

Mood symptoms in cognitively unimpaired older adults and their informants: effects on cognitive complaints and agreement in dyadic reporting

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BACKGROUND

The influence of mood symptoms on self- or informant-reported subjective cognitive complaints (SCC) in the preclinical stages of dementia remains unclear (Nosheny et al., 2022).

Our **objective** was to investigate whether depressive and anxiety symptoms in participants without objective cognitive impairment and their informants may affect the severity of complaints and the agreement in dyadic reporting.

The Generalized Anxiety Disorder scale (GAD-7; Spitzer et al., 2006) and the Geriatric Depression Scale (GDS-15; Sheikh & Yesavage, 1986) were used to evaluate, respectively, anxiety and depressive symptoms. Informants completed the Goldberg Anxiety and Depression Scale (GADS; Goldberg et al., 1988).

We conducted a multinomial logistic regression with "Dyadic SCC" as the dependent variable. Predictors were total anxiety and depression scores, adjusted for sex, age, and Charlson Comorbidity Index (CCI).

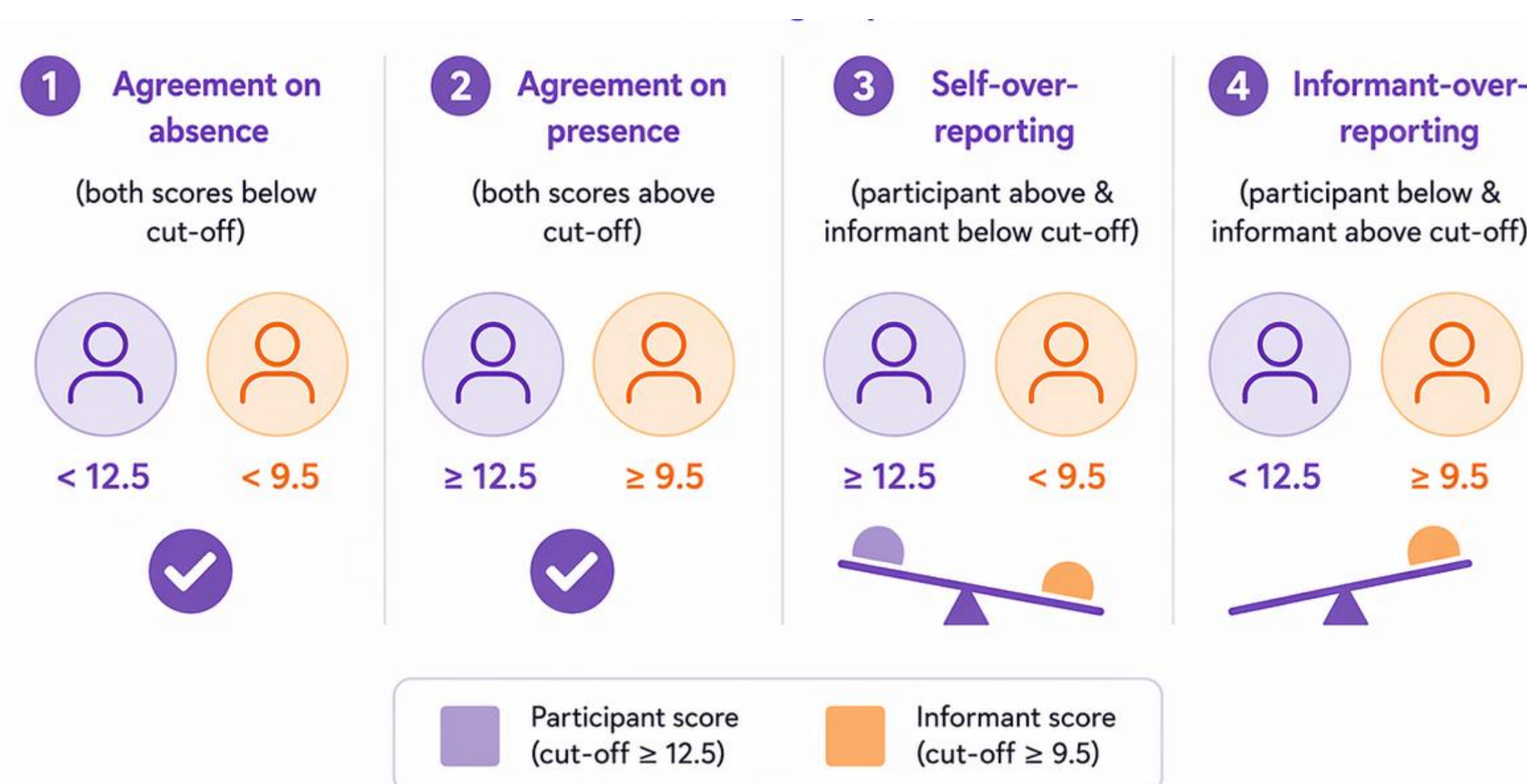
The regression model was statistically significant (χ^2 (18, N=291) = 99.776, $p < .001$) showing an acceptable fit ($R^2_{\text{Nagelkerke}} = .313$, $R^2_{\text{McFadden}} = .130$) (See Table 2).

- ✓ Higher self-reported depressive symptoms increased the likelihood of "Agreement on presence" and "Self-over-reporting" compared with "Agreement on absence".
- ✓ "Self-over-reporting" was associated with greater comorbidity in participant and lower informant-level anxiety.
- ✓ For "Informant-over-reporting", the only significant predictor was the participant age.

METHODS

291 participants (75.94% women) and their informants (60% women) from the Compostela Aging Study were included.

The Memory Failures of Everyday questionnaire (MFE; Sunderland et al., 1984) was administered to participants (pt) and informants (inf) to assess the severity of SCC. "Dyadic SCC" was categorized based on established MFE cut-off points (Pérez-Blanco et al., 2025) into four groups:



RESULTS

Participant MFE score positively correlated with GDS-15, GAD-7, and informant MFE score, whereas informant-reported MFE score significantly correlated with GADS-Anxious, GADS-Depression subscales, and GDS-15 (see Table 1).

Table 1.
Spearman correlations

Tests	MFE (pt)	GDS-15 (pt)	GAD-7 (pt)	MFE (inf)	GADS-Anx (inf)	GADS-Dep (inf)
MFE (pt)	-					
GDS-15 (pt)	.397**	-				
GAD-7 (pt)	.272**	.551**	-			
MFE (inf)	.294**	.190**	.091	-		
GADS-Anx (inf)	-.063	.146*	.128*	.244**	-	
GADS-Dep (inf)	-.004	.024	.003	.185**	.614**	-

Note: * $p < .05$, ** $p < .001$. MFE = Memory Failures of Everyday Questionnaire; ppt = participant; GDS-15 = Geriatric Depression Scale; GAD-7 = Generalized Anxiety Disorder Scale; inf = informant; GADS-Anxiety = Goldberg anxiety subscale; GADS-Depression = Goldberg depression subscale.

CONCLUSIONS

Depressive symptoms emerged as the most consistent predictor of high severity of self-expressed complaints. No apparent association was found between the informant's mood and the severity of informant-reported complaints.

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