Conclusion: Results show a substantial decline in cognitive performance with larger lesion load, which becomes evident at progressed stages of WMH (starting from Fazekas score 2). In line with recent literature, attention and executive function are assumed to be major dimension of cognitive decline. Furthermore, results suggest that small, punctual lesions (Fazekas score 1) are less likely to be associated with impaired cognitive performance. A similar relation has also been found for subjective cognitive performance. Memory and executive functions are majorly affected by WMH and correspond to the results of objective cognitive performance. Surprisingly, persons with small WM lesions tend to be less worried about their cognitive performance than healthy persons. However, larger lesion load (Fazekas score 2 & 3) was associated with increased subjective complaint. This large cohort study contributes to the framework of age related WM changes and their association with domain specific cognitive performance and subjective cognitive complaints.

Biography
Jana Kynast has completed her BA and MA in Psychology at the age of 25 years from the University Of Leipzig, Germany. In 2014 she became a fellow of the International Max Planck Research Network on Aging and started her PhD at the Max Planck Institute for Human Cognitive and Brain Sciences in Leipzig. Her research interests are the neuropsychology of mild cognitive impairment and dementia as well as its relation to neuroimaging and genetic biomarkers of dementia and dementia prestages.

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