Although meningioma patients show deficits in objective cognitive functioning (OCF) measured with neuropsychological tests, subjective cognitive functioning (SCF) has received little attention.

van Lonkhuizen et al., investigated SCF from pre- to post-surgery and its associations with OCF, psychological, sociodemographic, and clinical characteristics.

SCF was measured using the Cognitive Failures Questionnaire (CFQ) one day before (T0), and three (T3) and twelve months (T12) after surgery. Patients' scores were compared to normative data and changes over time were assessed. The neuropsychological battery CNS Vital Signs and the Hospital Anxiety and Depression Scale were administered. Correlations of SCF with OCF, psychological, sociodemographic, and clinical characteristics were explored.

Patients reported significantly better SCF as compared to controls at T0 (N=54) and T3 (N=242), but not at T12 (N=50). A significant decrease in group level SCF was observed from T0 to T12 (n=24, p<.001). SCF was associated with anxiety at all time points (rs=-0.543 to -0.352) and with depression at T3 and T12 (r=-0.338 and -0.574), but not with OCF, sociodemographic, or clinical characteristics (rs=-0.202 to 0.288).

Meningioma patients experienced better SCF as compared to controls before and three months after surgery, which might be the result of phenomena related to disease and recovery. As the findings suggest that cognitive symptoms might increase later on, future studies should further investigate the course of SCF in meningioma patients. In clinical practice, measurements of SCF should be combined with those of OCF and psychological distress in order to determine whether and which interventions are needed 1).


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