

Patient- and caregiver-subjective memory complaints are associated with sociodemographic and clinical factors in neurocognitive disorders

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Caregiver and patient reports capture complementary, non-redundant information. Systematically incorporating both perspectives, along with their discrepancy, is essential for timely, more accurate detection of neurocognitive disorders in clinical practice.

Introduction

Methods

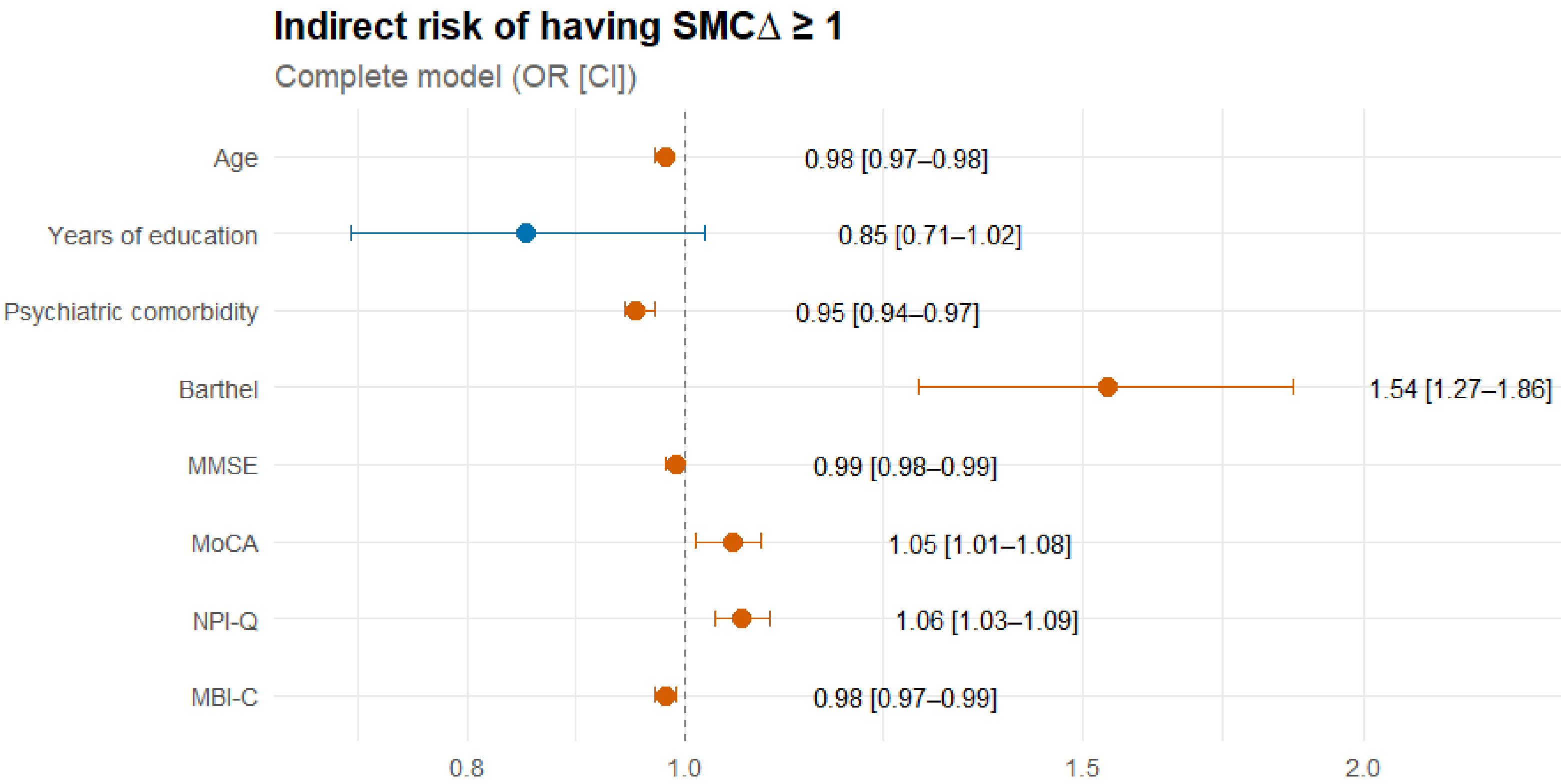
Results

Subjective memory complaints (SMC) determinants and relation to objective cognition remain poorly characterized. This study examines SMC, caregiver-reported (CMC), and discordant complaints' associations with cognition, neuropsychiatric function, and sociodemographics in n=3,354 Colombian memory-clinic patient-caregiver pairs.

Cross-sectional, with patient-caregiver pairs from a Colombian memory clinic using standardized clinical, cognitive, functional, and neuropsychiatric assessments. Statistical analyses: SMC/CMC/SMCΔ distributions (t-tests). Also, Multivariable linear/logistic regressions (backward elimination via AIC).

- Study included 3354 patients (mean age 71.71 years, 58.87% women) from a Colombian memory clinic; CMC scores (23.75) higher than SMC (16.86).
- CMC more strongly linked to cognitive/functional impairments; SMC associated with neurological comorbidities and higher education.
- SMCΔ best predicted by education, MoCA, and NPI-Q; lower MoCA predicted greater CMC.

Figure. Multivariable logistic regression: Factors associated with SMCΔ ≥ 1



Conclusions

- SMC, CMC, and SMCΔ show distinct sociodemographic/clinical associations.
- CMC/SMCΔ more strongly predict cognitive decline, MCI, and MoCA scores than SMC.
- Higher education is inversely associated with complaints (cognitive reserve effect).
- Supports caregiver involvement to reduce reporting bias in memory clinic assessment.