Woods cognitive frailty

Relation of physical frailty with cognitive problems. Rockward(1) did one of the first discovery of frailty in older adults, frailty is defined as a both physical and cognitive constructs. It seems obvious that physical function of most of the adults decline over time as they age but there is no precise relation between physical and cognitive relation. Cognition has different types, cognitive frailty and cognitive reserve. Cognitive reserve is the ability of a person to resist changes in brain that are caused to illness and other factors, however cognitive frailty is autonomous of memory loss or other king of neurological setbacks. There are not many studies that estimate the brain deterioration in people compared to other primary diseases that relates to heart and blood pressure. People with physical dysfunction tends to develop cognitive frailty over time. However, there is no proper study that states that people suffering with cognitive impairment has notable physical changes in their body. Clinical dementia rating(CDR) is used as a threshold for moderate cognitive frailty independent of other brain diseases. It is not mandatory for most people to fall in regards to this rating because of other disorders like numbness of different parts, difficulty in speech, etc. Sometimes, healthy adults which have their CDR under 0.5 might still be susceptible to memory dysfunction because of stress, hospitalization and changes in their physical surroundings. Being hospitalized for a long time or too often blunts the brain to not being curious. There needs to huge assessments and limiting factors to accurately predict the causes to distinction of various diseases. Short physical performance battery or less walking speed is also related to cognitive deterioration and inflammatory cytokines. Simple movements in our life require various nerve stimuli and responses back and forth from the brain, in cases of absenteeism of brain these functions might not function properly.

1. Rockwood ,Factors associated with instituionallization of older people in Canada

Cognitive fraility what is still missing?

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