Prevalence of frailty and cognitive impairment in middle-aged patients with alcohol use disorder: A cross-sectional study

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BACKGROUND

It is recognised that cognitive and physical functioning are modifiable conditions that contribute to health outcomes [1, 2].

AIM

This study sought to explore the prevalence of and relationship between cognitive impairment and frailty in patients 50 – 65 years old with Alcohol Use Disorder (AUD).

METHODS

Participants:

Eligible patients were invited to participate in the cross-sectional study. The final sample comprised N = 75 participants.

Location:

The study was undertaken at the Inpatient Drug and Alcohol Service, Royal North Shore Hospital, Sydney, Australia.

Materials:

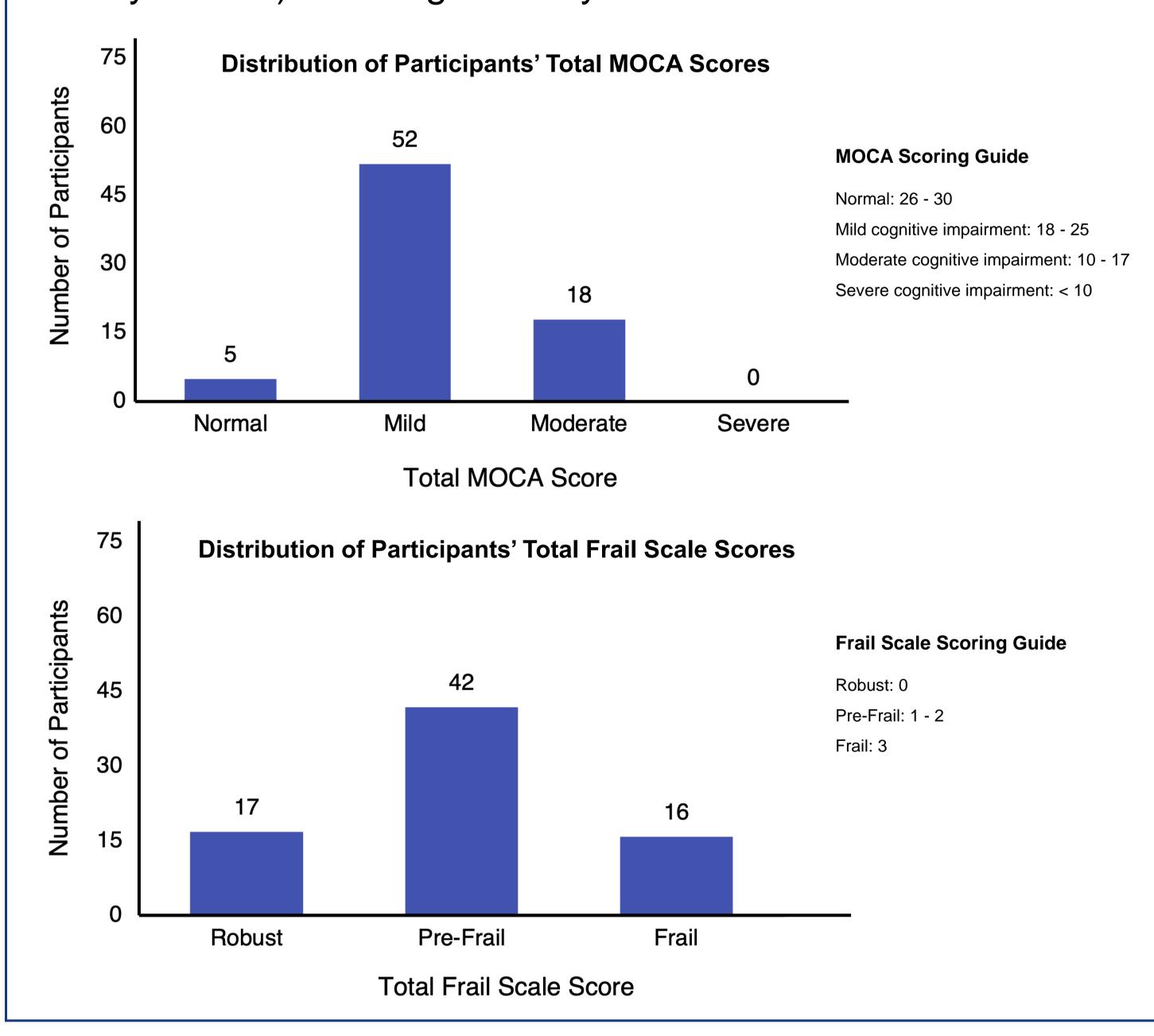
- Montreal Cognitive Assessment (MOCA)
- Frail Scale
- Demographic data extracted from medical records
 - Age, sex, living arrangement, country of birth, income status



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RESULTS

In total, 93.3% of participants scored below the MOCA cut-off indicating cognitive impairment (≤ 25). 77.3% of participants scored within the 'frail' and 'pre-frail' categories on the Frail Scale. Higher levels of cognitive impairment were associated with more frailty. Demographic factors did not significantly predict total MOCA scores. Participants whose living arrangement was classified as 'other' (e.g., living with family/friends) were significantly less frail.



DISCUSSION

We observed higher rates of cognitive impairment and frailty compared to previous findings [3]. Our results underscore the need for investment in healthcare services capable of adapting treatment approaches to enhance the wellbeing of patients with AUD.

REFERENCES

[1] Bates et al. (2013). A role for cognitive rehabilitation in increasing the effectiveness of treatment for alcohol use disorders. *Neuropsychol. Rev., 23*(1), 27 – 47. [2] Haber et al. (2009). Guidelines for the treatment of alcohol problems. *University of Sydney,* Sydney, Australia. [3] Monds et al. (2017). Cognition and adaptive functioning in older people attending drug and alcohol services. *Int. Psychogeriatr., 29*(5), 815 – 823.