

Independent Cognitive and Emotional Domains in Older Adults with Prolonged Hospitalization: Implications for Patient-Centered Care Pathways

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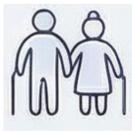
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INTRODUCTION & AIM

Cognitive impairment, anxiety, and depression are prevalent among older adults during prolonged hospital admissions, yet their interplay remains insufficiently understood despite its relevance to patient-centred care. Emotional distress is often presumed to influence cognitive performance in inpatient settings, although empirical evidence remains inconsistent. Clarifying whether global cognition and emotional symptomatology function as overlapping or independent clinical domains is therefore essential for designing responsive care pathways.

METHOD

• **Participants:** 61 Spanish adults aged 65 years and older admitted to general medical wards for prolonged stays.



• **Cognitive Assessment:** Mini-Mental State Examination (MMSE), Spanish-adapted version.

• **Emotional Assessment:** Goldberg Anxiety and Depression Scale (GADS), Spanish-adapted version.

• **Statistical Analysis:** Spearman correlations and multivariable linear regression.

RESULTS

Spearman correlations indicated no association between MMSE scores and anxiety ($p = -.010$, $p = .937$) or depression ($p = .066$, $p = .614$).

Multivariable linear regression model incorporating both emotional measures:

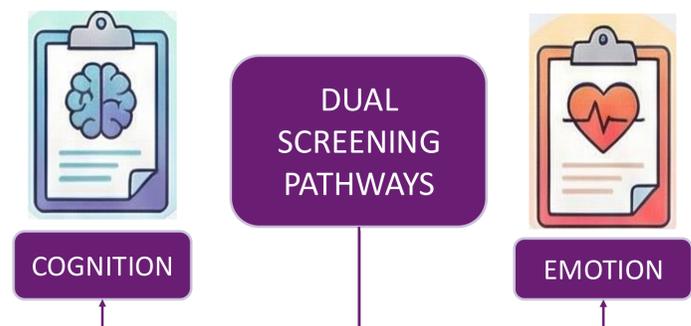
No link between cognition and emotion
 $R^2 = 0.11$
Cognitive status cannot be inferred from emotional symptomatology

In contrast, anxiety and depression showed a robust correlation ($p = .613$, $p < .001$), suggesting a coherent emotional profile that may be amenable to joint screening.

DISCUSSION

These findings indicate that cognitive performance and emotional distress operate as differentiated yet complementary domains in older adults admitted for prolonged stays. The absence of association between MMSE scores and GADS anxiety or depression suggests that cognitive status cannot be inferred from emotional symptomatology, nor vice versa. Clinically, these results challenge the assumption that higher emotional distress predicts poorer cognitive functioning.

From a patient-centred perspective, the findings highlight the need for dual screening pathways: an integrated circuit for emotional distress and a distinct circuit for cognitive evaluation.



Separating these domains may prevent unsupported clinical inferences, improve early identification of vulnerability, and support more precise models of inpatient care for older adults.

CONCLUSION

In older inpatients (N=61), **anxiety and depression** are strongly co-morbid, but they do **not predict cognitive performance**.

Clinical Action: Screen for Cognition and Emotion as two separate clinical tracks.

FUTURE WORK & REFERENCES

Future research: Explore if these domains remain independent over longitudinal follow-ups post-discharge.

References:



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