

Mindful ageing. Avoiding age related cognitive decline

Results:

We performed a cognitive reevaluation of 275 community dwelling individuals followed in primary care (64% female, aged 70.4 (\pm 8.3) years and with 7.5 yrs of education on average), who had a baseline assessment 5 years before. 59% performed a structural MRI. Most individuals remained cognitively normal and 41 declined, including 7 with dementia. Subjects with decline were older, had lower formal education, had lower scores on composite measures of executive and episodic memory and more depressive complaints at baseline, compared to those remaining well. General Practitioners (GPs) could only identify as impaired those with more severe decline. Multivariate analysis (Poisson regression) showed that increasing age and baseline lower age & education adjusted Z scores on Executive function increase the risk of decline. Significant correlations were found between executive function and the volume of left pars orbitalis and cingulate cortex and between memory score and inferior parietal, posterior cingulated and pars orbitalis regions. Mid temporal atrophy were associated with poor outcome.

This study suggests that in a primary care setting, executive performance may help to identify subjects at risk of cognitive impairment and structural abnormalities five years before, showing that decline begins much earlier. In spite of their close contact with patients and families primary care doctors are more likely to detect patients in more advanced stages of decline, which stresses the need of early simple cognitive assessment tools. Subjective complaints were not predictive of decline. Literacy and cognitive stimulation seem to be related to cognitive outcome, but it is difficult to disentangle their participation as reserve or compensation.

Areas of interest:

Aging and Cognition

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