



ISSN NO. 2320-5407

Journal Homepage: - www.journalijar.com

INTERNATIONAL JOURNAL OF ADVANCED RESEARCH (IJAR)

Article DOI: 10.21474/IJAR01/17227
DOI URL: <http://dx.doi.org/10.21474/IJAR01/17227>



INTERNATIONAL JOURNAL OF
ADVANCED RESEARCH (IJAR)
ISSN 2320-5407
Journal Homepage: <http://www.journalijar.com>
Journal DOI: 10.21474/IJAR01

RESEARCH ARTICLE

COGNITIVE IMPAIRMENT AND QUALITY OF LIFE AMONG ELDERLY IN SELECTED COMMUNITY AREA OF DEHRADUN, UTTARAKHAND

Sumit Godiyal¹, J. ManoRanjini² and Namrata Pundir³

1. Msc Nursing Student, Himalayan college of Nursing, SRHU, Jollygrant, Dehradun, Uttarakhand, India.
2. Assistant Professor, Himalayan College of Nursing, SRHU, JollyGrant, Dehradun, Uttarakhand, India.
3. Nursing Tutor, Himalayan College of Nursing, SRHU, JollyGrant, Dehradun, Uttarakhand, India.

Manuscript Info

Manuscript History

Received: 10 May 2023
Final Accepted: 14 June 2023
Published: July 2023

Key words:-

Cognitive impairment, Quality of life,
Elderly

Abstract

Background: Aging per the biological concept is the results of the build-up of a large type of cellular changes within the body over expanded period of time which results in a decrease in physicality and mentality. The aim of the study to assess cognitive impairment and quality of life among elderly in selected community area.

Methodology: Descriptive survey research design was used, total 130 elderly were selected through total enumerative sampling technique. Data was collected by interview method for Socio-demographic variables, Mini Mental Status Examination and Structured tool on quality of life in community area of Markham grant, Dehradun, Uttarakhand. Frequency, percentage mean and standard deviation, Chi-Square, Fisher's Exact Test was used.

Results: This study showed that (53.8%) of the elderly were having no cognitive impairment, (30.8%) were having mildcognitive impairment, (13.1%) of the elderly were having moderate cognitive impairment, (2.3%) of the elderlywere having severe cognitive impairment. The result also showed that 72.3% were having average quality of life, 15.4% were having good quality of life, 12.3% were having poor quality of life and the mean QOL score was maximum in Social Relation and Family (21.94±2.951) and minimum in financial circumstances (13.52±2.864). The cognitive function is improving and quality of life is also improving as there is highly significant moderate positive correlation (0.482) tested at 0.05 level of significance.

Conclusion: The study concluded that the elderly were having no cognitive impairment and average quality of life.

Copy Right, IJAR, 2023,. All rights reserved.

Corresponding Author:- J. ManoRanjini

Assistant Professor, Himalayan College of Nursing, SRHU, Jollygrant, Dehradun, Uttarakhand, India.

Email ID: manopriyasri87@gmail.com

Mobile Number: 9675555165

Acknowledgement:-

Author would like to express their deepest gratitude to Professor Dr. Sanchita Pughzendi ,Principal and Head of Community Health Nursing, Himalayan College of Nursing, Dehradun and Assistant Professor, Mrs. J. ManoRanjini, Mental Health Nursing Department, Himalayan College of Nursing, and special Thankyou to Mrs. Namrata Pundir, Nursing Tutor, Himalayan College of Nursing, Dehradun, for giving the opportunity to conduct this study and for their kind guidance, support, encouragement, and continuous care.

Introduction:-**Background of the study**

Age is defined by a particular date and time and is influenced by a range of aspects like emotional and physical well-being, developmental stage, socioeconomic level, culture, and ethnicity.¹ Aging as per the biological concept is the results of the build- up of a large type of cellular changes within the body over a expanded period of time which results in a decrease in physicality and mentality.² The persons having age 60 years and above in the population is increasing worldwide. In 2019, the number of individuals age 60 years and above was 100 crores. This figure will rise to 140 crores by 2030 and a duo of 210 crores by 2050. This upsurge is going on at an extraordinary leap and can rush within the imminent years, mostly in evolving countries.³ Age related changes distress all bodily system and which is normal as people age but when the changes occur quickly it affects the individual life prominently.

During the aging sequence, or elder lines there's a slow deterioration in the working of all of the body's system—cardiac, respiratory, genitourinary, endocrinal, immune and nervous system.⁴ When a nervous system ages, the brain and spinal cord atrophy (lose weight) occurs and nerve cells may start to slow down when carrying out various messages in the brain.⁵ In the psychological changes of aging process, short term memory seems to deteriorate with age, intellectual abilities don't decline but do become obsolete and Verbal abilities, together with vocabulary and word usage, may commence to decline later.⁶

Cognitive impairment is a condition during which individual has problem in orientation, attention, calculation, recall, language, and motor naming, repetition, reading, writing, and copying which affect their lifestyle activities. Cognitive impairment is additionally called “cognitive decline” it comes with a pace of sudden or gradual which can cause temporary or permanent changes within the elderly.⁷ Cognitive impairment directly affects an individual living situation in his society which is also known as his quality of life. World health organization claims that quality of life denotes to a individual's awareness of their life situation in view of their beliefs and worth systems they belong to as well as their ambitions, potentials, morals and concerns.⁸

Financial stability, job satisfaction, family life, health, and safety are among the many variables that determine the quality of life, although they might vary depending on individual preferences.⁹ Devraj S and D'mello MK conducted a similar study on the factors that affect elderly people's quality of life in metropolitan region of Mangalore, and found factors such as age, gender, marital status, livelihood situation, education, occupation, socio-economic status, social interaction, smart phone use, and media platform.¹⁰ Due to their diminished physical and mental capacities, older persons are more likely to develop various health conditions. Numerous factors, including loneliness, decreased sexual activity, and long-term metabolic diseases, can also cause mental instability and decrease the quality of life.⁹

Need of the study

The lives of those with dementia, those who care for them, and their families may be completely demolished by dementia, which has the potential to be a huge reason in dependency and handicap in older people. In 2015, five crore people worldwide were impacted by dementia. Because dementia increases exponentially during adulthood and the global population is ageing, in 2030, there will be 8.2crore cases of dementia, and by 2050,there will be 15.2 crore cases. The most important point is that, despite the fact that ageing is the biggest known risk factor for cognitive decline, dementia is not a normal or inescapable outcome of ageing.¹¹ According to a previous study by Konda, urban Indian elders had a 10 percent prevalence of cognitive impairment.¹² According to other studies Himachal Pradesh had a 3.5 percent rate of cognitive impairment, the province had a 5.1 percent rate, Kashmir had a 6.5percentrate, and Kerala, South India, hadan11.5 percentrate.¹³

In Uttarakhand, 57.3 percent of people were found to have moderate cognitive impairment, according to research by Gusain S, JM, and Masih S.¹⁴ According to a similar study by Qadri S on quality of life amongst rural old people in north India, an amazing majority (68.2percent) of old have a fine quality of life, while only 15 percent had a fair or

poor one.¹⁵ According to a study by Sengupta P, 8.8 percent of the sample population had cognitive impairment.¹³ According to a study by Praveen Y. And M., the elderly had an average quality of life score.¹⁶ The researcher thinks that this study evaluates the quality of life and cognitive impairment in elderly people and can assist future researchers in understanding the prevalence of cognitive impairment and their impact on quality of life and can also support the article in the ensuing decades. Hence the researcher felt the need to perform the current study in Uttarakhand regarding cognitive impairment and quality of life among elderly people.

Subjects and Methods

A quantitative approach was adopted and Descriptive Survey research design was chosen. The variable in the presented research includes:

1. Cognitive Impairment
2. Quality of life

The present study was organized in the community area, Dehradun, Uttarakhand.

Description of the settings : Community area of Markham grant, Dehradun, Uttarakhand

Sample

People having age 60 and above and present in Markham grant, Dehradun, Uttarakhand who were fulfilling the inclusion criteria.

The current study's sample size was 130

Non-Probability Sampling Design, Total enumerative sampling technique was used

Inclusion criteria

The study included the elderly those who:

1. were willing to participate in the study.
2. could understand Hindi language.
3. were available at the time of data collection.
4. having normal hearing, visual and speech ability.

Exclusion criteria

The study exclude the elderly those who:

1. clinically diagnosed with chronic mental illness.

Research tools

TOOL 1-Sociodemographic variable

Demographic variables of the samples. It includes details of elderly population- age, gender, marital status, educational level, past occupational status, present occupational status, type of family, Income per month(in rupees),source of income, staying with, hobbies/recreational activities, history of substance abuse or currently using (tobacco, alcohol and any others), history of medical disorder, currently medications.

TOOL 2-Mini-Mental Status Examination

The Mini-Mental Status Examination (MMSE), a supplement to the Mini-mental state, a procedure used to assess patients cognitive states, which was created by M.F. Folstein et al. in 1975. The MMSE was planned as a diagnostic test for the objective of assessing cognitive impairment in older adults.

Scoring of Mini-Mental Status Examination

Sr.No	SCORE	DEGREE OF IMPAIRMENT
1.	24-30	Normal cognitive Impairment
2.	19-23	Mild cognitive Impairment
3.	10-18	Moderate cognitive Impairment
4.	0-9	Severe cognitive Impairment

TOOL 3-Structured tool on Quality of life

The Structured Tool On Quality Of Life has the following domains:

1. Autonomy
2. Psychological well being
3. Physical health

4. Social relation and family
5. Safety and Security
6. Financial circumstances

The total score had been obtained with a mean and standard deviation of 101.54±11.718. This mean score was stratified into three domains to assess the level of QOL:

1. <89.82 (mean±standard deviation) as“**poor**”
2. Varying from 89.82–113.25 (mean±standard deviation) as“**average**”
3. >113.25 (mean+standard deviation) as“**good.**”

Scoring of Structured Tool On Quality Of Life

S.NO	QUALITY OF LIFE	SCORE CATEGORY
1.	Good	>113.25
2.	Average	(89.822–113.258)
3.	Poor	<89.822

Ethical consideration

1. Administrative permission was taken from the Principal, HCN, SRHU, Dehradun
2. Ethical permission was taken from the ethical committee of HCN, SRHU.
3. Permission was taken from the Community health nursing department of HCN, SRHU, Dehradun.
4. Written informed consent was taken from participant who were willing to take part in the study.

Process of data collection

1. The data collection was started from 15thJanuary 2022 to 31thJanuary 2022 and the timing of data collection was 8:30am to 4:30pm each day.
2. A list of villages of Doiwala Block are selected, out of which Markham Grant was selected as randomly by lottery method. The data was collected from 130 elderly sample in Markham grant, Doiwala, Dehradun, Uttarakhand.
3. In Markham grant 3 villages were randomly taken for data collection i.e. Dodbasi, Chhadammiwala, Khere. Investigator reached selected villages and collected data from all elderly sample who comes under the inclusion criteria by going house to house.

Data analysis and interpretation

The master data sheet was filled with the responses given by the study participants. The analysis was made based on the objectives by using SPSS. Data analysis was done using descriptive (frequency, percentage, mean and standard deviation) and inferential statistics (Chi-Square, Fisher’s Exact Test).

Results:-

1.Frequency and percentage distribution of socio-demographic variables of the elderly

Three fourth (74.6%) of the elderly were between the ages of 60 and 70 with equal majority in male (50%) and female (50%). Less than half (46.2%) of the elderly were having no formal education and three fourth of the elderly, i.e.,(74.6%) were married. In previous occupational status half (50%) of elderly were homemaker followed by one third (33.1%) were government employee and in present occupational status half of elderly (50%) were also homemaker followed by one third (30.9%) were retired. Three fourth of the family (77.7%) were joint family. The income of two third (60%) of elderly were between Rs 25001 to Rs 50000 and the source of income of the elderly three fourth (72.3%) were pension. Majority of elderly (86.9%) were staying with children and majority of the elderly (88.5%) were having hobbies/recreational activities in which majority (83.5%) having television as hobbies. Two third (60.8%) of elderly were not abusing substance and one third (39.2%) elderly who were abusing substance were majority (88.2%) abusing tobacco. Two third (60%) of elderly were having history of medical disorder in which less than half (42.3%) were suffering from hypertension and for the disorder more than half (58.5%)were on current medication.

2.To assess Cognitive Impairment of elderly in selected community area, Dehradun, Uttarakhand

Half of the elderly (53.8%) were having no cognitive impairment, one third of the elderly (30.8%) were having mild cognitive impairment, (13.1%) of the elderly were having moderate cognitive impairment and least (2.3%) of the

elderly were having severe cognitive impairment. The frequency percentage table also showed that the prevalence rate of cognitive impairment among the elderly was(13.1%).

Table No.1:- Frequency and percentage distribution of cognitive impairment among elderly N=130

S.No	DEGREE OF IMPAIRMENT	SCORECATEGORY	FREQUENCY (f)	PERCENTAGE(%)
1.	No Cognitive Impairment	24-30	70	53.8
2.	Mild Cognitive Impairment	19-23	40	30.8
3.	Moderate Cognitive Impairment	10-18	17	13.1
4.	Severe Cognitive Impairment	0-9	3	2.3

3.To assess Quality of life of elderly in selected community area, Dehradun, Uttarakhand

Three fourth (72.3%) were having average quality of life , 15.4% were having good quality of life and 12.3%were having poor quality of life.

Table no.2:- Frequency and Percentage distribution of quality of life among elderly N=130

S.NO	QUALITY OF LIFE	SCORE CATEGORY	FREQUENCY (f)	PERCENTAGE (%)
1.	Good	>113.25	20	15.4
2.	Average	(89.82–113.25)	94	72.3
3.	Poor	<89.822	16	12.3

The mean QOL scores were maximum in Social Relation and Family (21.94 ± 2.951) range between (10-24) and followed by Psychological wellbeing (20.92 ± 3.039) range between (11-24). The lowest mean score was seen in financial circumstances (13.52 ± 2.864) range between (5-16) and the overall quality of life mean score was (101.54 ± 11.718) range between (64-116) .

Table no.3:- Mean and Standard Deviation of domains of quality of life N=130

S.NO	DOMAINS OF QUALITY OF LIFE	RANGE	MEAN±STD. DEVIATION	MEAN(%)
1.	Autonomy	8-16	15.04±1.686	94
2.	Psychological wellbeing	11-24	20.92±3.039	87.16
3.	Physical health	5-20	15.24±4.433	76.2
4.	Social relation and family	10-24	21.94±2.951	91.41
5.	Safety and security	4-16	14.88±2.128	93
6.	Financial circumstances	5-16	13.52±2.864	84.5
7.	Overall Quality of life	64-116	101.54±11.718	87.53

4.To find the correlation between cognitive impairment and quality of life among elderly in selectedcommunity area

Spearman Correlation Coefficient between Cognitive impairment and quality of life is 0.482 which shows highly significant moderate positive correlation between cognitive impairment and quality of life.

Table no.4:- Correlation between Cognitive impairment and Quality of life N=130

S.NO	VARIABLE	rs-value	p-value
1.	Cognitive impairment and Quality of life	0.482	<0.001

5.To find the association between cognitive impairment among elderly with their selected demographic variables

There was significant association of cognitive impairment with age, gender, educational status, marital status, previous occupational status, present occupational status, hobbies/recreational activities and history of substance abuse at the significance level of ($p < 0.05$).

No association was found with type of family, income, source of income, staying with, history of Medical disorder, current medication.

6.To find the association between quality of life among elderly with their selected demographic variables

There is a significant association of quality of life with gender, educational status, marital status, previous occupational status, type of family, hobbies/recreational activities, history of Medical disorder and current

Medication at the significance level of ($p < 0.05$).

No association was found with age, present occupational status, income, source of income, staying with and history of substance abuse.

Discussion:-

1. Assessment of cognitive impairment

The assessment of cognitive impairment revealed that half of elderly (53.8%) have no cognitive impairment, one third of the elderly (30.8%) were having mild cognitive impairment, (13.1%) of the elderly were having moderate cognitive impairment and (2.3%) of the elderly were having severe cognitive impairment.

The result of the study is supported by Kaur S, (2017) who did a study to measure cognitive impairment amid elderly. The study revealed that 61.7%, 26.7%, 11.7% of elderly people are cognitive normal, suffer slight cognitive impairment, and last are severely cognitive impaired. Thus the researcher conclude that community mental health specialists should provide distinct focus towards initial detection and management of cognitive impairment amongst elderly.¹⁸

A similar study was done by Konda PR, et.al, (2018) analyzed correlates of cognitive impairment from sample 100 arbitrarily nominated urban elder. The results of the study showed that 10% of elderly people had cognitive impairment. Hence the researcher concluded that although the prevalence of cognitive impairment is low, there is lots of factors in population which can increase the problem in future and suggested that policy for geriatric wellbeing should emphasis on the adjustable risk factors for solving the problem of cognitive impairment and its subsequent results.¹²

2. Assessment of quality of life

The assessment of quality of life discovered that three fourth (72.3%) were having average quality of life, (15.4%) were having good quality of life and (12.3%) were having poor quality of life.

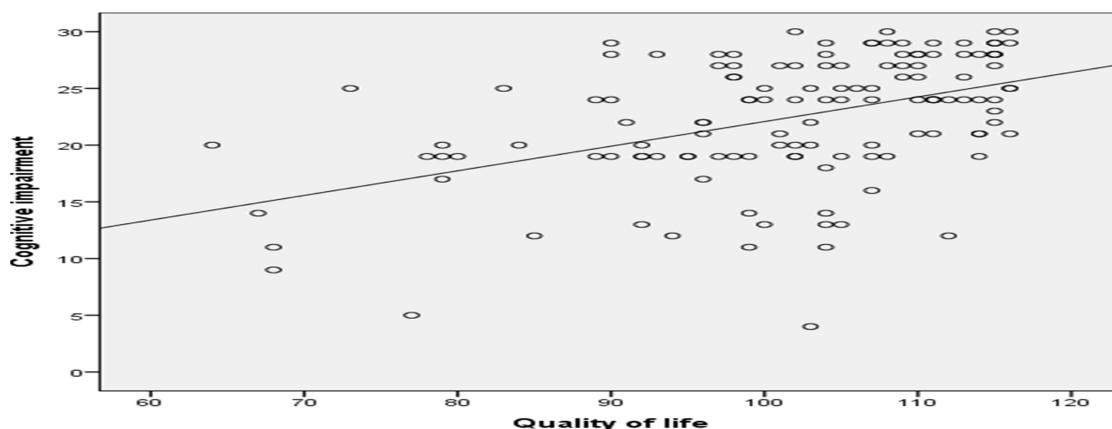
The research study's results were supported by Qadri S, et.al, (2013) performed an epidemiologic research on life quality. The study sample number was 660 person having age more than equal to 60 years. The study stated that 68.2 percent of elderly were having high quality of life and only less than or equal to 15 percent were having low quality of life. Thus the investigator concluded that medicinal and psychosocial issues must be enlighten that are been confronted by elderly in india and new approaches should be made for refining the quality of life.¹⁵

A parallel study was done by Tripathi N, (2019) measured quality of life among hundred elderly. The study findings revealed that the quality of life level is moderate (20%), good (66%), and very good (14%) and qol is substantial related to oldness, married status, schooling, working status, and source of revenue.¹⁹

3. Correlation between Cognitive impairment and Quality of life

The Spearman Correlation Coefficient between Cognitive impairment and quality of life is 0.482 which shows highly significant moderate positive correlation between cognitive impairment and quality of life.

Figure no.1 CORRELATION BETWEEN COGNITIVE IMPAIRMENT AND QUALITY OF LIFE.



The result of the study is supported by Chang HK, et.al, (2020) evaluating the elements that influence elderly people quality of life in South Korean hospitals that provide long-term care. The study ended up concluding that there is a positive correlation between cognitive functioning and QoL.²⁰

The result of this study is contradictory by Samuel R, et.al, (2016) analyzed the decline in life quality and cognitive impairment. The study involved a total of 499 elderly. Based on the study's findings, cognitive impairment had a substantial detrimental effect on their own quality of life. So the researcher concluded that the problem of cognitive impairment was more in old care residence in city India with free homebased elderly inhabitants having terrible cognitive impairment and it was associated with dysfunction and under privileged health associated qol.²¹

4.Association between cognitive impairment among elderly with their selected demographic variables

The study revealed that there was significant association of cognitive impairment with age, gender, educational status, marital status, previous occupational status, present occupational status, hobbies/recreational activities and history of substance abuse at the significance level of ($p < 0.05$).

The present study findings were supported with the study done by Duan X, et.al, (2020) assessing the cognitive deterioration and risk factors in elderly in china and founded that being female, older, single/separated/widowed, lesser schooling, living in a remote region before the age of 16, smoking, sleeping excessively, and being in poor health increases the risk of cognitive decline in old age.²²

5.Association between quality of life among elderly with their selected demographic variables

The study discovered that there is a significant association of quality of life with gender, educational status, marital status, previous occupational status, type of family, hobbies/recreational activities, history of medical disorder and current medication at the significance level of ($P < 0.05$).

The present study findings were supported with the study done by Devraj S, D'mello MK (2020) found that age, gender, marital status, living status, education, occupation, socio-economic background, communication with people affected the elderly's quality of life ($P < 0.001$).¹⁰

Strength

The present study has the following strengths:

1. The researcher used standardized tool (mmse) for assessment of cognitive impairment.
2. The sample size calculation was done on the basis of previous research findings.

Limitations

The present study has the following limitations:

1. Because the survey was conducted in front of family members, the participant may not be able to openly reveal their individual issues, resulting in self-reporting bias.
2. Due to age-related limitations, it is possible that the participant's responses will be inaccurate due to forgetfulness.
3. Many elders expected remuneration for giving their information during the data collection process. However, after discovering that the study was mainly for academic reasons, many were unwilling to participate fully.

Recommendations:-

The recommendations are following:

1. Similar study can be done to assess cognitive function and quality of life.
2. An exploratory research can be conducted to determine the factors affecting quality of life and cognitive impairment.
3. Correlation study can be done between the cognitive impairment and quality of life.
4. The researcher and other survey in a large sample size.
5. A comparative study can be conducted to evaluate quality of life and cognitive impairment amongst old people of rural and urban areas

References:-

1. Townsend M, Morgan K. Psychiatric mental health nursing, 9th ed. New Delhi: Jaypee Brothers Medical Publisher; 2020.p.773-801
2. Mattoo SK, Punia V, Malik L, Khurana H. Spirituality and Aging [Internet]. Handbook of Research on Geriatric Health, Treatment, and Care. IGI Global; 2018 [cited 2021 Sep 10]. p. 17–47. Available from: <https://www.igi-global.com/chapter/spirituality-and-aging/www.igi-global.com/chapter/spirituality-and-aging/201371>
3. Ageing and health [Internet]. [cited 2021 Dec 1]. Available from:
4. <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>
5. Townsend M, Morgan K. Psychiatric mental health nursing, 9th ed. New Delhi: Jaypee Brothers Medical Publisher; 2020.p.773-801
6. Aging changes in the nervous system: MedlinePlus Medical Encyclopedia [Internet]. [cited 2022 Jun 29]. Available from: <https://medlineplus.gov/ency/article/004023.htm>
7. Townsend M, Morgan K. Psychiatric mental health nursing, 9th ed. New Delhi: Jaypee Brothers Medical Publisher; 2020.p.704-705
8. Cognitive Impairment in Aging: 10 Causes & What the Doctor Should Check [Internet]. Better Health While Aging. 2020 [cited 2021 Sep 11]. Available from: <https://betterhealthwhileaging.net/cognitive-impairment-causes-and-how-to-evaluate/>
9. WHOQOL - Measuring Quality of Life | The World Health Organization [Internet]. [cited 2021 Dec 9]. Available from: <https://www.who.int/tools/whoqol>
10. Khaje-Bishak Y, Payahoo L, Pourghasem B, Asghari Jafarabadi M. Assessing the Quality of Life in Elderly People and Related Factors in Tabriz, Iran. *J Caring Sci.* 2014 Dec 1;3(4):257–63.
11. Devraj S, D'mello M. Determinants of quality of life among the elderly population in urban areas of Mangalore, Karnataka. *J Geriatr Ment Health.* 2019;6(2):94.
12. World Health Organization. (2019). Risk reduction of cognitive decline and dementia: WHO guidelines. World Health Organization. <https://apps.who.int/iris/handle/10665/312180>. License: CC BY-NC-SA 3.0 IGO
13. Konda PR, Sharma PK, Gandhi AR, Ganguly E. Correlates of Cognitive Impairment among Indian Urban Elders. *J Gerontol Geriatr Res.* 2018;7(6):489
14. Sengupta P, Benjamin AI, Singh Y, Grover A. Prevalence and correlates of cognitive impairment in a north Indian elderly population. *WHO South-East Asia Journal of Public Health.* 2014 Apr 1;3(2):135.
15. Gusain S, J M, Masih S. A study on occurrence of cognitive impairment among the elderly with a view to implement a need-based teaching regarding care of the elderly to caregivers. *Int J Med Sci Public Health.* 2021;10(1):1.
16. Qadri S, Ahluwalia S, Ganai A, Balishalender, Wani F, Bashir H. An epidemiological study on quality of life among rural elderly population of northern India. *International Journal of Medical Science and Public Health.* 2013 Jan 1;2:492.
17. Praveen V, M A. Quality of life among elderly in a rural area. *International Journal of Community Medicine and Public Health.* 2016 Jan 1;754–7.
18. Kaur S. Cognitive Impairment among Elderly: A Descriptive Survey. *Rese Jour Human and Soci Scien.* 2017;8(3):273.
19. Tripathi N. Quality of Life among Elderly People in Selected Area at Bhilai, Durg, C.G. *Asian Journal of Nursing Education and Research.* 2019 Sep 1;9(3):341–5.
20. Chang HK, Gil CR, Kim HJ, Bea HJ. Factors Affecting Quality of Life Among the Elderly in Long-Term Care Hospitals. *J Nurs Res.* 2020 Dec 7;29(1):e134.
21. Samuel R, McLachlan CS, Mahadevan U, Isaac V. Cognitive impairment and reduced quality of life among old-age groups in Southern Urban India: home-based community residents, free and paid old-age home residents. *QJM: An International Journal of Medicine.* 2016 Oct 1;109(10):653–9.
22. Duan X, Wen J, Hou F, Yuan P. Cognitive decline and its risk factors in the elderly in China: A longitudinal study [Internet]. *Research Square.* 2020. Available from: <http://dx.doi.org/10.21203/rs.3.rs-115545/v1>.