

relationship between depression and low effort on cognitive testing. If replicated, the current findings could be valuable to clinicians treating depressed individuals who have concerns about their cognitive functioning, by indicating psychoeducation and reassurance.

Categories: Mood & Anxiety Disorders

Keyword 1: cognitive functioning

Keyword 2: depression

Keyword 3: performance validity

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52 Internalizing Psychopathology is Highly Related to Subjective Cognitive Impairment and the Discrepancy Between Objective and Subjective Cognitive Impairment: A Preliminary Cross-Sectional Study.

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Objective: Eliciting perceived cognitive complaints is a routine part of a clinical neuropsychological evaluation, presumably because complaints are informative of underlying pathology. However, there is no strong empirical support that subjective cognitive impairment (SCI) is actually related to objective cognitive impairment as measured by neurocognitive tests. Instead, internalizing psychopathology is thought to predominately influence the endorsement of SCI. Specifically, individuals with greater symptoms of depression and anxiety, when accounting for comorbidities, have a higher disposition to overestimate their degree of cognitive impairment as compared to objective testing. Yet, there are few existing studies that have determined which factors influence both SCI and the discrepancy between subjective and objective cognitive impairment in general outpatient populations. The current study examined the relationship between subjective and objective cognitive impairment in a clinically diverse sample of outpatients. We additionally explored the associations between

SCI and relevant intrapersonal factors including internalizing psychopathology, number of medical comorbidities, and demographics. Finally, we quantified the degree of discrepancy between subjective and objective impairment and examined this discrepancy in relation to the intrapersonal factors.

Participants and Methods: The sample comprised 142 adult women and men (age range 18 – 79 years) seen in an outpatient neuropsychology clinic for a diverse range of referral questions. Scores on the cognition portion of the WHO Disability Assessment Schedule (WHODAS 2.0) were used to index SCI. A composite score from 14 measures across various domains of cognitive functioning served as an objective measure of cognitive functioning. Internalizing psychopathology was measured via a standardized composite of scores from screening measures of anxiety and depression. Medical comorbidities were indexed by the number of different ICD diagnostic categories documented in patients' medical records. Demographics included age, sex, race, and years of formal education. Objective-subjective discrepancy scores were computed by saving standardized residuals from a linear regression of neurocognitive test performance on the WHODAS 2.0 scores.

Results: A hierarchical linear regression revealed that objective cognitive impairment was not significantly related to SCI ($p > .05$), explaining less than 2% of the variance in SCI ratings. Likewise, participants' demographics (age, sex, education, race) and number of comorbidities were not significantly related to their SCI ratings, explaining about 6% of the variance. However, participants' level of internalizing psychopathology was significantly associated with SCI ($F[10, 131] = 4.99, p < .001$), and explained approximately 20% of the variance in SCI ratings. Similarly, the degree of discrepancy between subjective and objective cognitive impairment was primarily influenced by internalizing psychopathology ($F[9, 132] = 5.20, p < .001, R^2 = 21%$) and largely unrelated to demographics and number of comorbidities, which explained about 6% of the variance.

Conclusions: These findings are consistent with prior research suggesting that SCI may be more indicative of the extent of internalizing psychopathology rather than actual cognitive impairment. Taken together, these results illuminate potential treatment and diagnostic implications associated with assessing

perceived cognitive complaints during a neuropsychological evaluation.

Categories: Mood & Anxiety Disorders

Keyword 1: self-report

Keyword 2: cognitive functioning

Keyword 3: mood disorders

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53 Hoarding Behaviors are Associated with Greater Perceived Cognitive Dysfunction and Disability in Individuals with Late Life Depression

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Objective: Perceived cognitive dysfunction is a common feature of late-life depression (LLD) that is associated with diminished quality of life and greater disability. Similar associations have been demonstrated in individuals with Hoarding Disorder. The degree to which hoarding behaviors (HB) are associated with greater perceived cognitive dysfunction and disability in individuals with concurrent LLD is not known.

Participants and Methods: Participants with LLD (N=83) completed measures of hoarding symptom severity (Savings Inventory-Revised; SI-R) and were classified into two groups based on HB severity: LLD+HB who exhibited significant HB (SI-R \geq 41, n = 25) and LLD with

low HB (SI-R < 41, n = 58). Additional measures assessed depression severity (Hamilton Depression Rating Scale; HDRS), perceived cognitive difficulties (Everyday Cognition Scale; ECOG), and disability (World Health Organization Disability Assessment Scale [WHODAS]-II-Short). Given a non-normal distribution of ECOG and WHODAS-II scores, non-parametric Wilcoxon-Mann-Whitney tests were used to assess group differences in perceived cognitive dysfunction and disability. A regression model assessed the extent to which perceived cognitive dysfunction was associated with hoarding symptom severity measured continuously, covarying for age, education, gender, and depression severity. A separate regression model assessed the extent to which disability scores were associated with perceived cognitive dysfunction and HB severity covarying for demographics and depression severity.

Results: LLD+HB endorsed significantly greater perceived cognitive dysfunction (W = 1023, p = 0.003) and greater disability (W = 1006, p = < 0.001) compared to LLD. Regression models accounting for demographic characteristics and depression severity revealed that greater HB severity was associated with greater perceived cognitive dysfunction (β = 0.009, t = 2.765, p = 0.007). Increased disability was associated with greater perceived cognitive dysfunction (β = 4.792, t(71) = 3.551, p = 0.0007) and HB severity (β = 0.080, t(71) = 1.944, p = 0.056) approached significance after accounting for variance explained by depression severity and demographic covariates.

Conclusions: Our results suggest that hoarding behaviors are associated with increased perceived cognitive dysfunction and greater disability in individuals with LLD. Screening for HB in individuals with LLD may help identify those at greater risk for poor cognitive and functional outcomes. Interventions that target HB and perceived cognitive difficulties may decrease risk for disability in LLD. However, longitudinal studies would be required to further evaluate these relationships.

Categories: Mood & Anxiety Disorders

Keyword 1: mood disorders

Keyword 2: self-report

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