

Golnaz Yadollahikhales*, MD¹, Demarko Flanagan¹, Agata Shamis¹, Janice Emmanuella, MD¹, Iona Cairns¹, Alexandra Antenen¹, Erica Spivack¹, Qunesha Dale¹, Zaldy Tan, MD¹, Christina Quach¹, Michael Sonson, MD¹, Sarah Kremen, MD¹, Mitzi Gonzales, Ph.D^{1,2}

¹ Department of Neurology, Jona Goldrich Center for Alzheimer’s and Memory Disorders, Cedars-Sinai Medical Center, Los Angeles, California, USA.
² Department of Physical Medicine & Rehabilitation, Cedars-Sinai Medical Center, Los Angeles, California, USA.

INTRODUCTION

RESULTS

CONCLUSIONS

Subjective cognitive impairment (SCI) is characterized by self-perceived decline in cognitive function despite normal performance on standardized cognitive testing ¹. SCI can be associated with an increased risk of progression to mild cognitive impairment and dementia ². The relationship between commonly used cognitive screening tools and SCI, as well as patient-reported quality-of-life outcomes, remains unclear. This study evaluated whether the Montreal Cognitive Assessment (MoCA) and the Boston Cognitive Assessment (BoCA) correlate with Neuro-Quality of Life (Neuro-QOL) scores.

METHODS

Seventy-one participants were included from two cohorts: the Goldrich Observational ADRD Longitudinal (GOAL) study (n=27) and the Resilience in Aging for the Prevention and Intervention of Dementia (RAPID) study (n=44).

RAPID is a shortened, remotely administered version of GOAL. GOAL participants completed both the MoCA and BoCA, while RAPID participants completed the BoCA only.

All participants completed Neuro-QOL questionnaires. Cognitive scores were compared between participants with and without reported memory changes using independent-sample t-tests, and associations with Neuro-QOL were examined using Pearson correlations.

Table-1: Demographics

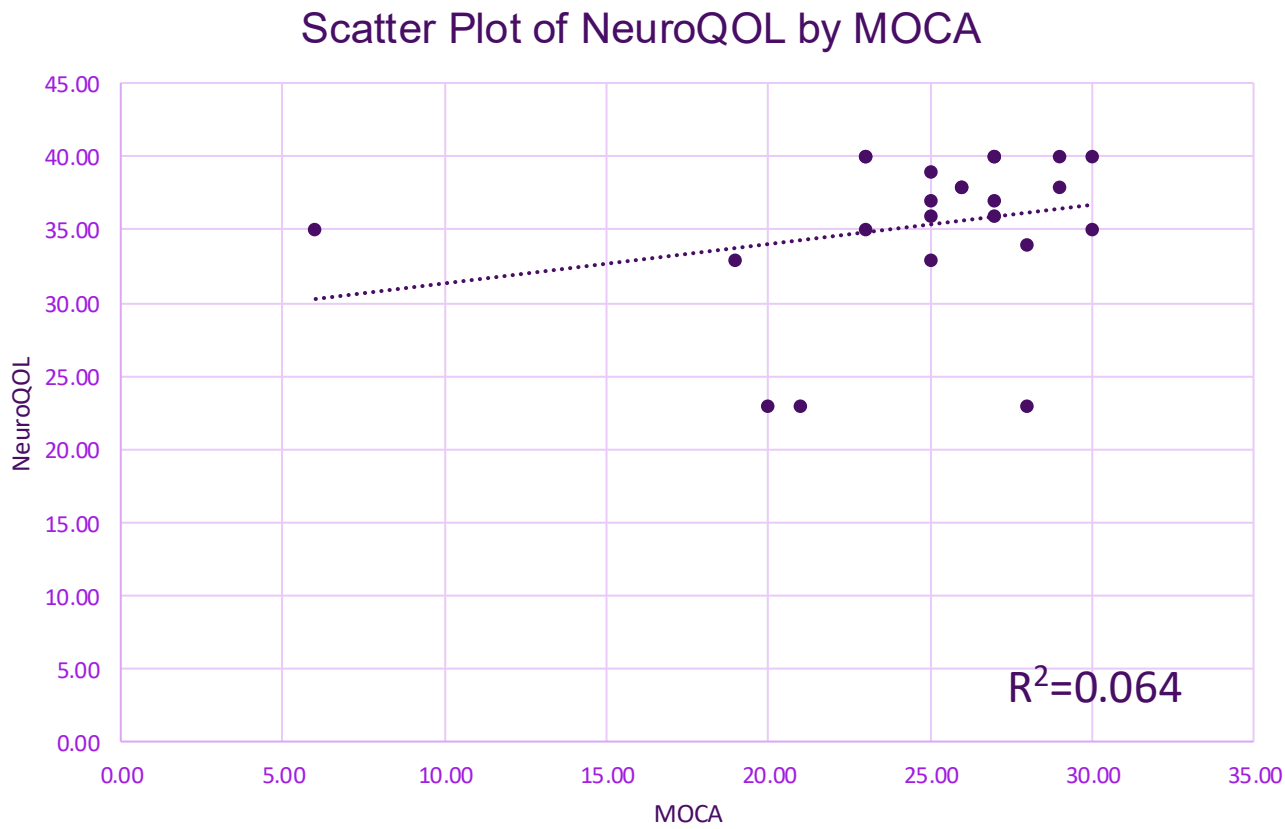
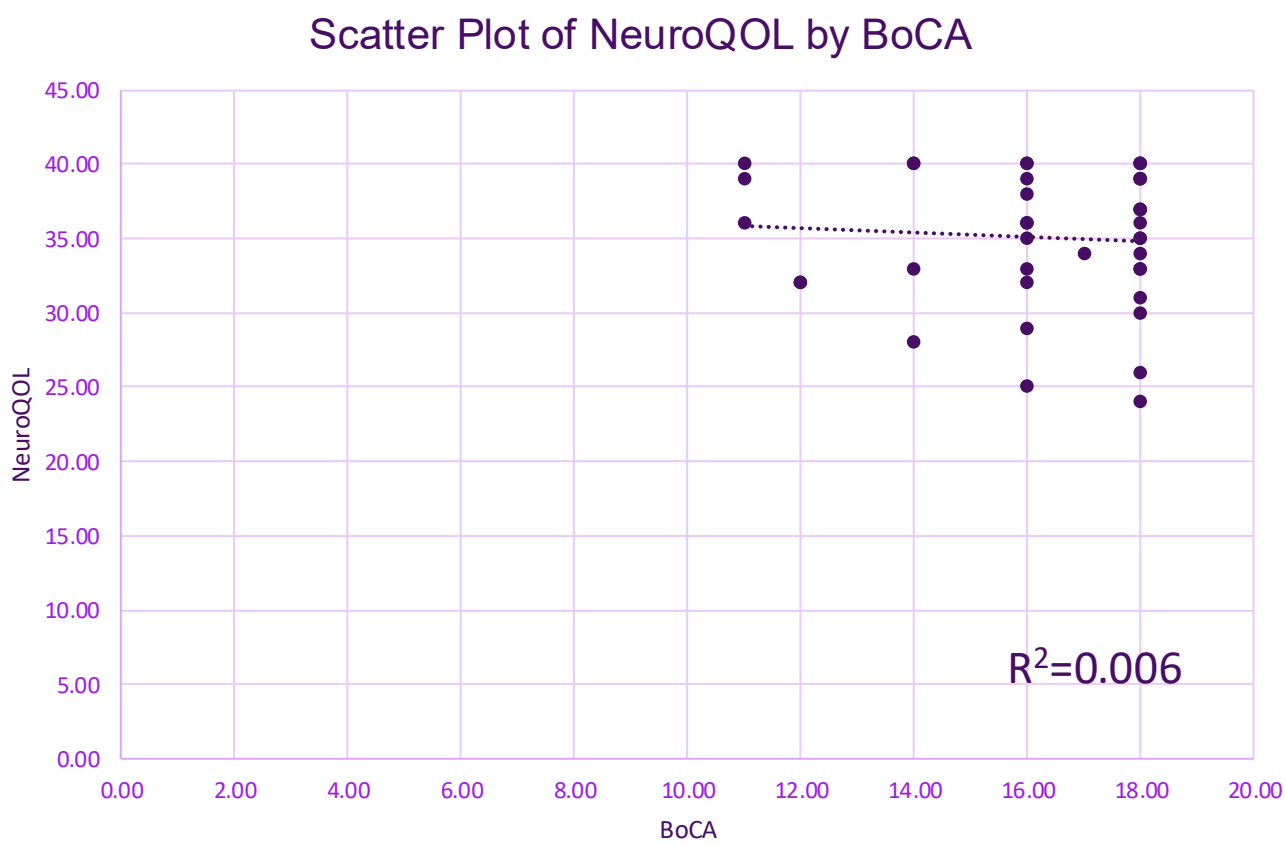
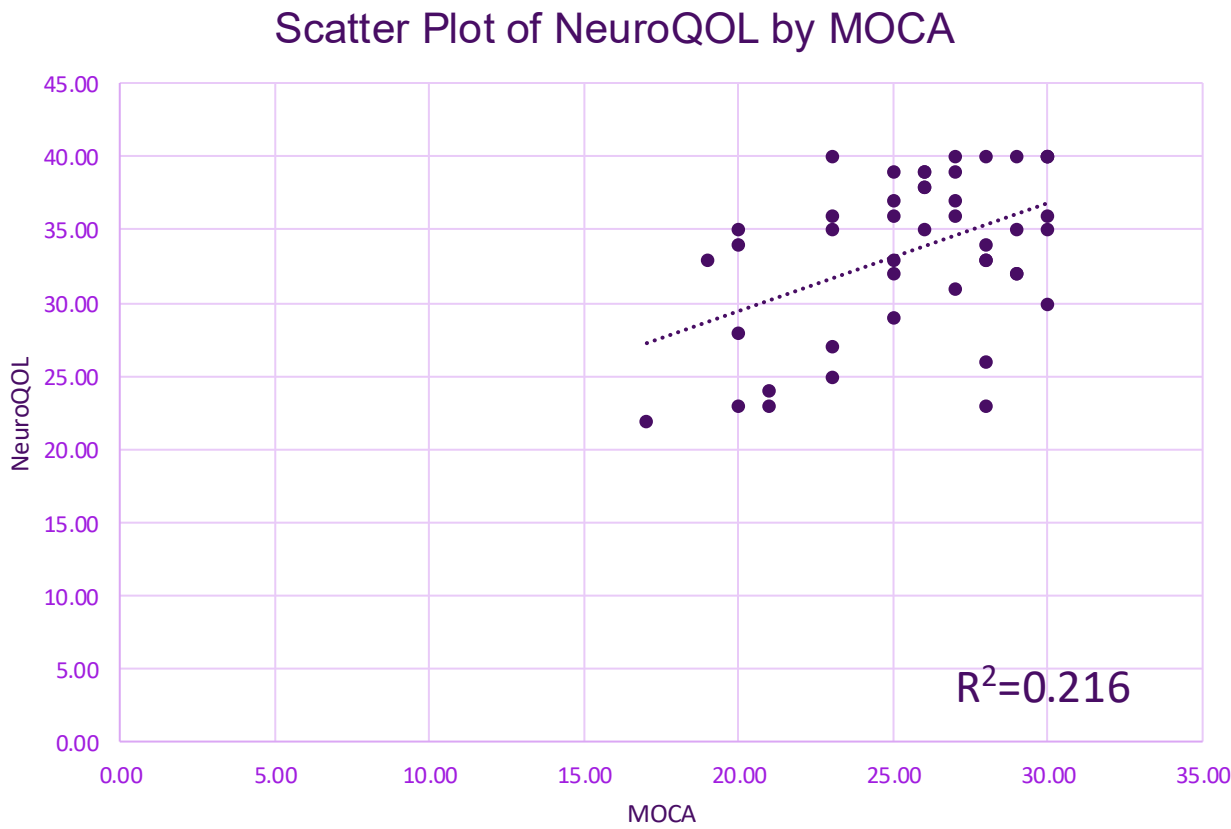
		GOAL (N=27)	RAPID (N=44)
Age		63.8±12.4	59.5±17.7
Gender		63% F,37% M	80% F, 20% M
Education	Less than high school	3.7%	6.8%
	High school	7.4%	4.5%
	Some college	3.7%	9.1%
	Bachelor’s degree	29.6%	25%
	Master’s degree	25.9%	43.2%
	Some Graduate school	0	2.3%
	Doctorate degree	29.6%	0
Race	White	54.6%	53.8%
	Asian	34.3%	41%
	Black	11.1%	2.6%
	Hispanic	0	2.6%
Marital status	Married/domestic partner	59.3%	72.7%
	Single	22.2%	9.1%
	Divorced/separated	11.1%	13.7%
	Widowed	7.4%	4.5%

RESULTS

- Participant demographics are summarized in Table 1.
- Mean MoCA scores among GOAL participants were 24.5 ± 4.9, while mean BoCA scores among RAPID participants were 26.3 ± 3.2.
 - No significant differences in MoCA or BoCA scores were observed between participants with and without SCI.
 - Across participants with and without SCI, Neuro-QOL scores did not correlate significantly with MoCA scores among GOAL participants, after controlling for age, sex, and education.
 - In contrast, a weak but statistically significant correlation was observed between BoCA and Neuro-QOL scores among RAPID participants.
 - Within the SCI subgroup, no significant correlations were found between Neuro-QOL scores and either BoCA or MoCA, regardless of covariate adjustment.

Reported Change in memory compared to a few years ago	BoCA (mean±SD)	MoCA (mean±SD)
Yes	18.1±5.3	25.4±3.5
No	17.8±3.6	26.1±4.9

Comparing MoCA and BoCA scores among participants with and without a reported change in memory



CONCLUSIONS

MoCA and BoCA do not reliably distinguish individuals with SCI from those without. Their association with patient-reported Neuro-QOL appears context- and population-dependent, with community-based, remotely administered BoCA showing greater sensitivity to self-perceived cognitive challenges.

These findings highlight limitations of brief cognitive screening tools in capturing SCI in preclinical populations.

REFERENCES

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2. Pike, Kerryn. "Subjective cognitive decline: level of risk for future dementia and mild cognitive impairment, a meta-analysis of longitudinal studies." Neuropsychology review (2021).

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CONTACT

Email: Golnaz.Yadollahikhales@csmc.edu