

THE CLINICAL MEANING OF DIFFERENT LEVELS OF MEMORY COMPLAINTS: A STUDY ON THE VLV SWISS SAMPLE

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Introduction

Literature

Older adults often complain about their memory (Jonker et al., 2000).
For general practitioners (GP): what is the clinical meaning of memory complaints?

Previous studies showed memory complaints are linked with:

- Depression (e.g., Hülür et al., 2014; Pearman et al., 2014)
- Cognition (e.g., Comijs et al., 2002; Crumley et al., 2014; Jonker et al., 2000)

Problematic

- People complain at different levels (low vs. high complaints). Are low complaints already associated with depression and/or cognition?
- The way depression and cognition contribute to the different levels of memory complaints (low vs. high) is unclear, although this knowledge could be helpful for clinicians. To which extent depression and cognition are related to low and high memory complaints?

Method

Procedure

Vivre/Liben/Vivere (VLV) interdisciplinary study in Geneva, Valais, Bern, Basel and Ticino (Ludwig et al., 2014; Oris et al., 2015)

Participants

2'410 adults aged 64 and older ($M_{age}=77.74$, $SD=8.24$; 46.1% women)

Material

- **Memory complaints:** → No (*never*) vs. low (*rarely*) vs. high (*frequently or always*) memory complaints
- **Depression:** (Wang et al., 1975) → quartiles: lower ($Q1, M=0.27$) to higher ($Q4, M=1.21$) depression
- **Cognition:** (Mini Mental State Examination, Folstein et al., 1975) → low (≥ 19 & ≤ 24) vs. high (≥ 25)
- **Covariates:** demographics, self-perceived health and physical symptoms

Data analyses

Multinomial logistic regression including depression, MMSE and covariates as predictors of memory complaints (ref: no memory complaints)

Results

Depression

The odds for the higher levels of depression (Q2 – Q4 compared to Q1) to have a **low** or a **high** memory complaints (compared to no complaints) were significant.

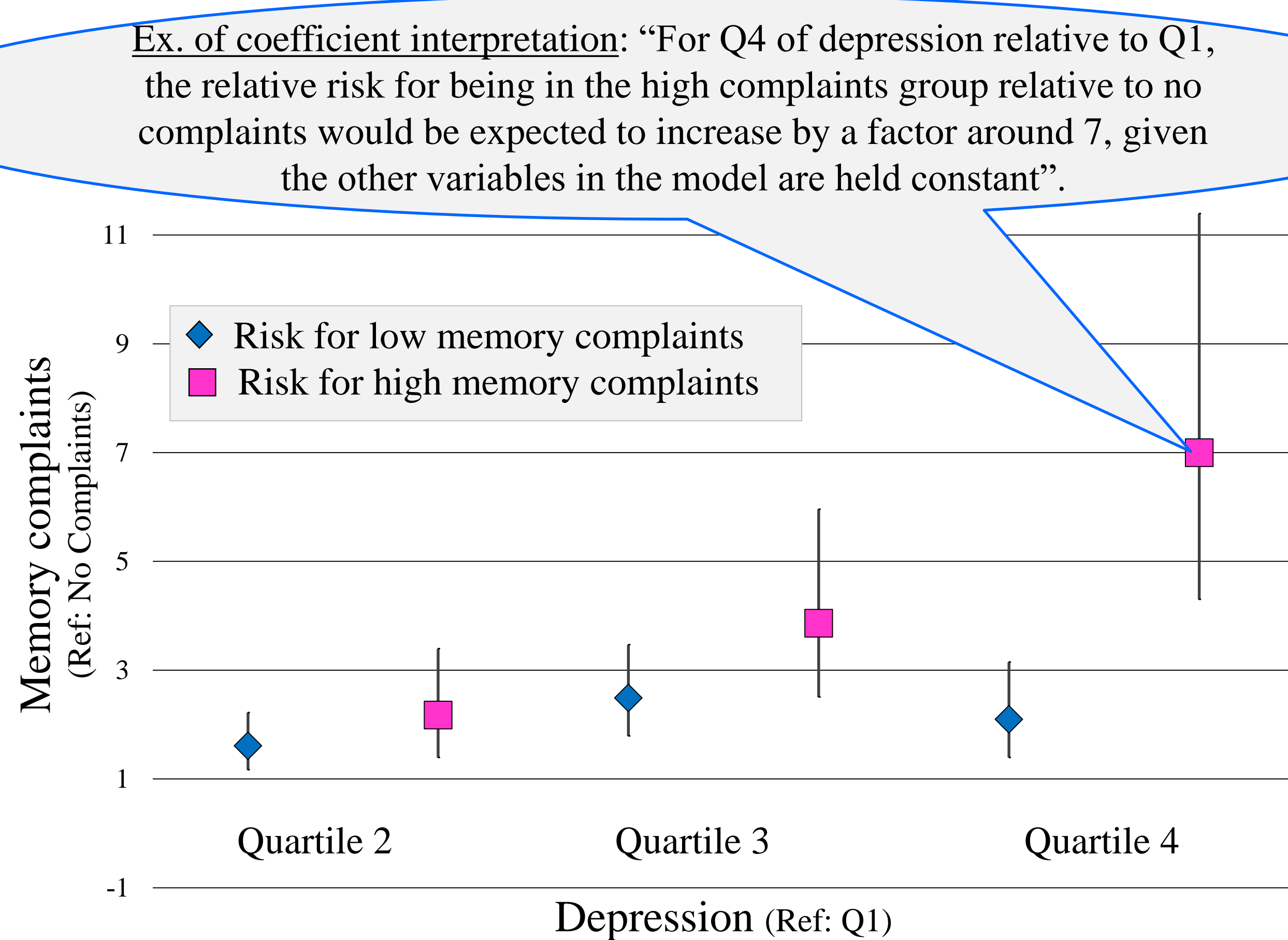


Figure 1. Odds ratios and Confidence Interval (95%) of the effect of depression on memory complaints.

Cognition (MMSE)

The odd for low MMSE (compared to high MMSE) to have a **low** memory complaints (compared to no complaints) was non significant.
The odd for low MMSE (compared to high MMSE) to have a **high** memory complaints (compared to no complaints) was tendencial.

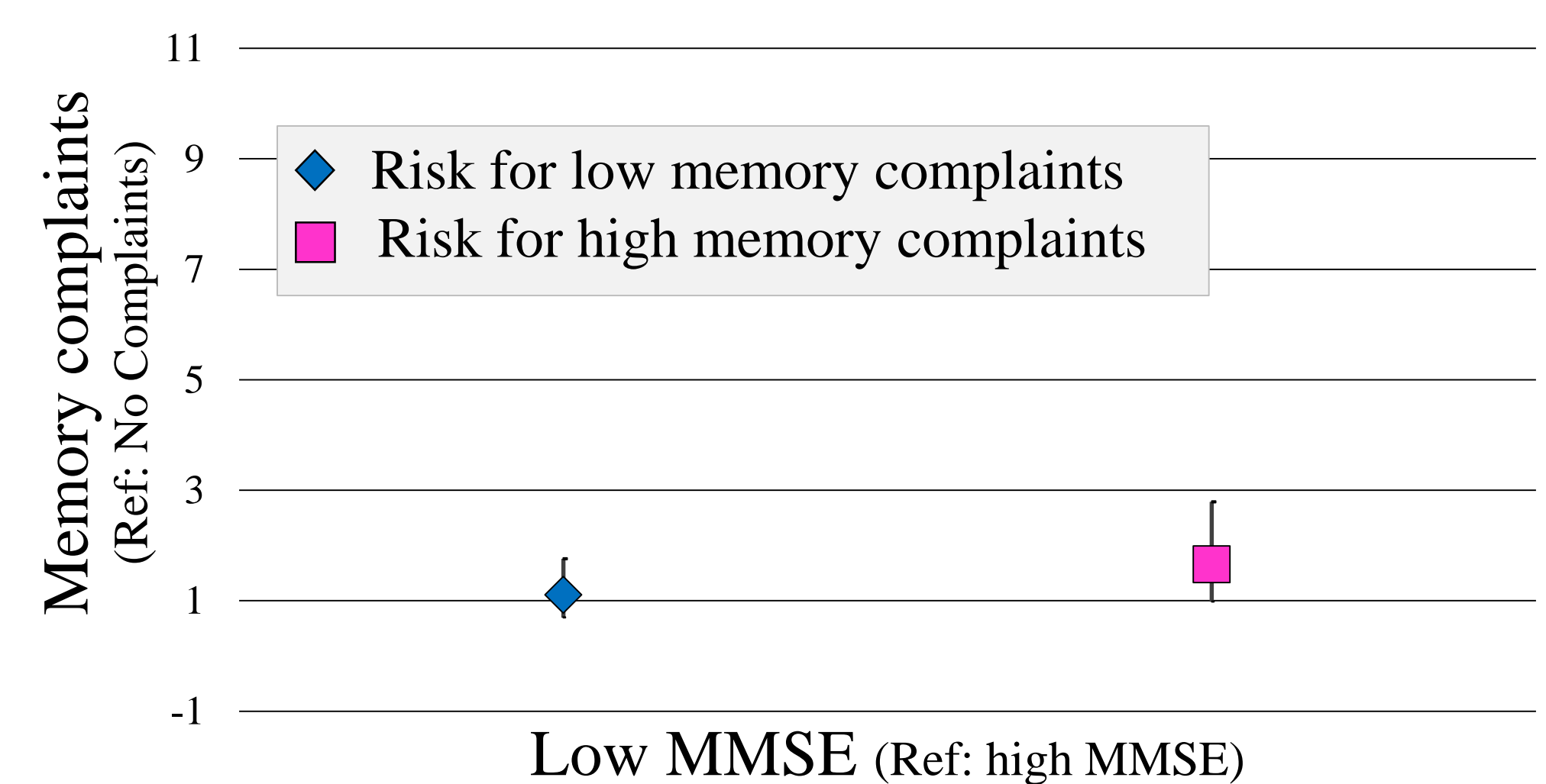


Figure 2. Odds ratios and Confidence Interval (95%) of the effect of MMSE on memory complaints.

Complementary results: the impact of covariates

Women and participants with higher education level were more likely to have low and high memory complaints.

Older participants and tendentially participants with lower self-perceived health were more likely to have high memory complaints.

Discussion

Summary

Depression, and especially the highest levels, predicts low and high levels of memory complaints.

A lower MMSE predicts only high memory complaints, although the OR is small.

Limitations

This study is cross-sectional and does not allow any conclusion about the direction of causality.

The studied sample is not very vulnerable: depression is low and few persons have memory complaints.

Further directions

To study the spontaneous memory complaints to a GP as a reason for consultation.

Practical applications

Memory complaints are not equal to memory impairment, although further cognitive testing is needed.

Memory complaints, especially high levels, should elicit a suspicion for a depressive mood.

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