Cognitive performance of patients with chronic Q fever or Q fever fatigue syndrome

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Introduction

- 1-5% of Q fever patients develop chronic Q fever, mostly as endocarditis or vascular infection.
- Q fever fatigue syndrome (QFS) consists of severe debilitating fatigue lasting for more than 6 months experienced by patients months or years after acute Q fever infection.
- Previous studies have shown that Q fever patients experience cognitive complaints and may suffer from diminished cognitive functioning.

Objective

The goal of this study is to explore the cognitive performance of chronic Q fever and QFS compared to the general population and to assess correlation between subjective cognitive complaints and objective cognitive performance

Methods

Four cognitive domains were assessed with standardized neuropsychological tests:

- Memory (Rey Auditory Verbal Learning Test)
- Working Memory (Digit Span Test)
- Information Processing Speed (Trail Making Test Part A, Stroop Color-Word test Card I and II, Letter Digit Substitution test)
- Executive Functions (Trail Making Test part B, Stroop Interference score, Category Fluency test)

- Performance validity, cognitive complaints and premorbid intelligence level (IQ) were also assessed.
- Each Q fever group was compared with a specific frequency-matched control group , with 30 chronic Q fever and 23 controls and 32 QFS patients with 21 controls.
- MANCOVA was used to compare the groups on the four cognitive domains with correction for age and IQ. Participants with poor performance validity were excluded.
- Correlations were analyzed with Spearman's rho.

STROOP COLOR-WORD TEST			
STATE THE COLOR AS FAST AS YOU CAN			
RED	GREEN	YELLOW	BLUE
BLUE	YELLOW	RED	GREEN
050	00550		VELLOW
RED		BLUE	YELLOW
YELLOW	BLUE	RED	GREEN
	ATE THE C RED BLUE RED	ATE THE COLOR AS F RED GREEN BLUE YELLOW RED GREEN	ATE THE COLOR AS FAST AS YOREDGREENYELLOWBLUEYELLOWREDREDGREENBLUE

Results

- A high percentage of chronic Q fever patients showed poor performance validity (38%, p=0.066) compared to controls (14%).
- QFS patients reported a high level of cognitive complaints compared to controls (41.2, p=0.023).
- There was no significant difference in any of the cognitive domains between Q fever patients and controls after exclusion of participants with poor performance validity.
- Cognitive complaints were not significantly correlated with any of the cognitive domains.

Conclusion

- High level of cognitive complaints in QFS patients did not indicate cognitive impairment.
- This study shows the importance of including a neuropsychological test battery with measures of performance validity to assess cognitive functioning rather than using subjective measures of cognition.



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