

The value of Subjective Cognitive Complaints (SCC) in the diagnosis of Mild Cognitive Impairment (MCI) in geriatric patients admitted on acute non-geriatric wards

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Introduction

The term Mild Cognitive Impairment (MCI) is used increasingly to describe a condition of 'cognitive impairment associated with ageing that is not clearly dementia'. Criteria for the diagnosis of MCI include subjective cognitive complaints (SCC), defined as 'everyday concern reported by people both with and without objective evidence of memory impairment', an objective mild cognitive deficit and a slight limitation in the activities of daily living (ADL). These criteria are insufficient because there is no single optimal method to elicit SCC and the relationship between SCC and OCC and ADL is unclear.

Methods

The study was carried out in the Ghent University Hospital during 3 months. The inclusion criteria comprised: 1) age of 75 years or more, 2) admission on a non-geriatric ward and 3) evaluation by the geriatric support team. The study participants were divided in 4 groups (SCC+ /OCC+, SCC+/OCC-, SCC-/OCC+ and SCC-/OCC-). The following variables were compared between the four groups: gender, age, living arrangements, education, co-morbidity (Charlsson Comorbidity Index), use of medication, ADL (Katz and Lawton scale), depression (Brief Geriatric Depression Scale), nutritional state (Nutritional Risk Screening), risk for falling (Stratify), visual and hearing impairments, pain (VAS-score). Generalized linear models were used to assess differences in global geriatric measures between the four study groups, correcting for possible confounders.

Results

Twenty SCC+/OCC- patients were identified: 20 SCC+/OCC-patients; 24 SCC-/OCC+ patients and 67 SCC-/OCC- patients. We found no significant differences between the study groups for age, gender, risk for malnutrition, pressure sores, visual and hearing impairments respectively. A significant difference between the SCC groups was found only for risk on depression, pain and falling. There was no effect of SCC on OCC and moreover there was neither individual nor combined effect of SCC and OCC on daily functioning, with exception of telephone use and medication intake.

Conclusion and implication for practice

At first sight, an extensive cognitive and ADL assessment motivated solely by the presence of SCC seems not justified. Further research is needed to explain these results.