The Mind-Body Connection: Exploring the Defining Characteristics of Two Aging Phenotypes

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INTRODUCTION

Background

Dementia is a major healthcare challenge.
MCR (motoric cognitive risk syndrome) and CF (cognitive frailty) are two evolving concepts relating to dementia.

MCR defined by co-presentation of slow gait speed and subjective cognitive complaint without dementia or mobility disability, is considered as a "predementia syndrome."

CF, defined as having both physical frailty and cognitive impairment in the absence of dementia, is posited to be caused by physical frailty.
Both have been associated with dementia risk, but the relationship amongst the two are unknown.

Objectives

1) Assess the concordance between MCR ad CF by examining their prevalence.
2) Describe the characteristics of those with MCR or CF or both.

METHODS

Study population: National Health and Aging Trend Study (NHATS) data was used, ages were between 65-90 years old.

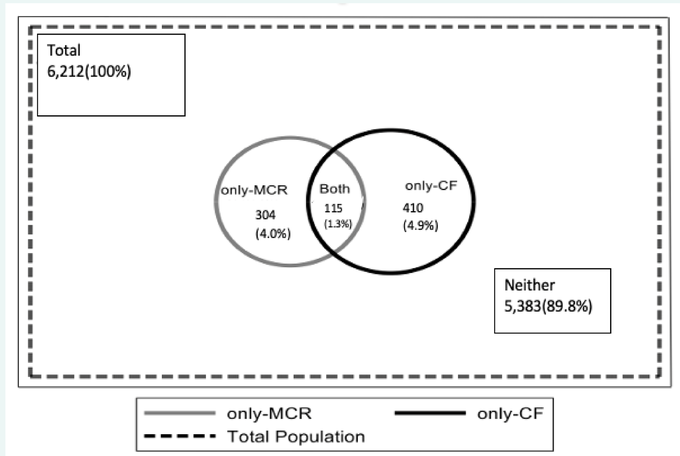
Participants were stratified in 3 cohorts
1) MCR only 2) having CF only, and having 3) both MCR and CF.

Demographic/ health characteristics amongst each group was compared.

Data analysis: Cross tabulation to quantify our 3 cohorts as well as the use of multinomial logistic regression.

RESULTS & DISCUSSION

Objective 1: Assess the concordance between MCR and CF



In addition to the above results we found that while 21.9% of those with CF had MCR, 27.5% of those with MCR had CF.

Objective 2: Describe the characteristics of those with MCR or CF or both

Most noteworthy characteristics

Those who classified as having both MCR and CF were more likely to be Blacks and Hispanics and in a lower socioeconomic status.

More than half of the subjects in the CF only group were above the age 75 while the MCR only group included a larger number of younger subjects.

The CF only group had a stronger association with comorbidity burden than MCR only. Health characteristics were more similar between the CF only group and the both group.

The differences between the MCR only and the CF only were mostly due to the exclusion of mobility disability in the case of MCR.

CONCLUSION

In our study we have found that 304 (4%) had MCR, 410 (4.9%) had CF and 115 (1.3%) had both. The both group had a larger number of Blacks and Hispanics, in a lower SES. CF group was associated with higher comorbidity burden and included larger number of older subjects.

There are noteworthy areas of overlap and discordance amongst the 3 cohorts. What is unclear is where and when the overlap and divide occurs. Examining these states allows us to pay attention to the fine details involved in the cognitive decline experienced in patients. With more understanding of these concepts in time we hope to move beyond risk prediction.

It would be beneficial to study patients over time to fill in the gaps on the progression of CF and MCR. It would also be beneficial to do further studies on the minority population to explore the differences we observed when comparing Blacks and Hispanics to Whites.

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