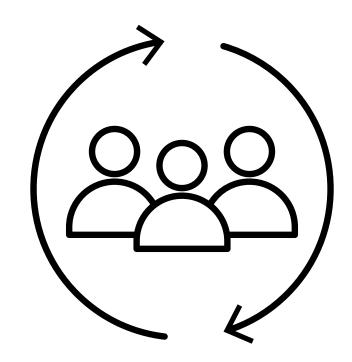


- The ELSI-Brazil is designed to be representative of the Brazilian population aged 50 and older (70 cities across 5 Brazilian regions).
- The study was approved by the Research Ethics Committee (CAAE: 34649814.3.0000.5091).





Inclusion Criteria



9,412 participants aged 50 or older.

Exclusion Criteria

- Self-reported diagnosis of dementia or Alzheimer's disease;
- Cognition module not completed by the participant;
- Incomplete cases.



Cognitive Frailty

Fried Frailty Phenotype

≥ 3 characteristics

Unintentional weight loss (4,5 kg)

Muscle
weakness
(lower
quintile of
handgrip
strength
according to
sex and
BMI))

Reduction in walking speed (lower quintile of walking speed according to sex and height)

Exhaustion (more than 3 days a week unable to get things done or routine activities were too demanding)

Low
physical
activity
(Bottom
quintile of
weekly
energy
expenditure
by sex)

Temporal orientation (4 questions related to the date on the Mini-Mental State Examinatio)

Verbal fluency (names of animals in 1 minute)

Cognitive Impairment

z-score ≤-1 standard deviation

composed of the average z-scores

Memory (immediate and delayed recall of 10 words)

Fried et al., 2001; Castro-Costa et al., 2018; Ruan et al., 2020



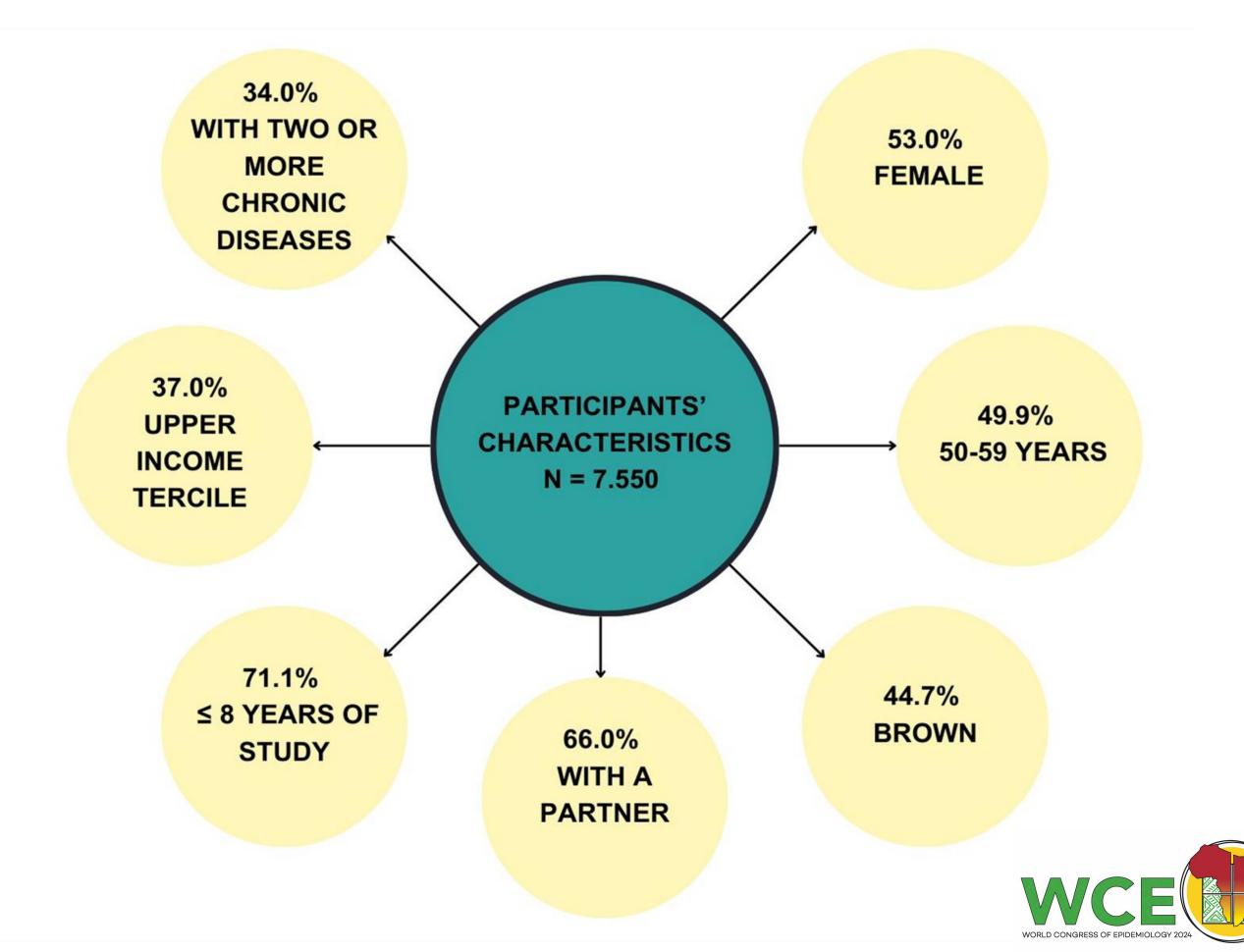
STATISTICAL ANALYSIS



- All analyses were conducted using the software Stata 16.1.
- Descriptive analysis and logistic regression adjusted by sex, age, marital status, wealth and chronic diseases were performed.
- Interaction between sex and age was tested.



Results



Results

Physical Frailty

7.7% (IC95%: 6.8; 8.5)

- 19.0% Muscle weakness
- 18.7% Reduction in walking speed
- 18.7% Low physical activity
- 27.6% Exhaustion
- 7.1% Weight loss

Cognitive Impairment

12.9% (IC95%: 11.5; 14.4)

- 13.6% SD<=-1 Temporal orientation
- 15.7% SD<=-1 Memory
- 14.0% SD<=-1 Verbal fluency

Associated with age, with an 18% increase (95%CI 1.11-1.26) for each additional year, and the lower income tercile (OR: 1.53; 95%CI: 1.01-2.33)

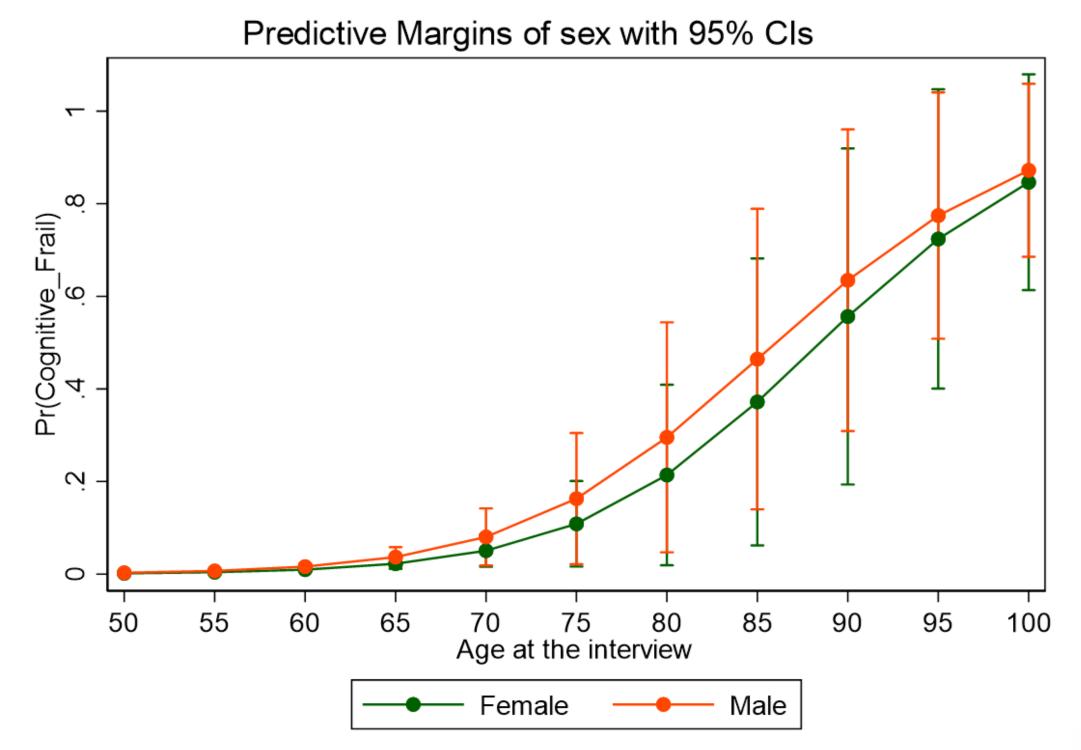
Cognitive Frailty

1.9% (IC95%: 1.5; 2.3)



Results

No interaction between sex and age







Conclusion



The prevalence of cognitive frailty was low and there was significant increase with age.

It is worth highlighting the need to track and to implement prevention programs for this condition in order to reduce its impact on the society.



References

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Thank you!

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