

## The Impact of Affective Symptoms on Subjective Memory Complaints: Implications for Patient-Centered Cognitive Assessment and Gender-Sensitive Care

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### INTRODUCTION & AIM

Patient-Centered Care (PCC) highlights the value of the patient's subjective experience, commonly assessed through Patient-Reported Outcomes (PROs). In cognitive health, Subjective Memory Complaints (SMCs) represent a relevant PRO, although their relationship with objective cognitive performance is often inconsistent.

Previous research suggests that affective symptoms, such as anxiety and depression, may influence the perception of memory functioning. Additionally, gender differences in emotional symptoms and self-report have been described but remain underexplored in cognitive assessment.

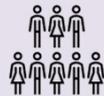
Examining the association between SMCs, affective symptoms, and objective cognition from a gender-sensitive perspective may improve the interpretation of patient-reported complaints and support more personalized, patient-centered care.



### METHOD

#### Design and Participants

- Cross-sectional study
- **N = 58** adults aged 42–75 years (M = 61)
- **72.4% women**



#### Measures

- **Subjective Memory Complaints Questionnaire (SMCQ)**
- **Montreal Cognitive Assessment (MoCA)**
- **GAD-7** – anxiety
- **PHQ-9** – depression



#### Procedure

- Participants were recruited through a registration form and provided **written informed consent**.
- Neuropsychological assessment was conducted **in person**.
- The assessment session lasted approximately **30 minutes**.
- All measures were administered during a single evaluation session.

#### Statistical Analysis

- Descriptive statistics were calculated for demographics, cognitive scores, and affective symptoms (mean ± SD; frequency/percentage).
- **Spearman's rank** correlations assessed relationships between: SMCQ ↔ MoCA, SMCQ ↔ GAD-7 / PHQ-9.
- Analyses were performed for the total sample and **stratified by gender** to explore sex-specific patterns.

### RESULTS & DISCUSSION

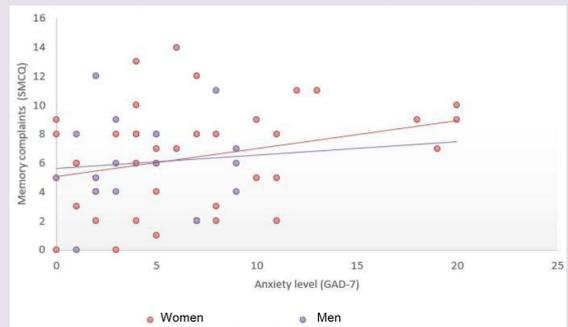


Fig. 1. Significant association between anxiety (GAD-7) and memory complaints (SMCQ) just in women (Females: n = 42, r = .278, p = .037; Males: n = 16, r = .112, p = .339).

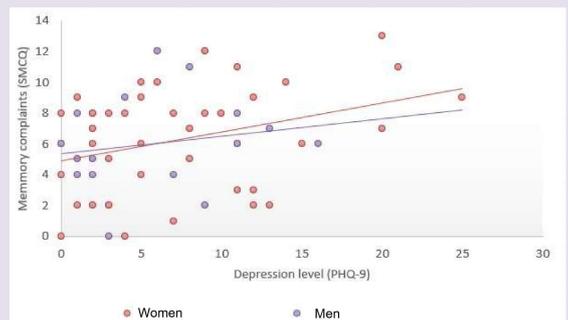


Fig. 2. Significant association between depressive symptoms (PHQ-9) and memory complaints (SMCQ) just in women (Females: n = 42, r = .305, p = .025; Males: n = 16, r = .211, p = .216).

Objective cognitive performance (MoCA) showed no correlation with subjective complaints (SMCQ), revealing a clear dissociation. However, in women (n=42), memory complaints were significantly linked to anxiety (GAD-7; r = .278, p = .037) and depression (PHQ-9; r = .305, p = .025). No significant associations were found in men (n=16) for either variable. These findings suggest that for women, subjective memory perception is primarily driven by affective state rather than actual cognitive performance.

### CONCLUSION

- **Emotional vs. Cognitive:** Subjective complaints (SMCs) reflect affective distress (anxiety/depression) rather than objective cognitive decline, particularly in women.
- **SMCs as PROs:** Memory complaints should be interpreted as Patient-Reported Outcomes of emotional health, not just markers of neurological impairment.
- **Gender-Sensitive Approach:** Effective patient-centered care requires screening for affective symptoms in women to accurately address the root of their cognitive concerns.
- In female patients, the **'memory gap'** is often an **'emotional bridge'**.

### REFERENCES

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