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## Dementia and frailty: Cause, effect or both

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Frailty is a clinical syndrome associated with greater risk for adverse outcomes such as falls, disability, institutionalisation and death. Cognition and dementia are known components of frailty, and the role of frailty as possible determinant of dementia especially vascular dementia is getting increasing recognition. Cognitive frailty is a condition recently defined as co-existence of physical frailty and mild cognitive impairment, with two proposed subtypes including potentially reversible cognitive frailty and reversible cognitive frailty. The definition continues to evolve with another group validating physical frailty and MCI using computerized neuropsychological battery of tests. As there is no agreed standard definition, the prevalence ranges from 1.0-22.0% in different settings. Crosssectional, longitudinal population-based studies including our own local data have shown that cognitive frailty is associated with increased risk of functional disability, poor quality of life, hospitalization, falls, mortality and dementia. The mechanisms and pathophysiology underlying the cognitive-frailty link is multifactorial, and inflammatory, nutritional, vascular and metabolic factors may have a causal link. Physical frailty may also be prodromal stage of vascular dementia supported by imaging and biomarkers. Physical frailty and cognition should

be considered as a single complex phenotype for interventions on prevention of dementia. For those at risk, including prefrail and frail older adults, a recent systematic review have shown that multidomain interventions tended to be more effective than single domain interventions on frailty status, muscle mass and strength, and physical functioning. Nutrition as one of the domains is crucial as it delivers benefit at biological, clinical and social level. We need a more reliable definition and diagnostic criteria for cognitive frailty supported by imaging and biomarkers to identify those at risk and implement intervention program to delay or prevent frailty and late-life cognitive disorders.

## **Speaker Biography**

Reshma A Merchant, Head and Senior Consultant at the Division of Geriatric Medicine at the National University Hospital, Singapore. Prior to this, she was the head of division of Advanced Internal Medicine for seven years since 2009 and under her leadership, the division has made great progress in care integration, care coordination and new models of care including acute medical unit and Innovation-42. She is a strong advocate of ageing in place. Her main area of research interest is in sarcopenia, cognitive frailty and successful ageing in the community. She also holds many leadership positions in national professional organizations and advisory boards. She graduated from the University of Edinburgh and obtained her postgraduate qualification from Royal College of Physician London in 1999 where she worked for several years before returning to Singapore in 2001.

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