

P2-735 - Non-physical Leisure Activity patterns and Cognitive Function in 4,121 Hong Kong older adults with no major neurocognitive disorders



Monday, July 17, 2023



7:45 AM - 3:15 PM

Theme

Public Health

Abstract

Background:

Emerging evidence supports the role of lifestyle in maintenance of cognitive function. Physical exercise, diet and sleep are found to play important roles in cognitive health at later life. In this recently completed epidemiological study in Hong Kong, we explored if non-physical leisure activity participation also contributes to cognitive function in older adults.

Method:

The Hong Kong Mental Morbidity Survey for Older People (HKMMSOP) is a commissioned study supported by the Health and Medical Research Fund of the Hong Kong SAR. From 2019 till 2022, we have successfully assessed 4,369 community dwelling older adults (60 years or over). 4,121 participants satisfied clinical Dementia Rating (CDR) of either 0 or 0.5. Assessments included Montreal cognitive assessment (MoCA), cumulative illness rating for physical disease burden, Clinical Interview Schedule – Revised (CIS-R) for depressive and anxiety symptoms, types of physical exercise (aerobic, mind body, resistance muscle training, stretch), types of non-physical activities (cognitive, social, spiritual, volunteering, passive solitary) activities were counted as positive if regular practice frequency were once weekly or more.

Result:

Of the 4,121 participants, 3118 were cognitively healthy (CDR=0), 1003 had mild neurocognitive disorder with CDR 0.5. The mean age and education (years) was 68.9(SD 6.9)(range 60-98) and 9(SD 4.5) respectively. 44% were men. The mean MoCA score was 24.4 (SD 4.0). Regression analysis with MoCA score as the dependent variable showed that cognitive, volunteer and spiritual activities were significant factors (after controlling for gender, age, education, physical health burden, psychological symptoms (CIS-R), and total number of physical exercise)($R^2= 295$). In the CDR 0 group, cognitive and spiritual activities are significant factors ($R^2= 0.184$). In the CDR 0.5 group, cognitive and volunteer activities are significant ($R^2= 0.196$).

Conclusion:

The HKMMSOP provides empirical evidence on the association between cognitive function and apparently pro-mental wellbeing leisure activities. The observation that the introspective spiritual activities being significant factor in healthy, and external volunteering activities being significant in mild cognitively impaired group should invite further replication and exploration on the associated mechanisms.

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