

Association among cognitive impariment, lipid profile and mass, muscle strength/mass in the Elderly.

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Introduction: Dementia as well as musculoskeletal weakness are poorly associated to dyslipidemic states, although this illness is prevalent in modern word.. Objectives: Characterize a population of elder people that may exhibit low cognitive abilities and further test then for several biochemical and antropometic methods trying to correlate thes in aging people. Material and Methods: Were made application of two questionnaires for dementia and staging to: MMSE and CDR, were separated by groups related to the presence of clinical signs of cognitive impairment and staging. It is called the control group (CG) do not show clinical signs of dementia and experimental group (Shaz). Also a physical examination measuring body fat data, BMI, and handgrip strength. Blood samples were retained for analysis; Total cholesterol and triglycerides. Results and Discussion: The correlations when comparing the groups, there is significance by MMSE and Age as expected (GC P -0.1617/Shaz -0.069) however has moderate significance for the GC on the CDR (GC < 0.650) and light MMSE / CDR, for data such as BMI, total fat percentage and grip strength right respectively (GC 0.333/0.2932/0.384, considerated moderate, light/heavy for experimental (Shaz 0.404/ -0.234/0.8103). When AIVD found slight correlation to age (GC p 0.237), BMI /% total fat / fat weight (Shaz 0.495/0.432 /0.554). Did not find significant in both groups for total cholesterol and triglycerides x MMSE/CDR respectively (GC p - 0.125 / 0.0678) (p Shaz 0.110 / 0.044), but there is AIVD for total cholesterol (Shaz p< 0.389). It is believed because already start from old age for MEAN + SEM (GC 76.5 + 1.7 / Shaz 82.6 + 1.7), and thus also for MMSE and CDR. **Conclusions:** Data show a relationship of dementia versus obesity and metabolic preditions, changes and the degree of independence is related to metabolic factors.

Key Words: Dementia, Physical Dependence, Dyslipidemia,

Financial Support: CAPES, CNPq and FAPES.