Conclusions Our results suggest that objective cognitive impairments are associated with reduced quality of life and increased mood symptoms but are not readily identified through patient self-report of cognitive symptoms. Patient self-report may not capture the extent of cognitive dysfunction in NMO.

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CONSEQUENCES OF COGNITIVE SYMPTOMS ON WELL-BEING IN NMO

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Background Cognitive impairment has been reported in patients with neuromyelitis optica (NMO) but little is known about the impacts of cognitive symptoms on well-being in patients with the condition.

Methods NMO patients completed a neuropsychological battery and self-report measures of cognitive symptoms, mood and well-being.

Results 31 patients with a mean age of 47.03 years (SD 15.26), disease duration 9.13 years (SD 8.95) and EDSS 3.74 (SD 2.03) participated. Although patients self-reported substantial cognitive difficulties, only objective cognitive performance and not subjective cognitive complaints were significantly associated with quality of life (QoL) ratings ($r=-0.39$, $p=0.04$ vs $r=0.25$, $p=0.20$). The Symbol Digit Modalities Test was the only cognitive test individually associated with QoL ($r=0.52$, $p=0.01$) but was not significantly associated with levels of mood symptoms. In contrast, degree of cognitive impairment (based on number of domains impaired) was significantly associated with overall QoL ($r=-0.39$, $p=0.04$) and HADS depression ($r=0.49$, $p=0.01$) and anxiety ($r=0.38$, $p=0.04$).