

Effects of karate training on cognitive functions in young athletes

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Abstract

Background and Study Aim: Several lines of evidence indicate that regular physical activity has a positive impact on cognitive function. Relatively limited number of studies describe the effects of long-term physical activity among athletes in specific sports fields. The purpose of these studies was to determine the interrelation between the regular karate training and level of selected cognitive functions of young karate athletes. **Material and methods:** We examined the influence of karate training on cognitive performance of young volunteers (n=24 males; aged 16,79 ± 0,86). To evaluate the cognitive performance in our subjects we used Face/Name Association Test, Stroop Test and Trail Making Test. The results were compared with control group (n=24 males; 16,08 ± 0,39). Participants of this study were young and healthy and therefore we can exclude impact of coexisting illness's cognitive function. **Results:** The mean results in the Face/Name Association Test in control group was 74,12 ± 6,66 % in the karate group 61,08 ± 5,36 % (p<0,005). Statistically different results were not observed in duration of the retrieval phase of this test (p<0,05). In the Stroop Test the mean result in control group was 269, 84 ± 84,18 seconds, in the karate group 289,50 ± 79,90 seconds (p<0,005). We observed statistical difference in results of Trial Making Test, in part A mean results in control group were 67,37 ± 13,20 seconds and karate group 85,63 ± 21,46 seconds (p<0,005). In part B mean results were 80,37 ± 18,34 seconds and 89,41 ± 20,06 seconds in control and karate group, respectively (p<0,05). **Conclusions:** We demonstrated that karate training can lead to reduction of some cognitive function.

Key words: karate athletes, cognitive function, Stroop Test, Face/Name association, Trial Making Test

Introduction

It is well known that physical activity may have a positive impact on human cognitive functions (Złomańczuk et al., 2006; Erickson et al., 2009; Nakagawa et al., 2020; Niedermeier et al., 2020; Okudan, 2021). Several lines of evidence confirm that regular physical activity contributes to a number of adaptive changes in the body, that may affect the central nervous system. For example, it was shown that the systematic physical activity has influence on increasing angiogenesis and neurogenesis processes, increased blood flow through the brain and increase in grey matter volume in the temporal and frontal cortex (Leal-Galicia et al., 2019; Dawe et al., 2021; Maugeri et al., 2021; Mohammadi et al., 2021). A potential mechanism of the influence of physical activity on the cognitive function is related to the activation of neurotrophies, primarily brain derived neurotrophic factor (BDNF) and insulin-like growth factor 1 (IGF-1) which has a positive effect on the brain (Lindholm et al., 1996; Cameron et al., 1998; Spartano et al., 2019). BDNF is considered to be the main compound influencing the plasticity of the brain, the processes of synaptic functions development and axons. Activation of BDNF expression on synapses, as a result of increased motor activity, improves synaptic transduction, stimulation of genetic transcription, favourable reconstruction of the synapse and improvement of the elasticity of the neurons (Ip et al., 1993; Cotman, 2002; Zlibinaite et al., 2021). IGF-1 is involved in differentiation and growth of neurons. During physical activity, the concentration of IGF-1 increases in the brain and in peripheral blood, which results from the possibility of crossing the blood-brain barrier by this factor. Peripheral IGF-1 is responsible for the activation of growth factors cascade in the brain, stimulating mechanisms that increase its plasticity (Aleman et al., 1999; Arwert et al., 2005; Spartano et al., 2019). Furthermore, regular physical exercise contributes to the curtailment of inflammation by reducing the concentration of proinflammatory cytokines in the blood, which may contribute to the activation of neurodegenerative processes. This effect depends on the type of exercise, duration and its intensity (Gleeson et al., 2011; Liang et al., 2021). Finally, physical activity is also responsible for reducing the risk factors of the metabolic syndrome, primarily hypertension and insulin resistance thus, it lowers the risk of developing cognitive dysfunctions, optimizes the

functioning of the brain and delays and slows down the development of neurodegenerative disorders (Gleeson et al., 2011; Phillips et al., 2014; Coll-Padros et al., 2019).

The results of many studies have confirmed that the influence of exercise on the central nervous system depends on the type of physical activity (dynamic effort, effort with a predominance of a static component, resistance training). Different types of physical activity, through different action mechanisms, affect various neural pathways (Cassilhas et al., 2007; Yukhymenko et al., 2019; Mihailescu et al., 2021). It seems particularly important to define which type of physical activity has the most beneficial effect on cognitive functions. So far, majority of research focus on the positive effect of regular, moderate physical activity on cognitive performance (Ploughman, 2008; Hötting & Röder, 2013; Ceylan & Günay, et al., 2020; Dwojaczny et al., 2020). Relatively limited number of studies describe the effects of long-term physical activity in athletes in specific sports disciplines (Pacesova et al., 2018; Dworska, 2020). The purpose of these studies was to determine the interrelation between the regular karate training and level of selected cognitive functions of young karate athletes.

Material and Methods

Participants. 48 volunteers took part in the research. The volunteers were divided into two groups: control and karate group. The control group consisted of local high school students (24 male; aged $16,08 \pm 0,39$). Based on surveys, the selected males who lead sedentary lifestyle and did not participate in any sporting activities except physical education lessons. Volunteers from the karate group were recruited from the local karate team (24 male; aged $16,79 \pm 0,86$). Athletes training from 5 to 7 years were qualified for the research. All volunteers were healthy and did not suffer from any chronic conditions. The study was conducted in accordance with the Declaration of Helsinki for Human Studies. The study protocol was approved by a local Ethics Committee.

Procedure. Evaluation of cognitive skills was based on scores from face/name association test. The detailed experimental protocols for these tests were described previously (Złomańczuk et al., 2006). Shortly, in the acquisition phase of the face/name association test, subjects were exposed to 100 faces – each associated with a single name on a computer screen. Each face/name pair was presented for 2 seconds. After 10 minutes from the end of acquisition phase the retrieval phase began. During this phase test subjects were presented with the same faces as in acquisition phase but each face was associated with two names, one of which was the same name as in acquisition phase. The task of the subject was to indicate the name associated with the face during acquisition phase. No time limits for retrieval phase were imposed. The percent of correctly associated names, and the duration of the retrieval phase were recorded for each subject.

The Stroop test consisted of four pages. The first test page contained the names of colours written in two columns in black ink (20 words in each column). The task was to read the names of colours. The second page contained the rows of cross marks in two columns (20 rows in each column). The rows of cross marks were displayed in different colours. A colour of each row was recognized and pronounced by each participant. The third and four pages contained the names of colours written in two 20-word columns. An ink colour was different than the name of a colour. The written name of a colour (third page) or the colour of the ink (four page) were recognized and pronounced by each subject. For each page the time of reading duration was recorded. In the statistical analysis we used the reading time of the last page expressed as a percentage of the first page reading time.

The Trail Making Test consisted of two pages. The first page contained numbers from 1 to 25 which are randomly arranged on a piece of paper. The task of the subject was to connect numbers of a continuous line (without revealing a paper pencil). The second page contained numbers (from 1 to 13) and letter (from A to L) which were randomly arranged on a paper. The task of the subject was to connect alternately numbers and letters (without revealing a paper pencil). The result of the test was the time it took to complete part A and part B, respectively.

All tests were performed between 9:00 am and 14 pm.

Statistical analysis. Statistical significance of the differences between the two groups was assessed using two-tailed T-Test. The results are presented as means with standard deviation. $p < 0.05$ was considered statistically significant.

Results

In the control group, the average score of face/name association test was $74,12 \pm 6,66$ %. In the karate group the average score was $61,08 \pm 5,36$ % (Fig. 1a). The difference in the scores between control and the karate group was statistically significant, with $p < 0.005$. No statistically significant difference ($p < 0.5$) was observed between the two groups in the duration of the retrieval phase of the test. In the control group, mean retrieval duration equalled $269,84 \pm 84,18$ seconds and in the karate group the retrieval duration was $289,50 \pm 79,90$ seconds (Fig. 1b). Statistically significant differences ($p < 0,005$) were observed also between the two groups in the Stroop test. In the Stroop test, the control group reached the mean score of $173,44 \pm 36,90$ % and the score of karate group equalled $225,87 \pm 52,56$ % (Fig. 2). Statistically significant differences were observed

between results control and karate group for part A Trial Making Test ($p < 0,005$). The mean results in TMT A in a control group was $67,37 \pm 13,20$ seconds, in karate group the mean result was $85,63 \pm 21,46$ seconds (Fig.3a). Statistically differences were not observed in the part B Trial Making Test ($p < 0,5$). The mean results in TMT B in the control group was $80,37 \pm 18,34$ seconds. In the karate group the mean result was $89,41 \pm 20,06$ seconds (Fig. 3b).

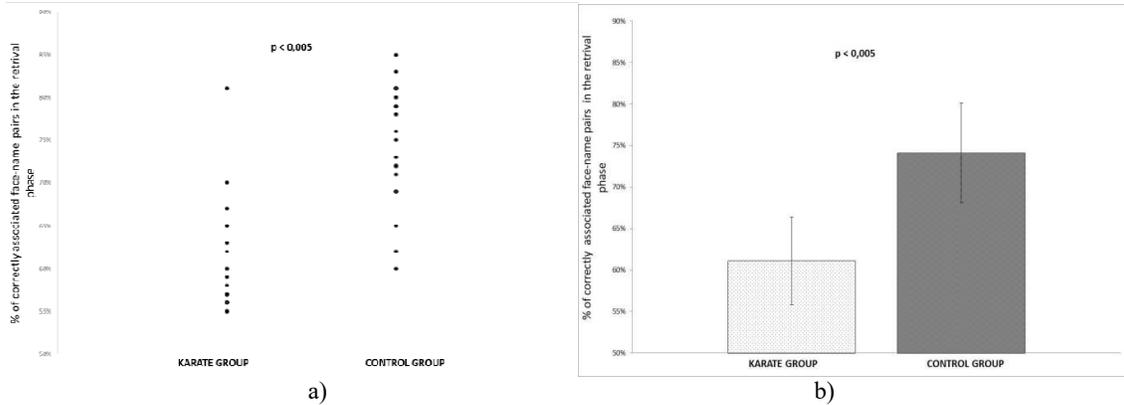


Fig.1. Face/name association test results in karate and control groups. % of correctly associated name-face pairs in the retrieval phase: a) individual data points for all participants from the two groups; b) mean values for each group.

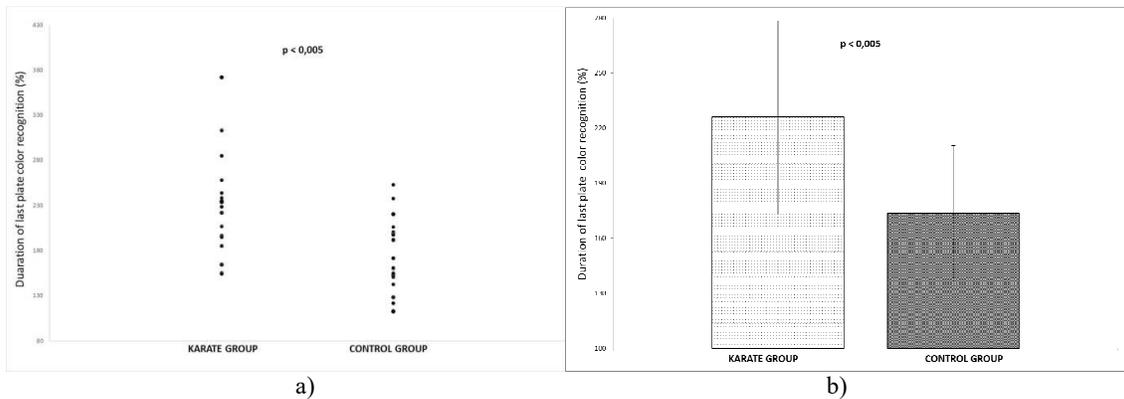


Fig. 2 Stroop test results in karate and control groups. Duration of colour recognition for the last plate, expressed as % of the colour recognition duration for the first plate: a) individual data points for all participants from the two groups; b) mean values for each group.

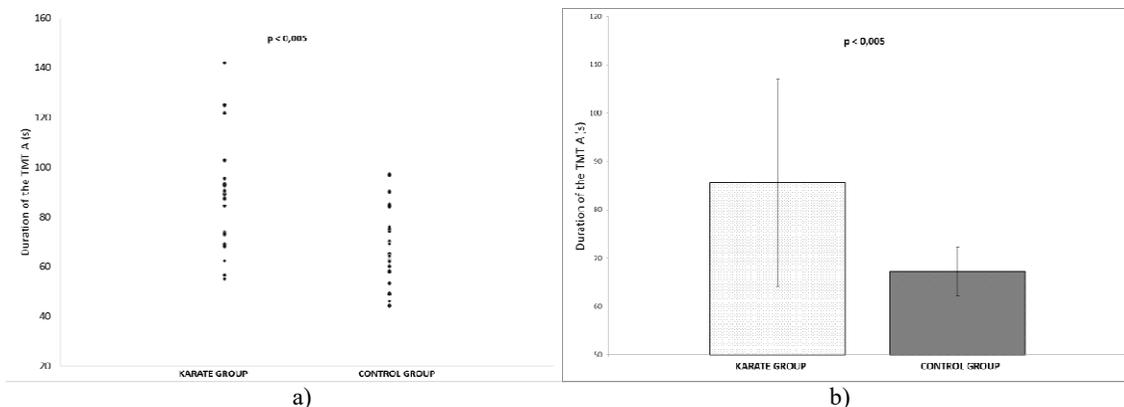


Fig. 3 Trial making test results in karate and control groups. Duration of the TMT A :a) individual data points for all participants from the two groups; b) mean values for each group.

Discussion

There are many reports indicating that regular physical activity is an important factor causing improvement of the level of cognitive skills (Kronenberg et al., 2003; Pomeschchikova et al., 2016; Ivashchenko et al., 2017; Kriventsova et al., 2017; Xiang Qian et al., 2020; Shenoy et al., 2021). However, the data presented in this report indicate that karate training can contribute to lowering the level of cognitive function. Volunteers from the karate group obtained worse score for accuracy measured by Face/name association test, Stroop test and Trial making test compared to the control group. The Face/name association test evaluates short term declarative memory which is closely associated with hippocampal activity (Sperling et al., 2001). The Stroop test measures multiple cognitive processes such as executive control, selective attention and ability to inhibit habitual responses. These abilities are strongly associated with the activity of prefrontal and anterior cingulate cortical areas (Barch, 2001; Li et al., 2021), while TMT test measures prefrontal cortex-dependent attention and cognitive flexibility (Tombaugh, 2004; Salas-Gomez et al., 2020). Our previous studies showed positive effect of physical activity on cognitive performance dependent on the hippocampus in particular (Złomańczuk et al., 2006; Dwojaczny et al., 2015).

Our findings are not concordant with the results from other studies which demonstrated that karate training can have a positive effect on some cognitive function. For example, it was shown that karate training contributes to the improvement of memory abilities and executive functioning particularly working memory, attention and executive functioning, among children with average age of 9 years (Alesi et al., 2019). In other studies, it was shown that 3-months karate training was related with an improvement of the cognitive functions (visual memory ability and executive function) in older adults (Lopes Filho, 2019) and athletes (Berti et al., 2019; Duru et al., 2020). On the other hand, Jansen and Dahmen-Zimmer showed that a few months karate training has no effect on cognitive functioning on elderly people (Jansen & Dahmen-Zimmer, 2012). Moreover, several studies report cognitive benefits derived from the practice of martial arts such as: Tai chi on attention task, working memory, delayed recall and subjective cognitive complaints (Man et al., 2010; Nguyen & Kruse, 2012; Yue et al., 2020).

In our research we observed that volunteers practicing karate have a lower level of cognitive functions compared to their peers who do not practice karate. It is very difficult to explain the mechanism that causes the reduction of cognitive functions in karate groups. Karate is a sport discipline which requires a lot of cognitive involvement. Karate athletes must entail in relevant tasks, inhibit irrelevant responses, update information, shift the focus of activities in action (Alesi et al., 2019; Duru et al., 2020). Participants of this study were young and healthy and therefore we can exclude impact of coexisting illness's cognitive function. However, one cannot exclude that the factors not controlled for in this study contributed to the final result, for example: different lifestyle, regularity of sleep hours, diet, sexual activity etc. These factors are also known to influence cognitive efficiency.

Conclusion

Our data demonstrate that karate training can have negative effect on cognitive function in young individuals. However, more research is needed to confirm our observations and elucidate the underlying mechanism of the influence of karate training on the level of cognitive functions. In order to confirm the negative influence of karate training on the level of cognitive functions, it seems necessary to determine the level of cognitive functions before starting karate training and after several years of training.

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