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International Conference on
Frailty & Sarcopenia Research

THE CONFERENCE
WILL BE HELD AT
HOTEL REY JUAN CARLOS 1
AV DIAGONAL 661
BARCELONA • SPAIN

Wednesday 12th, Thursday 13th & Friday 14th March, 2014 Barcelona, Spain

COGNITIVE IMPAIRMENT LINKED TO PHYSICAL FRAILITY IN OLDER ADULTS

BARCELONA, SPAIN, March 12, 2014.

Physical frailty, which has been linked to a reduced ability to fend off disability in old age, is also associated with increased levels of cognitive impairment, according to research presented today at the International Conference on Frailty and Sarcopenia Research in Barcelona, Spain. According to Gabor Abellan van Kan, M.D. from the Geriatric Center of Toulouse (Gérontopôle of the University Hospital Center of Toulouse), as patients progress from robust to prefrail to frail, they also experience progressive cognitive decline.

According to Dr. Abellan van Kan, the symptoms of frailty – weight loss, low gait speed, low hand grip strength, sedentary habits, and fatigue – are all associated with cognitive decline, although not necessarily dementia. However, more research is needed to determine how physical frailty and cognitive frailty are linked from a physiologic perspective.

The data presented today were collected from patients seen at the Frailty Day Hospital in Toulouse. The Day Hospital was established in October 2011 by the Geriatric Center of Toulouse in association with the University Department of General Medicine of Toulouse and the regional health authority (Agence Regionale de Santé - ARS- Midi-Pyrenees). It was designed to respond to a French government policy aimed at preventing disability in older persons through multidisciplinary assessment and delivery of patient-tailored interventions. During its first two years of operation, the Day Hospital recruited 1108 patients with an average age of nearly 83 years. Frailty was assessed using a simple frailty screening

questionnaire, developed for general practitioners and approved by the French National Authority for Health as a tool to detect frailty in older persons. More than half (54.5%) of the patients recruited into the study were frail, while another 39.1% were pre-frail. Interestingly, nutritional deficits were noted in nearly half of these patients and nearly all had a vitamin D deficiency. Despite the high prevalence of frailty, most patients had not yet developed disability and remained autonomous in activities of daily living.

“The presence of cognitive decline interferes directly with the management of these patients,” said Dr. Abellan van Kan. Moreover, he said that the cognitive decline observed in prefrail patients may be reversible. “Frail older adults with cognitive decline may need specific treatments that are different from those recommended for frail older adults with no cognitive decline.”

These results support recognition of cognitive frailty as a condition that reflects the presence of both physical frailty and cognitive impairment in the absence of dementia. They also support emerging research on the importance of recognizing and treating frailty in older adults as a means of preventing disability, said Professor Bruno Vellas, also of Toulouse Gérontopôle and Alzheimer's Disease Research Clinical Center. For example, preliminary research suggests that multidomain interventions which include exercise, a healthy diet, cognitive stimulation, and pharmacologic treatment may improve frailty symptoms as well as cognition, said Professor Vellas.

ABOUT ICFSR 2014: The International Conference on Frailty and Sarcopenia 2014 - Implementing frailty and sarcopenia into clinical practice, is sponsored by the Global Aging Research Network (GARN), a collaboration of the International Association of Gerontology and Geriatrics (IAGG) and the World Health Organization. The aim of GARN is to identify the best research centers dedicated to social, biological, behavioral, and clinical gerontology.



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