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Editorial

Editorial Note on Cognitive Frailty in Adults

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EDITORIAL

Aging population is a massive issue. Health-care providers must cope with an increasing number of elderly people with various complex illnesses, whether or not they are disabled. Dementia and frailty are two prevalent geriatric disorders in adults over 75, and the two are thought to have a strong link. In geriatric care, for example, we can see a rapid cognitive decline in a cognitively impaired older patient with restricted activities due to physical restrictions, implying a strong link between cognitive function and physical fitness or physical activity. This implies that for geriatric care, both physical and cognitive assessments are essential. We evaluated clinical and epidemiologic studies linked to "cognitive fragility" in this paper, and attempted to address the definition of cognitive frailty, its clinical and epidemiologic importance and pathogenesis, as well as the implications of therapies.

Frailty is a multifaceted syndrome that spans physical, social, and cognitive components and is characterised by an individual's heightened vulnerability to acute stressors induced by age-related cumulative decline of several physiologic systems. Because cognitive impairment is one of the components of frailty, researchers have looked into the link between physical frailty and cognitive impairment. Because of the tight association between frailty and cognitive impairment, multiple lines of evidence in cross-sectional and longitudinal studies have demonstrated a correlation between physical frailty and cognitive impairment or dementia.

Dementia, functional decline, disability, low quality of life, and mortality have all been linked to frailty and cognitive decline. Even though it has been established that frailty and cognitive impairment are linked, most studies have looked at them independently. In older persons without dementia, cognitive fragility has been defined as a diverse clinical presentation characterised by the presence of both physical frailty and cognitive impairment. This notion could be effective in identifying people with cognitive impairment due to physical or non-neurodegenerative illnesses, as well as promoting interventions that can improve the quality of life of older people.

Although various papers mentioned potential mechanisms underlying cognitive frailty, such as neuropathological changes and vascular damage, and there was widespread agreement on the need for more data from neurobiological markers, only two studies in this review provided results on neuroimaging and biomarkers. Frailty has a strong link with the presence of global cortical atrophy, as well as a marginal relationship with white matter hyperintensities, both of which are altered by age.

Reduced cognitive performance in the absence of subjective memory complaints, or a clinical diagnosis of dementia, moderate cognitive impairment (MCI), or any prior neurologic cause is a population of interest. In this context, cognitive frailty does not just refer to the cognitive impairments of people who also have physical frailty. Cognitive fragility has been related to an increased risk of dementia and is commonly seen to be a precursor to Alzheimer's. In the absence of physical frailty, cognitive impairment is linked to a long-term loss in functional capacities and daily life activities. Hospitalization rates have increased, as has the rate of all-cause mortality [1-5].

Another possibility is that impaired cognitive performance is a result of normal ageing, rather than latent Alzheimer's disease or another neurodegenerative process. In the absence of underlying degenerative or vascular dementia pathology, psychosocial, educational, and medical factors may lead to cognitive fragility. Adults, who are cognitively failing, for example, are four times more likely to come from low-income families and twice as likely to have less schooling. They are more likely to be undernourished, lead a sedentary lifestyle, and suffer from medical comorbidities like cardiovascular disease, chronic inflammation, and hearing loss.

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