Abstract

This descriptive research explored cognitive status of the elderly and its related factors among the elderly. The subjects were 170 elders aged 65 years and over, living in Amphur Natawee, Songkhla province. They were selected by multistage sampling technique. The interview-based questionnaires including demographic data, Chula Mental Test, Geriatric Depression Scale, and Chula ADL Index were used in data collection. The SPSS PC program was used to analyze the data. Frequency, mean, standard deviation, and range were examined to describe the distribution of the data. Crude odds ratios were obtained in examining the associations of each selected factors with cognitive impairment. The results revealed that:

Chula Mental Test Score (CMTS) among the subjects ranged from 9-19 with a mean of 16.94 (SD= 2.71). Twelve point nine percent (12.9 %) of the subjects had CMTS lower than 15 which indicated low cognitive status. The majority of the subject had normal cognitive status.

At 95 % confidence interval; low income, depression, not being married, and having instrumental activity daily living score less than 9 were associated with low cognitive status. The subjects with income more than 1,000
bath/month were 0.35 times at risk of cognitive impairment compare with those with income less than 1,000 or 1,000. The subjects with depression were at risk of cognitive status 4.6 times higher than those without depression. Those being married were 0.3 times at risk of cognitive impairment compare to unmarried, and the subjects with a score of IADL less than 9 were 9.5 time higher at risk of cognitive decline than those with IADL score of 9. The results indicated that 4 factors: income of 1,000 bath/month or lower, not being married, depression and IADL score less than 9 were significant associated with poor cognitive status.

Many variables, which were related to low cognitive status in previous studies such as age, gender, chronic illness, and education, were not associated with the cognitive status in this study. Limited number of cases with low cognitive status might contribute to no association of these variables with low cognitive status.