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13 Relationship Between Subjective Cognitive Decline and Episodic Memory Among Older Adults with and Without Neurocognitive Impairment

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Objective: Previous research has found that subjective cognitive decline corresponds with assessed memory impairment and could even be predictive of neurocognitive impairment. The purpose of this study was to investigate whether a single self-report item of subjective cognitive decline corresponds with the results of a performance-based measure of episodic memory.

Participants and Methods: Older adults (n = 100; age 60-90) were given the single item measure of subjective cognitive decline developed by Verfaillie et al. (2018).

Results: Those who endorsed subjective cognitive decline (n = 68) had lower scores on the CVLT-II long delay free recall than those who did not endorse such a decline (n = 32). Additionally, older adults with a neurocognitive diagnosis believed their memory was becoming worse at a higher proportion than those without.

Conclusions: While a single item of subjective cognitive decline should not be substituted for a comprehensive evaluation of memory, the results suggest that it may have utility as a screening item.

Categories:

Assessment/Psychometrics/Methods (Adult)

Keyword 1: memory: normal

Keyword 2: self-report

Keyword 3: neurocognition

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14 Prevalence of Mid-Range Visual Functions and their Relationship to Higher-order Visual Functions after Stroke

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Objective: Visual deficits are common after stroke and are powerful predictors for the chronic functional outcome. However, while basic visual field and recognition deficits are relatively easy to assess with standardized methods, selective deficits in visual primitives, such as shape or motion, are harder to identify, as they often require a symmetrical bilateral posterior lesion in order to provoke full field deficits. We aimed to investigate the prevalence and co-occurrence of *hemifield* “mid-range” visual deficits. In addition, we looked at the repercussions of these mid-range deficits on higher-order visual cognitive functions, such as visuoconstruction and memory. At a more theoretical level, we investigated whether associations between deficits in ‘mid-range’ visual functions and deficits in higher-order visual cognitive functions are in line with a hierarchical, two-pathway model of the visual brain.

Participants and Methods: In 220 stroke patients and a healthy control group (N=49), we assessed the perception of colour (isoluminant stimuli in the red-green range), shape (Efron shapes), location (dot in a circle), orientation (lines at different angles), contrast (bars with converging grey-level differences), texture (from Brodatz grayscale texture album) and correlated motion (different percentages of dots moving in the same direction). All tasks started with a fixation dot presented at the centre of the screen. After one second, a target stimulus was presented on the horizontal midline at either 5° to the left or at 5° to the right side of the fixation. Then, after 1.5 seconds, two response items appeared in addition to the target stimulus for three seconds. To control for eye movements, we used an eye-tracker to present the target in a gaze contingent fashion. Thus, the target always remained in the correct retinal position