Letter to the Editor





Managing Cognitive Function and Physical Activity in Elderly with Disabilities

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Dear Editor-in-Chief

The relationship between cognitive function and physical activity in elderly with disabilities is insufficiently understood. Most previous studies have focused on the association between cognitive function and physical activity and/or exercise in the general population of elderly. More than one billion people, or 15% of the world's population, have some form of disability (1). The number of people with disabilities continues to rise due to an aging population and an increase in accidents and chronic illnesses. In addition, elderly may experience a decline in functional capacity due to physiological changes throughout their lives, resulting in impairments in basic activities of daily living and instrumental activities of daily living.

On the one hand, according to a 2017 Lancet study, there is a 90% chance that the life expectancy at birth of a South Korean woman in 2030 will be higher than 86-87 years, the same as the world's highest life expectancy in 2012, and a 45% chance that the life expectancy of a South Korean woman in 2030 will be the highest in the world (2). This phenomenon is of not only the elderly but also the elderly with disabilities need a lot of attention to improve their quality of life. Moreover, the social distancing and isolation caused by the unprecedented COVID-19 pandemic had a profoundly negative impact on the health of all elderly.

Physical activity and/or exercise can promote not only healthy aging but also mental health in elderly. In particular, physical activity improves cognition, executive function, and independent functioning in mild cognitive impairment and dementia, and psychological well-being in dementia (3). An independent association was found between physical activity and cognitive function in Korean elderly, with participants who did not meet recommended moderate-to-vigorous physical activity levels 1.63 times more likely to have cognitive decline than those who did (4). The study of meta-analyses to compare different physical activity and exercise interventions for Alzheimer's disease in detail, suggests that physical activity and/or exercise can improve cognition in elderly with Alzheimer's disease, but the concomitant effects of high-frequency interventions on cognitive function were not greater than those of lowfrequency interventions (5).

Research on the physical activity and cognitive function of elderly with disabilities, as opposed to



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the general population, is very scarce. Most research on elderly with disabilities and physical activity has focused on physical functioning rather than cognitive functioning.

We investigated physical activity and cognitive function in elderly with disabilities. We found that Korean elderly with disabilities who did not meet the recommended physical activity time had about 2.29 times greater cognitive decline compared to those who met the recommended physical activity time. Besides, participants who exercised less than once a week experienced about 1.22 times greater cognitive decline compared to those who exercised more than once a week.

Elderly without disabilities who do not meet recommended PA levels are 1.63 times more likely to experience cognitive decline (4), the odds ratio was even more pronounced in the elderly population with disabilities (OR = 2.29, 95% CI = 1.32-3.97), emphasizing the importance of increasing physical activity and/or exercise for this population.

Physical activity and/or exercise is very important for elderly, whether they have a disability or not. Furthermore, the number of elderly exposed to cognitive decline and dementia continues to grow, making it important to pay attention and manage for them.

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Conflict of interest

The authors declare that they have no competing interest.

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