

The Effect of Religious Involvement on Cognition across the Aging Lifespan: Protocol for a Systematic Review

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Overview:

- The maintenance of cognitive health is an important component of successful aging.
- Abnormal cognitive decline can signal the onset of dementing disorders such as Alzheimer's disease (AD).
- Even normal cognitive decline can adversely affect the health of aging populations through loss of function, increased reliance on third-party assistance for help with performing daily tasks, and reduced quality-of-life as a result of limits on one's ability to maintain a certain lifestyle.

How does religious involvement (RI) affect cognition?

- RI promotes an active, stimulating, and socially engaged lifestyle that can preserve healthy cognitive function.

- Religious practices can maintain dense neocortical brain synapses and delay cognitive deterioration in the elderly.
- RI gives practitioners a greater sense of hope, meaning, and purpose in life, all of which can serve as coping mechanisms against stress, anxiety, and depression.
- For cognition, RI may provide a soothing outlet for feelings of stress and depression.
- Reduced strain on one's emotional and mental health can help prevent hippocampal atrophy and cognitive decline.

Rationale:

- To systematically review the effects of religion on cognitive function.

Methods:

- We will base the systematic review methods on the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA; Liberati et al., 2010). statement.

Literature Review:

- We will search Medline, PsycInfo, Web of Science, and Scopus from database inception to present. Primary studies will be included in the review regardless of language of publication.

Assessment of Risk of Bias:

- We will assess the risk of bias of included articles using the Newcastle-Ottawa Scale.

Grading the Strength of Evidence:

- We will evaluate the strength of evidence using the Grading of Recommendations Assessment, Development and Evaluation (GRADE) approach.

Data Extraction and Synthesis

- We will extract the following data from included articles: article details (e.g., authors, year, country, setting, length of follow-up), sample characteristics (e.g., age, sex), study design (e.g., case-control, cohort), descriptions of how RI and cognition are measured, lists of covariates included in regression models, and outcomes.
- Qualitative synthesis
- Pooling using DerSimonian and Laird's random effects meta-analysis.

References:

1. Koenig HG, King DE, Carson VB. Handbook of Religion and Health. Second Edition. Oxford ; New York: Oxford University Press; 2012. 1040 p.
2. Koenig HG. Religion, spirituality, and health: the research and clinical implications. *Int Sch Res Not.* 2012;2012, 2012:e278730.
3. Hill TD. Religious involvement and healthy cognitive aging: patterns, explanations, and future directions. *J Gerontol A Biol Sci Med Sci.* 2008;63(5):478–9.

