

# Does Exercise Improve Visuospatial Working Memory in Middle Age? – A Observational Study

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## ABSTRACT

**Background:** In middle-aged people (40–60 years old), visuospatial working memory (VSWM) deteriorates with age, affecting day-to-day functioning. Through neurogenesis and neuroplasticity, aerobic exercise may improve cognitive reserve.

**Objective:** to assess if regular exercise enhances middle-aged people's VSWM performance.

**Methods:** 12 weeks of moderate aerobic exercise (150 minutes per week) vs stretching was the intervention in a randomized controlled study with 120 participants, ages 45 to 55. The Corsi Block-Tapping Task and n-back tasks were used to measure VSWM before and after the intervention. prefrontal-parietal activation using neuroimaging (fMRI).

**Results:** The exercise group improved VSWM by 18% ( $p < 0.001$ ); fMRI showed that the dorsolateral prefrontal cortex was more activated. At the 6-month follow-up, the effect magnitude (Cohen's  $d = 0.72$ ) was maintained.

**Conclusion:** In middle age, aerobic exercise dramatically improves VSWM, demonstrating its importance in maintaining cognitive health.

One possible non-pharmacological strategy to slow down age-related cognitive deterioration is physical activity. Particularly in areas related to memory, aerobic exercise stimulates neurogenesis, synaptogenesis, and the upregulation of brain-derived neurotrophic factor (BDNF) [4]. Exercise improves verbal working memory and executive function in older individuals, according to meta-analyses. However, there is conflicting evidence for VSWM in middle age, with small trials producing contradictory findings that may be caused by methodological heterogeneity (e.g., short durations, non-specific tasks) [5].

This interval is crucial because middle age offers a window of opportunity to prevent advanced deterioration [6]. Using functional neuroimaging and validated tasks, the current study examines whether a structured aerobic exercise program enhances VSWM performance in middle-aged people. In order to inform public health policies for cognitive stewardship, we expect that 12 weeks of moderate-intensity exercise will improve VSWM capacity and brain activity in comparison to controls [7].

## Methods

### Participants

Between January 2024 and June 2025, participants were gathered via community centers, places of employment in MMDU, Haryana, India. Community-dwelling adults between the ages of 45 and 55 who were right-handed, had normal or corrected-to-normal vision, a Mini-Mental State Examination score of at least 26, and self-reported a sedentary lifestyle ( $\leq 150$  min/week moderate physical activity according to the International Physical Activity Questionnaire) met the inclusion criteria. Neurological or behavioral illnesses, cardiovascular contraindications to exercise (according to American College of Sports Medicine standards), current smoking, body mass index more

## I. INTRODUCTION

Cognitive abilities are significantly impacted by aging, with visuospatial working memory (VSWM)—the capacity to temporarily store and manage visual-spatial information—showing an early and noticeable loss beginning in middle age (40–60 years) [1]. This domain supports fundamental everyday functions including multitasking, tool usage, and navigation, but its deterioration increases the risk of dementia and reduces independence [2]. Reduced hippocampus volume and decreased prefrontal-parietal network efficiency are identified by neuroimaging research as important processes that are made worse by sedentary lifestyles that are common in middle-aged people nowadays [3].

than 35 kg/m<sup>2</sup>, or participation in cognitive training programs during the previous six months were among the exclusion criteria.

Out of the 150 people who were screened, 120 fulfilled the requirements and gave written informed permission that was accepted by the Institutional Ethics Committee (IEC/2023/045). Participants were granted fitness evaluations after the trial, but they did not get any cash rewards.

**Sample size justification.** A medium effect size (Cohen's  $d=0.5$ ) for VSWM change scores based on previous exercise trials,  $\alpha=0.05$ , power=0.90, and correlation=0.5 between repeated measurements were considered for power analysis using G\*Power 3.1. This produced  $n=52$  per group for mixed ANOVA; in accordance with other RCTs, we aimed for  $n=60$  per arm to allow for 15% attrition.

### Visuospatial Working Memory (VSWM) Overview

Visuospatial working memory (VSWM), a core subsystem of Baddeley's multicomponent working memory model, specializes in the temporary storage and manipulation of visual patterns and spatial locations. Unlike verbal-phonological loops, the visuospatial sketchpad integrates object features (e.g., shapes, colors) with positional arrays, supporting tasks like mental rotation and route planning [8].

Key neural substrates include the dorsolateral prefrontal cortex (dlPFC) for executive control and rehearsal, and superior parietal lobule (SPL) for attentional orienting and spatial remapping. Functional connectivity between these regions, modulated by theta-gamma oscillations, underpins capacity limits (~3-4 items) [9].

VSWM proves particularly sensitive to aging-related changes, declining earlier than verbal memory due to prefrontal atrophy and dopaminergic reductions [11]. Middle-aged deficits manifest as reduced span and accuracy, correlating with daily errors in navigation and multitasking, positioning VSWM as an ideal target for exercise interventions promoting neuroplasticity [12].

Domain	Effect Size (Hedges' g)	Population Focus
Executive functions	0.24-0.68	Global, strong in older adults
Attention	0.20-0.45	Consistent across ages
Memory (general)	0.17-0.40	Verbal/episodic dominant

### Study Design

The Clinical Trials Registry-India received a prospective registration for this two-arm, parallel-group randomized controlled study (CTRI/2024/01/045678). Assessments were conducted at baseline (week 0), post-intervention (week 12), and 6-month follow-up (week 36) during the 12-week intervention. Using computer-generated sequences (REDCap software) that were hidden from assessors, participants were randomly assigned 1:1 to aerobic exercise or control groups using stratified block randomization (blocks of 4, stratified by sex and baseline fitness).

Because of the nature of the intervention, blinding was not possible for participants or exercise instructors, however it was used for statisticians and outcome assessors. Weekly fidelity logs were examined by an impartial monitor as part of fidelity checks.

### Exercise and Cognition – Current Evidence

Aerobic exercise robustly enhances cognition via neurogenesis, BDNF elevation, and cerebrovascular improvements. Meta-analyses confirm moderate-to-large effects on:

Strongest evidence exists for older adults (>60 years), where 6-12 month interventions yield sustained gains. Mechanisms include hippocampal volume increases (+2% per meta-analysis) and prefrontal activation.

Middle age (45-55 years)—a critical preventive window—remains underexplored for visuospatial working memory (VSWM). Small trials report inconsistent VSWM benefits, limited by brief durations (<8 weeks) and non-specific tasks, underscoring the need for targeted RCTs.

### Intervention

**Aerobic exercise group.** According to World Health Organization standards, participants engaged in supervised sessions five days a week for

a total of 150 minutes of moderate-intensity aerobic activity. Protocol: 30-minute bursts of vigorous running or walking (60–75% heart rate reserve, monitored with polar H10 chest straps), increasing in duration from 20 to 30 minutes throughout weeks 1-4. Community gyms hosted the sessions, which featured dynamic stretching throughout the five-minute warm-up and cool-down. Two optional sessions every week were complemented with home-based logs.

**Control group.** To reduce expectation effects, the active control included 150 minutes per week of low-intensity stretching and health education, matched for time and contact. Without any physical elements, the sessions focused on stress management and nutrition.

**Adherence monitoring.** Attendance surpassed 80% (measured by wearables and diaries, such as the Fitbit Charge 5 for heart rate and steps). Compliance was determined as  $\geq 80\%$  adherence; less than 80% required motivational coaching. Reasons for dropouts, such as scheduling issues, were recorded.

#### Outcome Measures

Assessments occurred in standardized lab conditions (quiet room, consistent lighting), administered by blinded psychologists.

**Primary outcomes.** VSWM was evaluated using:

- Corsi Block-Tapping Task (computerized version): Maximum span length (blocks recalled forward/backward). Reliability:  $\alpha=0.85$ .
- Visuospatial 2-back task: Accuracy and reaction time for location matching amid distractors. Presented via E-Prime 3.0 on 15-inch screens.

**Secondary outcomes.**

- Executive function: Trail Making Test B, Stroop Test.
- Mood: Profile of Mood States (short form).
- Fitness:  $VO_2$  max via submaximal cycle ergometer (YMCA protocol).

**Neuroimaging.** Task-based fMRI (3T Siemens Prisma scanner) during visuospatial n-back (2 vs. 0-back). Acquisition: EPI-BOLD (TR=2s, 3mm isotropic voxels, 72 slices); preprocessing/analyses via fMRIPrep 21.0.1 and FSL 6.0.7. Regions-of-interest: dorsolateral prefrontal cortex, superior parietal lobule (Harvard-Oxford atlas).

Safety monitoring included weekly symptom checklists; adverse events were graded

per Common Terminology Criteria for Adverse Events v5.0.

#### Statistical Analyses

Data were analyzed using R 4.3.2 with intention-to-treat principles (multiple imputation via mice package for  $<20\%$  missing data). Normality was assessed via Shapiro-Wilk; transformations applied as needed.

Primary analysis:  $2 \times 3$  mixed ANOVA (group  $\times$  time) on VSWM composites (standardized z-scores). Post-hoc: Bonferroni-corrected t-tests. Effect sizes: Cohen's d and  $\eta_p^2$ . Secondary outcomes: Linear mixed models (lme4 package) accounting for baseline covariates (age, sex, education).

Interim analysis occurred at week 12 (O'Brien-Fleming boundaries via sequential package). Significance:  $p < 0.05$  (two-tailed); false discovery rate correction for multiple comparisons (Benjamini-Hochberg). Sensitivity analyses excluded non-compliers. Equivalence testing (TOST procedure) confirmed control group stability.

## II. RESULT

Exercise demonstrates potential benefits for visuospatial working memory (VSWM), particularly through mechanisms like enhanced hippocampal volume and neurotrophic factors, though direct evidence in middle-aged adults (typically 40-60 years) remains limited compared to seniors and children. Meta-analyses indicate small but significant positive effects overall (SMD=0.198,  $p < 0.001$ ), driven by chronic moderate-intensity activities. One cohort study in middle-aged adults found no association between physical activity and cognitive functions including working memory.

#### Key Findings

Cross-sectional studies in older adults (mean age  $\sim 67$ ) show exercisers outperform sedentary controls in VSWM accuracy ( $p < 0.01$  for open-skill group), especially in short-term memory maintenance, but not mental rotation. Open-skill exercises (e.g., table tennis) provide selective benefits over closed-skill (e.g., jogging). Meta-analyses confirm stronger effects in seniors (SMD=0.361,  $p < 0.001$ ) and children than young adults.

### Optimal Interventions

Chronic exercise ( $\geq 90$  days,  $\geq 60$  min/session, 3x/week) at low-moderate intensity yields the largest gains (SMD=0.383). High cognitive-engagement activities (e.g., dual-task or mind-body) outperform low-engagement ones. Examples include aerobic walking, resistance training, or multicomponent programs. [pubmed.ncbi.nlm.nih.gov/3547560/](https://pubmed.ncbi.nlm.nih.gov/3547560/)

### Middle-Age Evidence Gap

No RCTs directly target middle-aged adults for VSWM; one study reports null associations with objectively measured activity. Benefits may extend from senior data, as age moderates effects (stronger in 55-68 vs. older). Future trials needed for this group, given early cognitive decline risks.

### Summary Table

Aspect	Evidence Level	Effect Size (SMD)	Key Moderators
Overall VSWM	Meta-analysis (28 RCTs)	0.198 (small)	Chronic > acute; seniors/children > young adults
Seniors (>58y)	High (multiple RCTs)	0.361	$\geq 60$ min/session, moderate intensity
Middle Age (40-60y)	Low (cohort only)	Null	Unclear; infer from seniors
Open- vs Closed-Skill	Cross-sectional	Superior accuracy ( $p < 0.01$ )	Maintenance > manipulation

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