

COMPARATIVE EVALUATION OF COGNITIVE FUNCTION AMONG **XX (country)** OBESE AND NON-OBESE MIDDLE AGED SUBJECTS ~~OF BOTH GENDERS~~

Don't use in the title "from both genders" if you are not introducing comparison data between gender groups. Add in the title the country, region these people are coming.

Abstract

Background: Obesity has become one of the common problems encountered by people of the present day. This condition is often accompanied by cardiovascular problems like hypertension, hyperlipidemia, ischemic heart disease. Also that the relationship between obesity and cognitive impairment plays an important role in the development of neurodegenerative disorders. But reports on the association between obesity and working memory lack scientific evidence. So the present study planned to assess the influence of obesity on cognitive functions and compare among obese and non-obese individuals

Objective: This study evaluated the changes in cognitive functions **comparative between a sample of obese and non-obese individuals from XX (country).**

Methods: Based on their **Body Mass Index (BMI)**, the subjects were classified into 2 groups **and data were compared.** Cognitive screening was done using MINI MENTAL STATE EXAMINATION **indicator**, and the parameters like level of orientation, registration, recall, language, copy art skills were analyzed and **scored.** The data **were** statistically analyzed using SPSS version 23 and the independent sample t test was used to analyze the differences in cognitive functions.

Results: **Our** study reported **a** statistically significant decline in language, recall and copy art skills in obese individuals compared to non-obese group. **Add at least one more sentence with interesting results and statistics!**

Conclusion: The study concluded an innovative finding that obesity is associated with impaired cognitive performance pertaining to recall, language and copy art and overall decreased MMSE scores indicating that accelerated cognitive decline and neurodegenerative pathologies such as dementia in later life is influenced by changes in body weight. Interventions that target mid-life obesity may be helpful in reducing the cognitive risks associated with obesity.

Keywords: obesity, cognitive loss, risk, innovative finding, MMSE score

Introduction

Obesity is a disease involving an excessive amount of fat in the body, and a serious community burden in today's global world. This problem progressively affects all kinds of low or high ?? income states, especially the urban population. (1) Worldwide 1.9 billion are overweight after 18 years old and 650 million are obese (2), 41 million under the age of 5 are overweight and adolescent aged 5-19 old are overweight. (3,4)

I started to correct the manuscript but there are too many mistakes to cover.

Pay attention to English translation, to punctuation, to redaction, page arrangements as well. Use Past Tense when you talk about your findings. When you write first time about an indicator in the text write it full words and the abbreviation in brackets (like I did it here myself in red text with BMI), and in the following text use the abbreviation.

When a person's Body Mass Index (BMI) is 25 or greater then it leads to obesity. Causes for obesity are genetic, behavioural, metabolic and hormonal factors. Certain aspects of personality are associated with being obese (5,6). Neuroticism, impulsivity and sensitivity are more common in people who are obese while conscientiousness and self control are less common in people who are obese. Loneliness is also a risk factor.(7,8) Obesity is also found in hypothyroidism , hypogonadism and cushing's syndrome which are known as endocrine factors of obesity (9). Obesity is also common during puberty, pregnancy, menopause , suggesting endocrine glands must be a factor. An injury to the hypothalamus after a head injury may lead to obesity as the hypothalamus cannot regulate the satiety center (10,11). It is a medical problem that increases risk of serious health problems including heart disease , strokes, diabetes, certain cancers, sleep apnea.(12). A period of strenuous growth because of greater amount of activity and the development of physical and cognitive functions requires a balanced nutrition.(13)

A major change in lifestyle of families with eating habits , environment , genetic changes and increasing hours in playing video games , social media and computers has played a vital role in increasing body weight among people(14).Obesity is classified based on the body mass index - NON - OBESE : [BMI >25] and OBESE : [BMI >30] (5) . There are 3 types of obesity: BMI is 30.0 to 34.9 in low risk obesity ?? . (15)BMI is 35.0 to 39.9 in moderate risk obesity(16) . BMI is equal to or greater than 40.0 in high risk obesity. The best way to treat obesity is to eat a healthy , reduced calorie diet and exercise regularly(17,18).

Obesity is a preventable disease that leads to the cause of death worldwide with increasing rates in adults and children (19,20) . In 2015, 600 million adults (12%) and 100 million children were obese in 195 countries (16,21). Obesity is one of the more common diseases more frequent in women than in

men. In 2013, including the American Medical Association and several medical societies classified obesity as a disease.(22) Obesity is often accompanied by cardiovascular problems like hypertension, hyperlipidemia, ischemic heart disease, but reports on the association between obesity and working memory were not reported and lack scientific evidence(23). Its not so true...there is a lot of literature about this!?

So the present study planned to assess the influence of obesity upon cognitive functions in a sample of XX (country) adults (24,25).

Materials and methods

This is a descriptive cross-sectional study where 20 healthy adults in the age group of with ages between 45 to 55 years old (explain why you choose exactly this group of age?), of both genders, with no history of neurological conditions or Alzheimer's disease, were chosen for the study. The method of sampling was random sampling (more details about this random sampling, what was the pass, year of study, from where were the subjects - country, place, hospitals, what was the eligible criteria and exclusion, if they signed a consent etc). The participants were categorised into two groups:

- Group 1 - obese (BMI - 30 to 39.9)
- Group 2 – non-obese subjects (BMI - 18.5 to 24.9).

The cognitive assessment was made using MINI MENTAL STATE EXAMINATION index, parameter, questionnaire, score??, and the parameters like orientation, registration, recall, copy art, language Describe the parameters what means each, I don't understand what recall or registration or language means? were evaluated and scores were calculated than tabulated in the excel sheet and analysed. Data entered in the SPSS software and the results were analysed using an independent t test. Describe what is MMSE scores.

Results

The present study reported that the level of orientation, registration and recall as well, were lower in population of obese subjects compared with non-obese, but not statistically significant (write exactly what was the p calculated for each of these 3 parameters) !! (Fig 1-3).

Level of language, copy art and total MMSE scores, were lower in population of obese than non-obese individuals, but with statistically significant results (put exactly the three p calculated for these 3 parameters) (Fig 4-5 and Table 1).

Avoid to repet the same idea again and again!

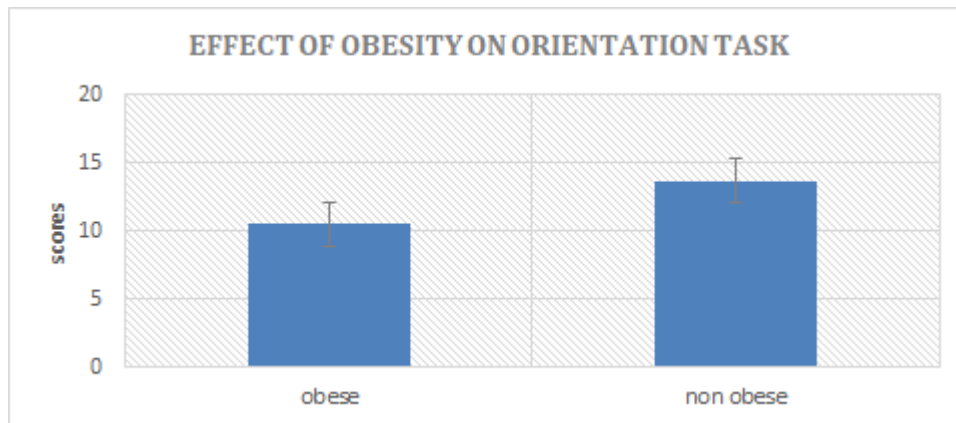


Figure 1. Scores obtained for level of orientation in obese and non obese groups

Bar graph depicts the association between the obese and non obese. X axis represents obese and non - obese groups and Y axis represents scores obtained by obese and non-obese groups. It is observed that there is non obese subjects had a better level of orientation compared to obese groups but the value was not statistically significant as in independent t test. P value = 0.54 ($p > 0.05$)



Figure 2. Scores obtained for level of registration in obese and non obese groups

Bar graph depicts the association between the obese and non obese . X axis represents obese and non - obese groups and Y axis represents scores obtained by obese and non - obese groups .

It is observed that there is non obese subjects had a better level of registration compared to obese groups but the value was not statistically significant as in independent t test. P value = 0.80 ($p > 0.05$)

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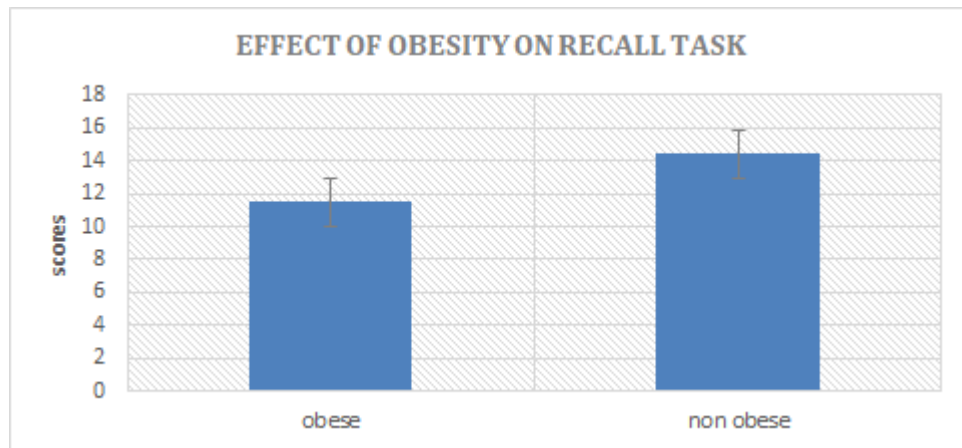


Figure 3. Scores obtained for Level of recall in obese and non obese groups

Bar graph depicts the association between the obese and non obese . X axis represents obese and non - obese groups and Y axis represents scores obtained by obese and non - obese groups . It is observed that there is non obese subjects had a better level of recall compared to obese groups but the value was not statistically significant as in independent t test. P value = 0.12 ($p > 0.05$)

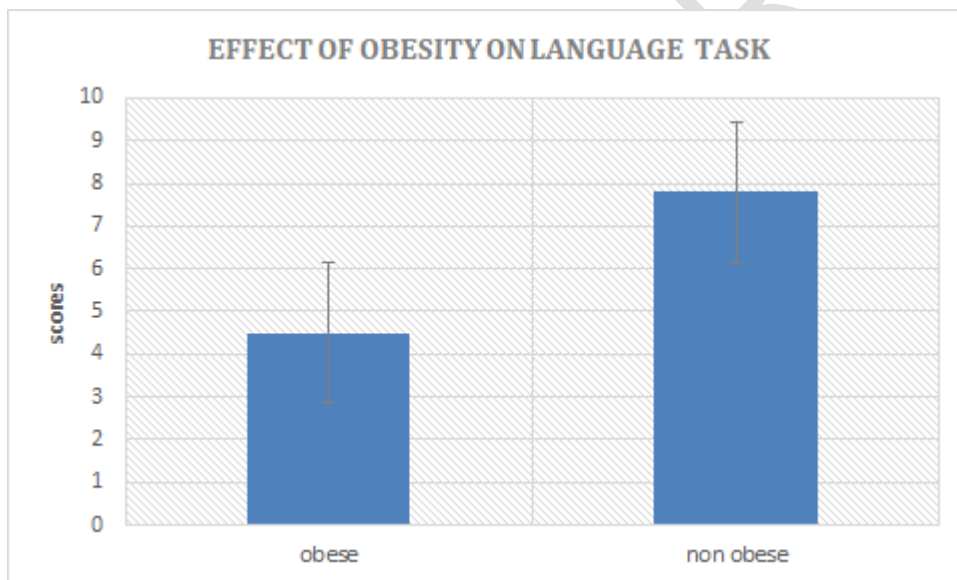


Figure 4. Scores obtained for Level of language in obese and non obese groups

Bar graph depicts the association between the obese and non obese. X axis represents obese and non - obese groups and Y axis represents scores obtained by obese and non-obese groups . It is observed that there is non obese subjects had a better level of language compared to obese groups and the value was statistically significant as in independent t test. P value is 0.02 ($p < 0.05$)

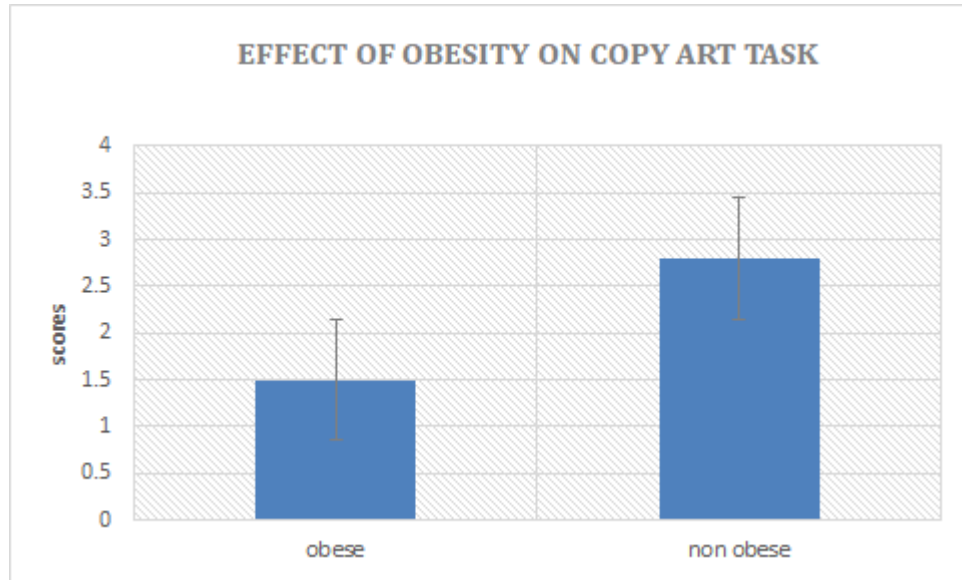


Figure 5. Scores obtained for Level of copy art in obese and non obese groups

Bar graph depicts the association between the obese and non obese groups . X axis represents obese and non - obese groups and Y axis represents scores obtained by obese and non - obese groups . It is observed that there is non obese subjects had a better level of copy art compared to obese groups and the value was statistically significant as in independent t test. P value is 0.03 ($p < 0.05$)

Table 1. Scores of Mini Mental State Examination results for obese and non-obese individuals

MMSE	Groups	Mean
Orientation	Obese	10.50 \pm 1.080
	Non-obese	13.70 \pm 0.949
Registration	Obese	4.80 \pm 0.789
	Non - obese	8.50 \pm 0.707
Recall	Obese	11.50 \pm 1.080
	Non - obese	14.40 \pm 0.699
Language	Obese	4.50 \pm 0.850
	Non - obese	7.80 \pm 0.422
Copy art	Obese	1.50 \pm 0.527
	Non - obese	2.80 \pm 0.422

MMSE score	Obese	32.80 \pm 2.898
	Non - obese	47.20 \pm 1.476
BMI	Obese	35.43 \pm 2.561
	Non - obese	22.22 \pm 2.113

The values are expressed as mean \pm standard deviation representing the scores of mini mental state examination in obese and non- obese middle aged subjects

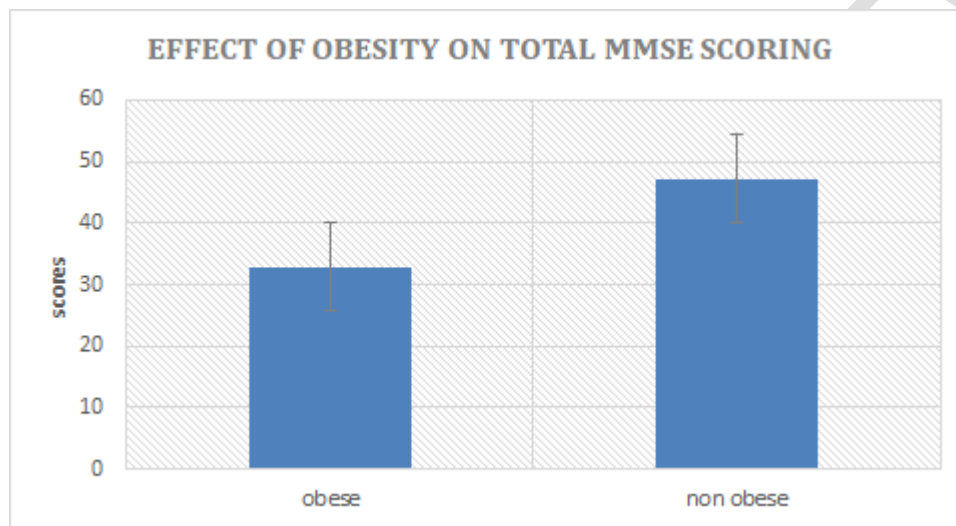


Figure 6. Scores obtained for total MMSE scoring in obese and non obese groups

Bar graph depicts the association between the obese and non obese . X axis represents obese and non - obese groups and Y axis represents scores obtained by obese and non - obese groups . It is observed that there is non obese subjects had a better level of MMSE scoring compared to obese groups and the value was statistically significant as in independent t test. P value is 0.04($p < 0.05$)

Discussion

Ageing is a process accompanied by significant changes in cognitive decline and is the main risk factor for the development of neurodegenerative disorders, including Alzheimer's disease.(26,27)

Previous research reports also showed that early to mid-adulthood obesity might have an immediate detrimental negative impact on cognitive functioning.(28,29)

In the present study, **obesity** is associated with impaired cognitive performance pertaining to recall, language and copy art, and overall decreased MMSE scores indicating that accelerated cognitive decline and neurodegenerative pathologies such as dementia in later life is influenced by changes in body weight.(18,30) **You can say only about those parameters who were statistically significant that are important, no all of them !**

Reports suggested a negative association between anthropometric measures of obesity like BMI with a number of cognitive domains. (22,30) Obesity is related to impaired performance on tasks that relate to episodic memory, verbal learning, followed by delayed recall and recognition of words. (31)(32)

Few studies also reported that Impaired working memory performance has been exhibited in overweight and obese young adults compared with healthy weight controls. (33)

Certain studies also stated that decrease in executive functions of concept formation and set-shifting was more predominant when measured using Wisconsin card sorting test in obese subjects relative to normal weight subjects. (34)(35)

Research reports suggest that Obesity has been associated with increase in brain age, particularly in respect to cerebral white matter atrophy (36). This area has shown more atrophy in middle-age (37)(38)

Conclusion

Our study concluded that obese individuals showed a moderate decline in cognitive functions, and based on that we emphasize the importance of proper and personalized interventions that are targeting mid-life obesity may be helpful in reducing the risk for these conditions by focusing on reducing the level of obesity through a healthy lifestyle.

Limitations of the study

The study population was confined only to a small group. If more sample size is added the results would have been statistically significant.

COMPETING INTERESTS DISCLAIMER:

Authors have declared that no competing interests exist. The products used for this research are commonly and predominantly use products in our area of research and country. There is absolutely no conflict of interest between the authors and producers of the products because we do not intend to use these products as an avenue for any litigation but for the advancement of knowledge. Also, the research was not funded by the producing company rather it was funded by personal efforts of the authors.

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The references are not written properly and uniformly. You have to correct it!

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