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Original article

The psychological nature of subjective memory complaint in non-demented older adults: The respective predictive values of psycho-affective, lifestyle, and cognitive inhibition variables



La nature psychologique de la plainte mnésique subjective chez la personne âgée non démentée : poids respectifs des déterminants psychoaffectifs, de l'inhibition cognitive et du style de vie

C. Auffray

Centre de recherches en psychologie, cognition et communication (CRPCC - EA 1285), université de Bretagne Occidentale, université européenne de Bretagne, UFR lettres et sciences humaines, 20, rue Duquesne, CS 93837, 29238 Brest cedex 3, France

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ABSTRACT

Introduction/Objective. – The aim of this study was to investigate, using path analysis (Lisrel 8.52), the relationships between subjective memory complaint and cognitive inhibition, lifestyle, and psycho-affective variables on a sample of non-demented older adults.

Method. – Our sample was composed of 109 older adults, who were required to undertake two cognitive inhibition tasks (stroop and verbal fluency) and to respond to scales designed to measure individuals' psycho-affective status (depression/subjective health) and subjective memory complaint level (Mac Nair). Lifestyle predictors (education and activity levels) were also assessed.

Results/Conclusion. – This study highlights the importance of adopting a multifactorial approach to the study of subjective memory complaint. In addition to executive variables (verbal fluency task), predictors such as subjective health and activity levels seem to be crucial in our understanding of the psychological nature of subjective memory complaint.

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R É S U M É

Introduction/Objectif. – Cette étude a pour objectif de mettre à jour, sur un échantillon de personnes âgées non démentées, les relations entre plainte mnésique subjective, inhibition cognitive, style de vie et variables psychoaffectives, à travers des modèles en pistes causales (Lisrel 8,52).

Méthode. – Notre échantillon est constitué de 109 personnes âgées qui réalisent 2 tâches d'inhibition cognitive (*stroop*/fluence verbale) et répondent à des échelles censées mesurer leur état psychoaffectif (GDS/état de santé subjectif), leur plainte mnésique subjective (Mac Nair). Des facteurs liés au style de vie sont également évalués (niveau d'activités et d'études).

Résultats/Conclusion. – Cette étude contribue à montrer l'intérêt d'une approche multifactorielle de la plainte mnésique. Au-delà de variables exécutives (tâche de fluence verbale), des indicateurs comme la santé subjective ou le niveau d'activités semblent être cruciaux dans la compréhension de la nature psychologique de la plainte.

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1. Introduction

In the 1980s, the aim of the first studies focusing on the subjective evaluation of memory was to provide researchers and practitioners in the field of gerontology with memory functioning

E-mail address: caroline.auffray@univ-brest.fr

indicators that were clinically more reliable than the classical memory measures used in laboratories (Sunderland, Watts, Baddeley, & Harris, 1986). The term subjective memory complaint (SMC) is now largely used to denote a self-report from a subject that they have experienced memory problems (Zarit, 2008). The existence of a statistical link between so-called “objective” memory performance (measured by cognitive or neuropsychological tests) and a SMC (usually measured by asking one or several questions) has been the subject of many studies (for a review, see Rouch et al., 2008). The research has produced contradictory results. Some studies have shown a link between SMC and memory performance (Amariglio, Townsend, Grodstein, Sperling, & Rentz, 2011; Jonker, Geerlings, & Schmand, 2000; Jorm et al., 2004), while others have shown no link between the two (Bolla, Lindgren, Bonaccorsy, & Bleecker, 1991; O'Connor, Politt, Roth, Brook, & Reiss, 1990; Scogin, Storandt, & Lott, 1985). It is logical to assume that there are more SMC predictors (other cognitive processes as well as non-cognitive variables) than just memory performance, which is regularly studied in the literature. Hence, the aim of our study is to investigate the psychological nature of SMCs using a multifactorial approach.

Ponds and Jolles (1996) attempted a fairly comprehensive approach to SMC expressed by older adult subjects. They compared a group of 50 older adults with an explicit SMC (these individuals came from a sample of subjects who had wanted to take part in a memory training programme) with another group of 50 people with no explicit SMC. The authors made sure the two groups were well matched in terms of age (approximately 63), gender, and education level and that their MMSE scores were all below 23. The results showed that the people in the group with a high SMC were especially aware of and preoccupied by the fact that their memory had already substantially declined. In this case, SMC was therefore not just an expression of experiencing difficulties but also of a sense of the onset of decline. As regards the relationship between SMC and cognitive measures, the results differed depending on the task concerned. The two groups differed in their verbal fluency performances but not in their memory performances. Those with a high SMC also had an increased tendency to experience negative emotions (this tendency was measured by depression and personality rating scales). This study was one of the first to show that SMC may not only be linked to non-memory-related cognitive performances but also to emotional factors. However, it is frequently the case, this absence of a relationship could be seen as being due to a difference in measurement level. In a study by Balash et al. (2013), SMC was measured by a single, very global question covering the subject's perception of any deficiency and of any recent change in efficacy (“Do you have any sustained memory problems that seem to have got worse over the past year?”). The authors noted that while there was a link between SMC and the MMSE score (an equally global measure of cognitive functioning), there was no connection between SMC and more specific performances that had been measured by a battery of tests (memory, attention, executive functions, visuospatial functions). The majority of subjects in this study who had reported a SMC were relatively cognitively intact and differed from the “non-complainants” by higher levels of depression and anxiety. The authors concluded from this that SMC should be viewed more as a reflection of affective symptoms than as a subjective assessment of actual memory problems. It is thus important not to neglect the importance of the link between SMC and certain non-memory-related cognitive functions. In this study, we are going to leave the question of the connection between SMC and the already well-documented objective memory performance to one side and concentrate instead on the relationship between SMC and the efficacy of the cognitive inhibition function. This inhibitive function is of major importance in the understanding of inter-individual differences observed in the cognitive domain during normal ageing (Hasher & Zacks, 1988; for a review, see Juhel,

2003). Attention control mechanisms are also among the first to be affected in Alzheimer-type dementia (Perry & Hodges, 1999).

Despite this low-level consensus in the literature regarding the statistical link between objective memory performance and SMC, researchers in the cognitive psychology of ageing and neuropsychology very often choose to study SMC from the point of view of early screening for pathological ageing. Indeed, it is often considered to be a first sign of pathological ageing. Some comparative studies have shown that SMC is greater in those with MCI than in healthy subjects (Bherer, Belleville, & Hudon, 2004; Buckley et al., 2013). St John and Montgomery (2002) also observed in their study of over-65s that those who had reported experiencing memory loss five years earlier were twice as likely to develop dementia (Cook & Marsiske's, 2006 findings were similar). When the authors contextualised this result, it was found not to be significant when the cognitive starting point was statistically controlled for. Furthermore, a longitudinal follow-up study of this sample showed that only 15% had developed an Alzheimer's-type dementia in the intervening five years. Van Oijen, de Jong, Hofman, Koudstaal, and Breteler (2007) also carried out a longitudinal study on the outcome for people complaining of memory problems. The participants, all aged over 55, were followed over nine years. Their initial results showed that those in the highly educated, cognitively intact SMC category were three times more likely to get Alzheimer's-type dementia than those in the highly educated, cognitively intact no-SMC category. This same association between SMC and the development of dementia is found in less educated people albeit with a reduced risk rate ($\times 1.5$). Finally, Reisberg, Shulman, Torossian, Leng, and Zhu's (2010) study of 260 people with a mean age of 67.2 showed that SMC as reported by cognitively intact subjects may be a sign of a reduction in cognitive performance in the seven-year period following the self-report. It would appear then that SMC does not have the same meaning for all subjects and that its meaning is characteristic-dependent. There seem to be some effects of mediation and interaction in the relationship between SMC and cognitive functioning, most notably as a function of initial cognitive level and education level.

Aside from the SMC/cognition relationship, it also seems important to examine the predictive values of some of the so-called non-cognitive variables. Some studies have shown links with the individual's lifestyle, such as their education level (Arbuckle, Gold, & Andrès, 1986), activity levels (Arbuckle et al., 1986), and objective health status (on arthrosis and vision and hearing impairments, see Cutler & Grams, 1988; on diabetes and hypertension, see Comijs, Deeg, Dik, Twisk, & Jonker, 2002), while others have demonstrated a clear link between SMC and psycho-affective variables. All in all, these studies seem to suggest that the self-reporting of memory problems by older adults may be linked to subjective health status (Ponds, van Boxtel, & Jolles, 2000), satisfaction with life (West, Boatwright, & Schleser, 1984), and even to symptoms of varying degrees of depression. For example, Kahn, Zarit, Hilbert, and Niederehe (1975) studied the relationships between levels of depression, SMC, and memory performance in depressed older adult patients and showed that SMC was linked to level of depression independently of objective memory performance. Further, Popkin, Gallagher, Thompson, and Moore (1982) supplemented the findings of this study by showing that a reduction in depression was accompanied by a reduction in SMC. Jorm et al. (2004) also showed that SMC was linked to negative emotions, such as anxiety and depression. It would appear then that depression may be considered an important component of SMC in older adults. Some longitudinal studies have taken this a step further and shown that some depressive symptoms can precede a real cognitive decline lasting several years (up to seven, according to Berger et al., 1999, as cited in Balash et al., 2013). SMC could therefore be just as much a consequence of a subject's negative perception about their own

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