

**ASSESSMENT OF PRECLINICAL MARKERS “MOBILITY LIMITATIONS” AND
“COGNITIVE IMPAIRMENT” AMONG GERIATRIC INPATIENTS: EVIDENCE FROM THE
CROSS SECTIONAL STUDY**

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Objective: Cognitive impairment and mobility limitations are considered as harbingers of hip fractures, depression, falls, and delirium among geriatric patients. They also affect the physical, psychological, and social aspects of elderly people which attract substantial morbidity and cost. In this backdrop, this study aimed to assess the preclinical markers “mobility limitations” and “cognitive impairment” among geriatric inpatients.

Methods: This questionnaire based prospective cross sectional study utilized the “Mini Nutritional Assessment-Short Form” tool to assess the mobility limitations and self-administered questionnaire was employed to assess the cognitive impairments. The study involves the most vulnerable age group (≥ 60 years of age) of the population. The data obtained from 235 participants reporting in the medicine department is presented.

Results: The average age of the patients was found to be 68.2 years. Female patients were slightly higher than males. The studied sample had a frequency of 82.1% for the patients having mobility limitations, among them 67.2% of the patients were bed/chair bound. The frequency of cognitive impairments was found to be 74.8%, among 51.9% of patients were having “altered awareness” problem and 16.5% of patients were having both “altered awareness” & “lack of understanding” problem while very few patients were having “impulsive” problem. Majority of the patients 88.9% have paid out of their pocket expenditure.

Conclusions: A very high prevalence of these preclinical markers was observed in consonance with the previous reports. Most of the patients were bed/chair bound which is an alarming sign, as mobility is considered to be the key hallmark of functional aging. Early assessment and detection of these preclinical markers could serve as an important tool to delay the accelerated aging process which in return can reduce disability, hospitalization, institutionalization, out of pocket expenses and mortality.

Keywords: Elderly, Mini Nutritional Assessment, Mobility, Cognitive impairment.