

Different Cognitive Complaint Profiles in Memory Clinic and Depressive Patients

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Objective: *Cognitive complaints are considered early indicators of incipient Alzheimer's disease (AD) but are very common in geriatric patients, especially in patients with major depressive disorder (MDD). The clinical assessment of cognitive complaints is still poorly operationalized. Recent qualitative research suggests that certain phenomenologic complaint themes may have some specificity for prodromal AD. The aim of the study was to replicate and explore their occurrence in a clinical setting.*

Methods: *In a cross-sectional, case-control study using a mixed-methods approach, 23 memory clinic (cognitive complainers [CC]) patients, 21 psychiatric inpatients with MDD, and 21 healthy control subjects, aged 55–86 years, were assessed at the Department of Psychiatry and Psychotherapy and German Center for Neurodegenerative Diseases, Bonn. A newly developed semistructured interview addressing 12 complaint themes was used, and transcribed open format responses were coded by qualitative expert rating (theme absent versus present) and compared between the groups.*

Results: *Seven complaint themes (e.g., sense of predomination, progression) were significantly more often endorsed by the CC group, together with a novel theme of “distractible speech.” Complaint themes in those with depression aligned with the depressive symptoms and appeared to be partly different from the complaint pattern of the CC group.*

Conclusion: *Previously established themes were found to be feasible for conversion into a semistructured interview. Several complaint phenotypes were confirmed and previous themes significantly expanded by providing first evidence for a qualitatively different complaint profile in MDD compared with CC. Future investigations may benefit from better characterizing the phenomenologic and qualitative characteristics of AD-related complaints. (Am J Geriatr Psychiatry 2017; ■■■:■■■-■■■)*

Key Words: Subjective Cognitive Decline (SCD), mild cognitive impairment (MCI), Major Depressive Disorder (MDD), cognitive decline, Alzheimer's Disease (AD)

Highlights

- Certain phenomenologic complaint themes may have some specificity for prodromal AD.

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Clinical Assessment of Cognitive Complaint Profiles

- With a clinical semistructured interview, we explored and quantified different complaint themes in memory clinic patients and compared their occurrence in those of patients with major depression.
- Complaint themes in patients with major depressive disorder align with the depressive symptoms and appear to be partly different from the “cognitive complaint profile” of memory clinic patients.
- These results inform the development of new rating scales or questionnaires for improvement of identification of AD-related cognitive complaints.

INTRODUCTION

Cognitive complaints are very common in the elderly.¹ They are an established risk factor for Alzheimer’s disease (AD), associated with an increased risk of future cognitive decline,² incident AD dementia,^{3–6} and abnormal AD biomarkers.^{7–10} Studies report that subjective cognitive complaints are more associated with depressive symptoms than with objective cognitive performance, suggesting that aspects of these concerns are related to normal aging or depression rather than neurodegeneration.¹¹ The identification and measurement of complaints linked with AD pathology could help to identify subjects with preclinical AD as important target population for clinical trials and for early intervention.⁶

Cognitive concerns are based on the subjective experience of multiple cognitive failures or difficulties over time and on their “meta-cognitive” valuation (e.g., as worrying or abnormal). To capture these highly diverse subjective experiences, current research largely relies on questionnaires.^{4,6,12,13} These allow standardization across studies, relatively brief administration times, and easy quantification, making them very feasible for large-scale longitudinal studies. A wide variety of questionnaires exist,¹⁴ but it is yet unclear which questionnaire items are sensitive markers for future progression to AD dementia. Although clinical experience and neuropsychological expertise (e.g., on separable cognitive domains) are used to develop these questionnaires, it has been acknowledged that the phenomenologic (“first-person”) experience of AD-related complaints is largely unknown and most likely not fully captured by the currently available instruments.^{10,14,15} Therefore, careful collection and analysis of qualitative data have been proposed as a necessary step toward improvement of our understanding of AD-related complaints.^{14,16,17}

Qualitative research on cognitive complaint phenomenology has only recently begun to shed light on the phenomenologic experience of cognitive deficits in AD at various disease stages. Buckley et al.¹⁶ reviewed this qualitative literature in older adults and extracted eight central complaint themes (e.g., issues of changing self-identity, the causal attribution of cognitive decline, and the anxiety and concern related to perceived decline) associated with the earliest stages of AD. Buckley et al.¹⁸ also compared the phenomenologic experience of coping with memory-related lapses in cognitively normal older adults and those with mild cognitive impairment (MCI). Using a qualitative approach they revealed 12 complaint “themes.” Several themes were more likely to be expressed in MCI, particularly the use of burdensome coping strategies, sense of progressive decline, increasing predominance related to this decline, dismissive attitudes to memory lapses, dependency on others, and a relative absence of contextualized detail in their responses. MCI patients with abnormally high amyloid burden showed greater expressions of increasing predominance, burdensome coping strategies, dismissive attitudes to memory lapses, and a greater dependence on others to recover from memory lapses.¹⁸ Thus, this qualitative approach provided first evidence of a highly nuanced structure of “AD-related” cognitive complaints.

Although Buckley et al.¹⁸ made an initial foray into the prodromal experience of AD-related cognitive complaint, this work is yet to be replicated and has not been applied in other clinical populations of interest. In particular, patients with major depressive disorder (MDD) or depressive symptoms often report cognitive concerns,^{11,19} and little is known about subjective cognitive complaints that might be regarded as typical for depression.^{17,20} Results suggest that depressive symptoms predict objective cognitive decline and are

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