Alzheimer Center Amsterdam
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Quality of life in the memory clinic setting and associated factors

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Aim

Quality of Life (QoL) is becoming an increasingly important outcome in research and care. We examined self-reported QoL in a memory clinic population and explored sociodemographic, disease-related, and psychosocial factors associated with QoL.

Methods

We included 279 patients first visiting Alzheimer Center Amsterdam (37% female, 63±9 years old, MMSE=25±5, 69 subjective cognitive decline (SCD), 32 mild cognitive decline (MCI), 68 Alzheimer's Disease dementia, 32 other dementia, 27 psychiatry, 51 rest (10 neurology other and 41 still undefined)).

Measures:

- QoL: Brunnsviken Brief QoL Scale (BBQ) and a Visual Analog Scale (VAS)
- Social support: Multidimensional Scale of Perceived Social Support
- Openness to discuss symptoms: based on Openness to Discuss Cancer in the Family
- Coping: BRIEF-COPE (problem-focused, emotion-focused, and avoidant coping)

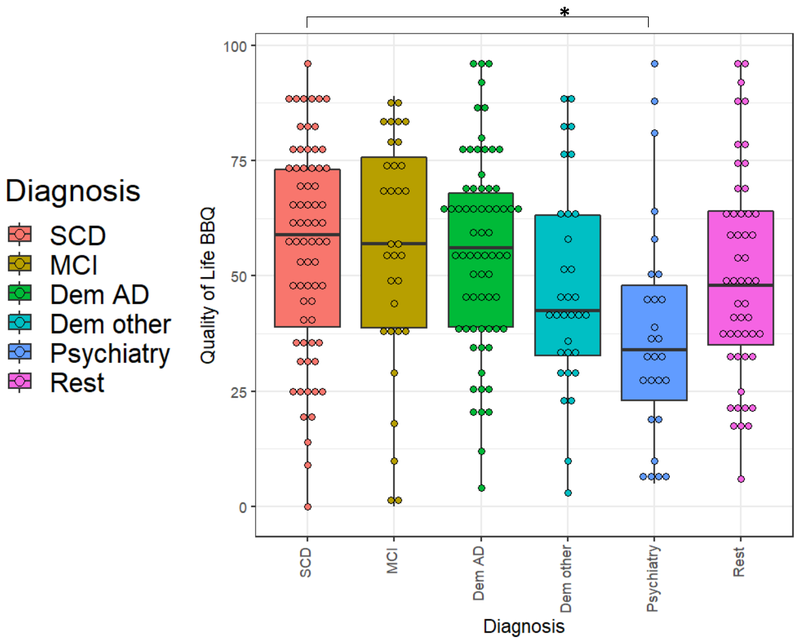

Figure 1. QoL as assessed with the BBQ varied considerably (range 0-96, mean: 52.0, sd: 23.1). Patients with a diagnosis of psychiatry reported significantly lower QoL (*b*=-18.04) compared to those with SCD (linear regression model corrected for gender and age, FDR-adjusted *p<0.01).

Results for QoL as assessed with the VAS were similar (range 0-10, mean: 7.0, sd: 2.0); likewise, QoL in psychiatry was significantly lower compared to SCD (*b*=-2.01, p<0.001).

Results

Associations with QoL were calculated with linear regression models, corrected for gender, age and diagnosis. We report associations with FDR-adjusted p<0.05.

			BBQ	VAS
Sociodemographic factors	Gender			
	Age			
	Education		↑b=2.45	
Disease-related factors	MMSE		↑b=0.69	↑b=0.06
	Functional dependence		↓b=-0.14	↓b=-0.02
	Diagnosis		See Figure 1	
Psychosocial factors	Social support		↑b=0.81	↑b=0.06
	Openness to discuss symptoms		↑b=0.78	↑b=0.05
	Coping strategy	Problem-focused coping	↑b=6.70	
		Emotion-focused coping		
		Avoidant coping	↓b=-10.5	↓b=-0.70

Figure 2. Associations with QoL as assessed with BBQ and QoL.

We further explored significant associations through causal mediation analysis. Figure 3 displays how the positive association between openness to discuss symptoms and QoL is partially explained by an increased level of perceived social support.

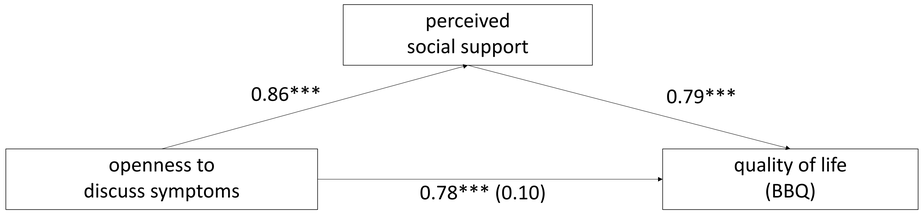

Figure 3. Regression coefficients for the relationship between openness to discuss symptoms and QoL (BBQ), as mediated by social support. The direct effect is in parentheses. ***p<.001.

Conclusion

QoL varied considerably in patients first visiting a memory clinic. In addition to disease-related factors, social support, openness to discuss symptoms and coping strategies are important determinants of QoL. This opens avenues to optimize well-being.

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