

Paper Category:	Cognitive Frailty
Paper Title: (Arial Font; 14 Pt Size)	Longitudinal transition trajectories of Physio-Cognitive Decline Syndrome in older Japanese community-dwellers
Abstract Body: (Arial Font; 12Pt Size)	<ul style="list-style-type: none"> • Background • Objectives • Method • Results • Discussions and Conclusions
<p>(Maximum word limit - 300 words)</p> <p>Background: The concept of Physio-Cognitive Decline Syndrome (PCDS), which refers to the coexistence of physical and cognitive decline, underscores the potential for reversibility of these impairments. However, limited study has been conducted to investigate the transition of PCDS within community populations.</p> <p>Objectives: To examine the longitudinal trajectories of physical and cognitive declines among older Japanese community-dwellers.</p> <p>Method: A sample of 1,066 participants aged 60–81 years, with a minimum follow-up of 3 times, a Mini-Mental State Examination (MMSE) score of ≥ 24, no history of dementia, and complete data on covariates, was selected from the National Institute for Longevity Sciences-Longitudinal Study of Aging, spanning from the 2nd to 9th wave (2000–2022). Physical function was assessed using walking speed (WS; m/s) and grip strength (GS; kg), while cognitive function was evaluated using the MMSE. Five health statuses were defined as follows: mobility impairment no disability (MIND; WS < 20% cut-off or GS < 20% cut-off), cognitive impairment no dementia (CIND; MMSE < 20% cut-off), PCDS (MIND + CIND), robust (WS \geq 80% cut-off or GS \geq 80%, and MMSE \geq 80% cut-off), and susceptible (participants not falling into any other group). A group-based multi-trajectory model was employed to derive longitudinal trajectories of participants' health status changes.</p> <p>Results: During a mean (SD) follow-up period of 12.8 (4.0) years, four distinct trajectories were identified and designated as the MIND-PCDS group, robust-susceptible group, susceptible with deterioration group, and CIND-PCDS group. The proportions of participants in each group were 28.6%, 26.3%, 28.5%, and 16.5%, respectively.</p> <p>Discussions and Conclusions: Significant fluctuations in PCDS status were detected, indicating a recurring pattern of transitions and an overall decline in health status. The distinct transition trajectories observed may be influenced by various baseline characteristics. Subsequent investigations should prioritize examining the factors that contribute to changes in these trajectories.</p>	

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