Conclusions: We demonstrate that raw scores on the CSID can lead to misclassification of impairment in females and in individuals with lower years of education. Demographically-adjusted scores on the CSID can help properly capture those with suspected dementia while reducing false positives. Given the effects of education and sex on performance, future studies should examine if demographically adjusted scores improve the sensitivity and specificity of the CSID in Congolese populations and compare its performance to other screening tools to determine the most appropriate screener for this population.

Categories: Cross Cultural Neuropsychology/ Clinical Cultural Neuroscience
Keyword 1: assessment
Keyword 2: dementia - Alzheimer's disease
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96 Health Factors and Psychosocial Factors as Predictors of Depressive Symptoms and the Association of Depressive Symptoms and Cognitive Functioning in Congolese Older Adults

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Objective: Late-life depression is a complex condition impacted by both mental and physical health outcomes and psychosocial factors. Psychosocial predictors of depression are reliant on cultural factors including socioeconomic variables, stigmas, and cultural values. Most research on late-life depression and its effect on cognitive functioning has been completed in so-called Western, Educated, Industrialized, Rich, and Democratic (WEIRD) populations and findings may not generalize to older adults living in other areas of the world. The current study explored predictors of depressive symptoms as well as the association between depressive symptoms and neuropsychological functioning in Congolese older adults.

Participants and Methods: A total of 319 participants (mean age=72.7±6.15, mean education in years=7.6±4.56; 47% female) were randomly recruited. Depressive symptoms were assessed with the Geriatric Depression Scale. Given the exploratory nature of the current study, forward stepwise linear regression models were run to assess predictors of depressive symptoms. The independent variables assessed as potential predictors included age, years of education, gender, participant income, parental income, living arrangement (i.e., alone or with others), functional abilities (FAQ), fragility, and self-rated overall health. Analyses were run in the overall sample as well as stratified by gender. The association between depressive symptoms and performance on the Community Screening Instrument for Dementia (SCID) was also explored.

Results: Higher depressive symptoms were found in women (β=.228, p=0.036), those with lower parental income (β=-.156, p=.005), higher fragility (β=-.237, p<.001), and worse overall health (β=-.311, p=.020). Among women, lower parental income, (β=-.230, p=.002), higher fragility (β=-.312, p<.001), and lower overall health (β=-.235, p=.004) predicted higher depressive symptoms, while in men only higher fragility (β=-.164, p=.041) and living alone (β=-.184, p=.022) predicted higher depressive symptoms. There was also a significant association between depressive symptoms and lower scores on the CSID (β=-.189, p=.001)

Conclusions: Similar to results in WEIRD populations, general health and fragility predicted depressive symptoms in Congolese older adults. However, parental income (more so than participant income) also predicted depressive symptoms in Congolese older adults, particularly in women, while living alone was a predictor in Congolese older men. It is possible that the difference in depressive symptoms between men and women is driven by underreporting of depressive symptoms among men. Our results also showed that there was an

association between depressive symptoms and global cognitive functioning similar to prior findings in WEIRD populations. Our results are important for clinicians assessing depressive symptoms in patients in or from Congo or sub-Saharan Africa.

Categories: Emotional and Social Processes
Keyword 1: dementia - Alzheimer's disease
Keyword 2: assessment
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Lunch (on own)

1:15 - 2:15pm
Thursday, 2nd February, 2023

Symposium 05: Out of the Box: Various Careers and Experiences in Neuropsychology

2:15 - 3:45pm
Thursday, 2nd February, 2023
Pacific Ballroom A

Chair

Abel Mathew
Children's Health Andrews Institute for Orthopaedics & Sports Medicine, Plano, USA

Discussant

Desmond Warren
Georgia State University, Atlanta, USA

The Association of Neuropsychology Students and Trainees (ANST) will host a symposium to discuss a variety of careers and experiences in neuropsychology. At the end of this symposium, participants will have: (a) learned about diverse neuropsychology specializations (b) heard personal trajectories of established members within the field, and (c) learned ways to develop or tailor a career in a neuropsychology specialization or experience of interest.

Aerospace Neuropsychology: Dr. Sheena Dev is a licensed clinical neuropsychologist and a Behavioral Medicine Discipline Scientist for the NASA Human Research Program. In this role, she provides subject matter expertise guiding NASA research in human health and performance to support future missions to the moon and Mars. She is also a Research Scientist in the NASA Johnson Space Center Behavioral Health and Performance Laboratory where she leads several studies assessing mood, cognition, and behavioral performance in spaceflight and spaceflight analogs.
Forensic Neuropsychology: Dr. Joel Morgan is a board-certified neuropsychologist at the Neuropsychology Associates of New Jersey. He has published over 75 peer-reviewed articles about forensic practice issues and ethics in Neuropsychology. Additionally, Dr. Morgan co-edited the Neuropsychology of Malingering Casebook, which includes contributions by the world's leading forensic neuropsychologists. Given his extensive knowledge in forensic neuropsychology, he was chosen by the American Academy of Clinical Neuropsychology to lead a work group for a national consensus on effort, response bias, and malingering.
Neuropsychology in the Operating Room: Dr. Amanda Gooding is a board-certified neuropsychologist at the University of California – San Diego Medical Center who conducts pre- and post-surgical evaluations for the epilepsy and brain tumor neurosurgery teams. One of her roles involves the administration of Wada testing (intracarotid amobarbital procedure) and intraoperative (awake) language testing. Her research is focused on improving postoperative cognitive and functional outcomes in individuals who have had brain surgery. She is also interested in advancing intraoperative brain mapping techniques, as well as investigations related to cross-cultural neuropsychology.
Rehabilitation Neuropsychology: Dr. Risa Nakase-Richardson is a rehabilitation neuropsychologist at the James A. Haley Veterans' Hospital and an Associate Professor in the Department of Medicine at the University of South Florida. She has worked in the field of neurorehabilitation in both clinical and research capacities, which has led to over 70 peer-reviewed publications and grant funding from numerous federal and private organizations. Her clinical and research interests include rehabilitation outcomes and the role of sleep management for individuals with brain injury.