

The Role of Cognitive Impairment in Asthma Self-Management Behaviors and Outcomes in Older Adults

Authors : Gali Moritz, Jacqueline H. Becker, Jyoti V. Ankam, Kimberly Arcoleo, Matthew Wysocki, Roe Holtzer, Juan Wisnivesky, Paula J. Busse, Alex D. Federman, Sunit P. Jariwala, Jonathan M. Feldman

Abstract : Objective: Cognitive impairment (CI), whose incidence is greater among ethnic/racial minorities, is a significant barrier to asthma self-management (SM) behaviors and outcomes in older adults. The aim of this study was to examine the relationships between CI, assessed using the Montreal Cognitive Assessment (MoCA), and asthma SM behaviors and outcomes in a sample of predominantly Black and Hispanic participants. Additionally, we evaluated whether using two different MoCA cutoff scores influenced the association between CI and study outcomes. Methods: Baseline cross-sectional data were extracted from a longitudinal study of older adults with asthma (N=165) age \geq 60 years and used for analysis. Cognition was assessed using the MoCA. Asthma control, asthma-related quality of life (QOL), inhaled corticosteroid (ICS) dosing, and ICS adherence were assessed using self-report. The inhaler technique was observed and rated. Results: Using established MoCA cutoff scores of 23 and 26 yielded 45% and 74% CI rates, respectively. CI, defined using the 23 cutoff score, was significantly associated with worse asthma control ($p=.04$) and worse ICS adherence ($p=.01$). With a cutoff score of 26, only asthma-related QOL was significantly associated with CI ($p=.03$). Race/ethnicity and education did not moderate the relationships between CI and asthma SM behaviors and outcomes. Conclusions: CI in older adults with asthma is associated with important clinical outcomes, but this relationship is influenced by the cutoff score used to define CI.

Keywords : cognition, respiratory, elderly, testing, adherence, validity

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