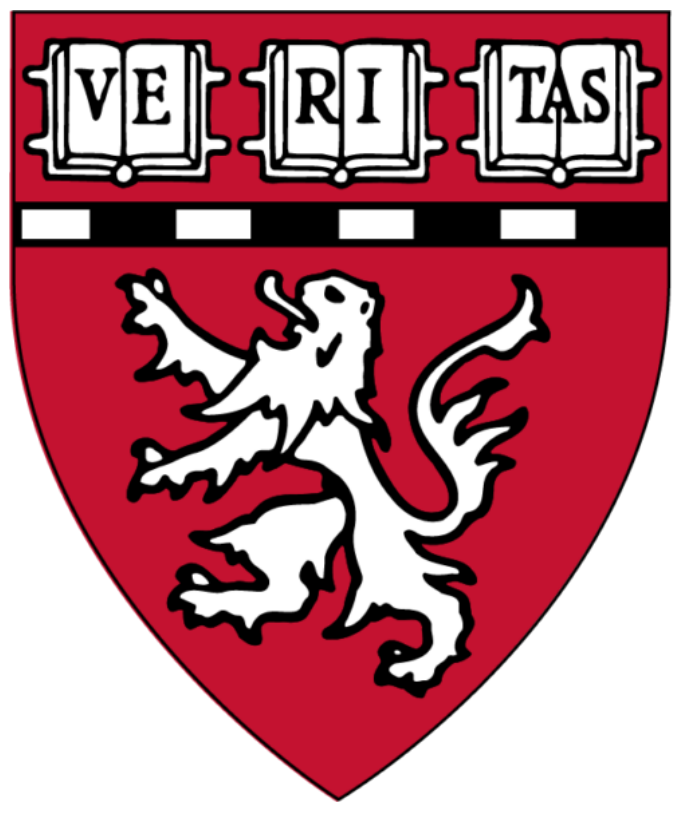




Lived Experiences of Older Adults with Subjective Cognitive Decline and Mild Depressive Symptoms: Implications for Community-Based Interventions

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Background

- Subjective cognitive decline (SCD): self-perceived worsening in memory/thinking despite generally normal neuropsychological test performance and daily functioning (Jessen et al., 2020).
- SCD is common in midlife and older adulthood (prevalence estimates: 15% to 50%) and is seen as a potential early indicator of Alzheimer’s disease (Röhr et al., 2020).
- Depressive symptoms frequently co-occur with SCD, and depression may influence SCD trajectories and dementia risk (Yulug et al., 2025).
- Beyond clinical risk, SCD and depressive symptoms can cause worry, reduce confidence, and increase vulnerability (Raymond-Lessard et al., 2025).
- Intervention guidance remains limited, and many adults with SCD do not discuss symptoms with healthcare professionals (Tan et al., 2025).
- Understanding how older adults interpret and manage co-occurring SCD and mild depressive symptoms is critical for designing community-based supports that address both cognitive and emotional well-being.

Goals

Assess how SCD impacts older adults and what they are doing to cope with these changes in mood and memory.

Approach

- Older adults with SCD
- Guided by socioecological model & implementation frameworks

Key Areas of Inquiry

- Meaning of depressive and cognitive symptoms
- Perceived impact on daily functioning, relationships, and well-being
- Coping strategies used to manage symptoms

Outcome

- Inform adaptation of intervention manual and training procedures for community implementation

Methodology: Study Design

Participants and Recruitment Setting: Greater Boston area

Inclusion Criteria

- Age ≥ 60
- Meets SCD criteria (see Screening)
- Depressive symptoms: PHQ-9 ≥ 5
- Able to provide informed consent
- English fluency

Exclusion Criteria

- Diagnosis of mild cognitive impairment (MCI) or Alzheimer’s disease (AD)
- Current major depressive disorder: MINI > 4
- Active, untreated psychiatric conditions (e.g., psychosis, mania, substance use disorder)

Screening and Measures

- Depressive symptoms: Patient Health Questionnaire (PHQ-9)
- Cognitive status: Telephone Interview for Cognitive Status, modified (TICS-m)
 - Ineligible if TICS-m < 31 (suggestive of MCI or AD)
- SCD assessment (3 items):
 - Noticed recent changes in memory or thinking?
 - Changes persisted over the past year?
 - Concerned about these changes?

Methodology: Qualitative Analysis

Analytic Approach

Reflexive thematic analysis

- Team members read transcripts for familiarization and initial impressions
- Developed an initial codebook informed by interview guides and prior work
- Added inductive codes as new concepts emerged

Coding process:

- Two researchers independently coded all transcripts in Dedoose
- Coders met to compare interpretations, resolve discrepancies, and refine code definitions

Theme development:

- Organized codes into candidate themes through team discussion
- Reviewed and refined themes for coherence and distinctiveness
- Selected representative excerpts to illustrate themes

Maintained reflexive notes and documented analytic decisions to support transparency

Table 1: Sample Demographics

Variable	Mean (SD)	Count (%)
Age	68.69 (6.82)	
Sex/Gender		
Male		9 (24.3)
Female		28 (71.8)
Race/Ethnicity		
White		27
Black		8
Hispanic		4
Education		
Highschool or GED		14 (35.9)
Associates Degree		3 (7.7)
Bachelors Degree		14 (35.9)
Graduate/Professional Degree		8 (20.5)
TICS	33.58 (2.83)	

Results

Theme 1: Nature of Subjective Cognitive Changes

"I can't think of words... I go blank. Under stress, it's worse. I'd read a book and enjoy it, but a week later, I couldn't remember the title or characters. That really scared me." — [P34]

"I'm getting really forgetful... I literally just could not think of how to do something I do all the time. I started to panic, but then I stopped, took a breath, and it came back. That was frightening." — [P27]

"I get lost if I come from a different direction... I forget important things and remember trivial ones. Sometimes I feel down, confused, and worried, and it seems no one can help me." — [P22]

"Sometimes I know who someone is, even the first letter of their name, but my mind goes blank—I just can't think of it." — [P36]

Theme 3: Strain and disconnection from relationships

"I don't remember trips we've taken, and when he reminds me, I get angry for even mentioning it." — [P34]

"I get short-tempered when I forget something, and that frustrates my wife. I hate that this new tension has appeared after 43 years together." — [P22]

"I like being with people, but when an invitation comes, I often don't want to go." — [P18]

"Even small forgetfulness frustrates my family. I used to have a great memory, and now missing calls or anniversaries makes it painfully apparent." — [P21]

Theme 2: Impact on mood and perceived loss of control

"When I get anxious, I get so nervous... I can't be around people. I have to go home, close the door, and sit quietly." — [P06]

"It definitely affects my mood. It's like an underlying depression that's there. It's one of the things that is on my list of depressors." — [P18].

"I think it does because I get irritated afterwards. When I can't find things, I get depressed." — [P26].

"I'm aware I'm deteriorating kind of thing. And I'm concerned that things might get worse." — [P32].

Theme 4: Coping and Managing Symptoms

"I need to learn not to panic... I keep my mind active with puzzles, music, and dancing, but I also have to accept this is happening." — [P27]

"I was told it would take a year to get a neurocognitive evaluation. I'm on a waiting list." — [P34]

"At this point in my life, I don't think therapy could help much. It is what it is... there's nothing I can change. So we just go on." — [P24]

"I said, 'Alexa, set a reminder for 2:50 PM.' And then she came on, and so I remembered." — [P24].

Discussion

- Subjective cognitive decline can have a pervasive impact on older adults' daily lives even without a clinical diagnosis.
- Participants described internalized fear about memory changes, reduced self-esteem, and strain in social relationships that contributed to social withdrawal, loneliness, and negative mood.
- Psychosocial consequences may emerge earlier than the cognitively symptomatic stages emphasized in MCI & dementia research.
- This aligns with prior work linking cognitive concerns to stigma, frustration, threats to identity, and disruptions in independence and relationships (Ng et al., 2025).
- As SCD becomes more common (Farias et al., 2025), there is a growing need for healthcare and community settings to proactively engage with memory concerns, reduce stigma, and offer practical guidance.
- Participants also reported limited knowledge of coping strategies, often relying primarily on writing things down.
- Despite evidence-based strategies that support late-life mental health (Reynolds et al., 2022), few resources are tailored to the specific experience of SCD.
- These results underscore the need to strengthen health literacy around cognition, clarify links between depression and SCD, and address barriers to both informal and formal help-seeking.
- Future work should use longitudinal designs to examine how SCD trajectories shape mood and social functioning over time, and test peer-driven support models that could share coping strategies, reduce stigma, and build social connectedness for older adults navigating memory changes.

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