

hierarchical combination of the numerals, "1" and "2" (targets), and "3" and "4" (distractors). Subjects were asked to respond by button press as quickly as possible if they observed targets at either the global or local level. Smaller reaction times (RTs) to local targets suggest greater attentional bias to local features and relative activation of the left hemisphere; smaller RTs to global targets suggest greater attention to global features and relative activation of the right hemisphere. Results revealed that the two groups failed to differ in mean RTs to local or global targets. However, RTs to local targets were positively correlated with higher levels of anxiety ($r = .34, p = .03$) and stressor severity, as measured by combat exposure ($r = .42, p = .008$), suggesting lower levels of left hemisphere activation in high anxious, high exposure subjects. These results provide partial support for the hypothesis that anxiety may be associated with hypoactivation of the left hemisphere.

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D. RODRIQUEZ-SALGADO, M. RODRIQUEZ-ALVAREZ, & E. VÁZQUEZ-JUSTO. Characteristics of Neuropsychologically Impaired Asymptomatic HIV-Seropositives.

Since only a portion of asymptomatic HIV-seropositives show neuropsychological impairment, it is important to ascertain their specific characteristics. It would help to determine factors increasing the risk of developing neuropsychological impairment in early HIV infection. In this way, the objective of this study was to evaluate sociodemographic and clinical characteristics of asymptomatic drug users with neuropsychological impairment. Study population ($n = 54$) included two groups of asymptomatic seropositive drug users: abstinent asymptomatic seropositives, and methadone-maintained asymptomatic seropositives. Our previous data showed that methadone patients are at more risk than recovered drug users to develop neuropsychological impairment, so we took it into account. All subjects were classified as neuropsychological impaired or not impaired with regard to their performance in a comprehensive neuropsychological battery. Sociodemographic and clinical differences between impaired and not impaired seropositives were analyzed in the two groups. Data analysis and obtained results allow us to conclude that in asymptomatic drug users a low educational level is associated with neuropsychological impairment, independent of current drug use; however factors such as less cognitive reserve and worse HIV clinical parameters are associated with neuropsychological impairment only in the case of methadone-maintained seropositives. These data suggest that characteristics of neuropsychologically impaired asymptomatic seropositive drug users are different depending on if they are recovered or not. Methadone asymptomatics show more factors associated to neuropsychological impairment development.

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E.L. RYAN & S. MORGELLO Neuropsychological Deficits Among HIV Neuropathologic Groups.

We examined the neuropsychological profiles of HIV-infected adults ($N = 21$) grouped by neuropathologic diagnosis. Data was obtained from the Manhattan HIV Brain Bank, a repository of nervous system tissue also with antemortem neuropsychological evaluations. Retrospective analysis of autopsy data from 21 seropositives yielded three neuropathologic groups: infectious disease ($N = 5$), hepatic process ($N = 8$), or normal ($N = 8$). We examined group differences in the neuropsychologic domains of psychomotor speed, working memory, verbal memory, and executive functioning. There were no significant differences in the summary scores for these domains. On individual tests the hepatic encephalopathic group was slower on Trails B ($p < .05$) and there was a trend towards slower performance on Trails A ($p < .07$). Worse performance on verbal memory, motor functioning, and working memory tasks were also observed however, differences were not significant. This pilot data suggests seropositive individuals with coinfection may have more compromised neuropsychological

functioning. We plan to examine histologic differences between the groups and will present these findings as well neuropsychiatric data at conference time.

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E. LOJEK & R.A. BORNSTEIN. Quality of Life in HIV + Men With Different Neuropsychological Performance.

Although there is increasing evidence that HIV-related neuropsychological (NP) dysfunction significantly affects day-to-day functioning, the relationship between specific patterns of NP performance and different dimensions of quality of life has not been systematically studied. Two hundred seven HIV+ participants and 77 HIV- controls completed assessment on a comprehensive NP battery and The Sickness Impact Profile (SIP) as a measure of everyday functioning. Cluster analysis was used to divide HIV+ subjects regarding specific patterns of their NP functioning. Five profiles of NP were obtained: (1) no cognitive deficits, (2) learning and memory dysfunction, (3) slowness of psychomotor processes, (4) impairment of abstract thinking, (5) concurrence of various neuropsychological dysfunction. The most severe NP changes were marked in HIV+ subjects characterized by the profiles Number 1, 3 and 5. The research confirmed the connection between neuropsychological functions and the quality of life of people infected with HIV. The most serious problems with managing in everyday life were observed in HIV+ clusters with intense cognitive dysfunction. HIV-positive men who were not neuropsychologically different from HIV-seronegative men also did not display any dysfunction in their everyday lives. The weakening of cognitive abilities reduces the efficiency mostly at one's job, but it also involves difficulties with concentration in everyday life, poorer efficiency in psychosocial functioning, sleeping problems and weariness. The factors that significantly influence future quality of everyday life in HIV-infected people were as follows: the level of overall neuropsychological impairment, speed of information processing, spatial abilities and categorical thinking.

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T. FERNANDES, L. FARRAJOTA, & I. PAVÃO MARTINS. The Case of N.B.B.—A Peculiar Case of Anomic Aphasia.

Background: Many anomic patients present semantic and/or phonological errors in oral production, which can be explained as deficits at semantic and/or lexical storages. **Case report:** N.B.B., a man 56 years old has an anomic aphasia as a result of a left corticosubcortical temporal lesion due to a viral encephalitis. **Neuropsychological assessment:** N.B.B. has fluent speech with anomic pauses and circumlocutions, with normal articulation and prosody. On the Lisbon Aphasia Battery, N.B.B. presented a poor performance on naming by visual confrontation task, although he correctly identified all the objects by name. Repetition of words and non-words was normal. Performance on the Token Test was below normal range. Remarkably, on Snodgrass and Vanderwart Naming Test, N.B.B. produced a high proportion of semantic errors (which were rarely observed on his spontaneous speech or other language tasks). Errors were produced in all semantic categories tested (e.g., animals, objects, clothes, tools). **Conclusion:** The case of N.B.B. demonstrates the potential contribution of William Levelt's model of speech production for the comprehension of N.B.B. performance pattern on language tasks. We suggest that the semantic errors produced by N.B.B. seem to demonstrate that the deficit is at the lemma stratum, or at word form stratum or even on the connections of both levels of lexical access.

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M.M. SITSKOORN, M.E. SALDEN, J. NUYEN, A. JENNEKENS, O. ZILCH, & P.F. VOS. Cognitive Effects of Daily Hemodialysis as Compared to Standard 3 Times Weekly Dialysis.

Background: Chronic renal failure leads to cognitive impairment. Although hemodialysis might have beneficial effects on cognitive function-