most clinical and research applications with adults, age 18 and older. The tests are grouped in a modular format with a Screening Module and five main modules, including Attention, Language, Memory, Spatial, and Executive Function Modules. During its initial development, several clinical groups were administered the NAB, including samples of patients with dementia, traumatic brain injury, aphasia, multiple sclerosis, HIV/AIDS, and attention deficit hyperactivity disorder (ADHD). For each clinical group, an age-, education-, and gender-matched control group was selected from the NAB standardization sample. Discriminant function analyses were conducted using the five NAB Screening Domain scores and the five main Module Index Scores, as well as the Total Screening Index and the Total NAB Index. Resulting sensitivities and specificities were good to excellent for all clinical groups. In addition, the profiles of clinically relevant standard score ranges for each group were consistent with those expected for the specific clinical disorders. These results provide evidence for the clinical validity and utility of the NAB for a variety of patient groups commonly examined by neuropsychologists in both clinical and research settings.

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Measures of Specific Neuropsychological Functions

L. MARON, W. PERRY, R. BILDER & T. SHARMA. DETECTING ATTENTIONAL DEFICITS USING THE COGTEST.

Cogtest (Cogtest plc, London, 2002) is a newly developed computerized neurocognitive test battery designed for use with a variety of clinical populations. The computerized platform allows for accurate recording of reaction time data, enhanced standardization and is easily adapted for implementation in functional neuroimaging environments. Additionally, it is amenable to repeated testing sessions across time making it an excellent tool for clinical trials. The Cogtest consists of 14 tests that assess a number of neurocognitive domains, including working memory, executive functioning and attention. The Continuous Performance Test – AX Version (CPT-AX), for example, is an experiment of conditional target-nontarget discrimination ability; sustained attention and the ability to sustain effort in a cognitively demanding situation. The Continuous Performance Test – Flanker (CPT-Flanker) version is a test of selective attention, particularly sensitive to executive dysfunction. We administered the CPT-AX and the CPT-Flanker to 2 patient groups with known attentional difficulties, adults with attention deficit hyperactivity disorder (ADHD) and acutely ill inpatients with schizophrenia (Schiz), in addition to a healthy comparison group. Preliminary data reveals that Schiz patients have a decreased probability of making a correct discrimination on the CPT-AX task \( F(2,14) = 6.75, p = .009 \) relative to both the comparison and the ADHD group. Schiz patients also demonstrated fewer correct responses to all trials types of the CPT-Flanker task. No differences were observed between the ADHD and control groups. Taken together, results suggest that the Cogtest may be sensitive to processing attentional deficits in different patient populations.

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C. LOUREIRO, T. FERNANDES, I. PAVAO MARTINS & J. FERRO. BEHAVIOURAL INATTENTION TEST: NORMATIVE DATA AND THE NEED FOR A NEW CRITERION.

Background: Behavioural Inattention Test (BIT) is a neuropsychological instrument for the evaluation of brain damage patients with possible neglect. In the original version (Wilson et al., 1987) the diagnostic criteria for neglect is defined as a score below the cut-off point in at least one of the subtests. In this study we propose an additional criterion: a lateralised pattern of errors/omissions. This aspect is special important because it is one of the major characteristics of neglect. Aims: To obtain normative data for the Portuguese population considering the two criteria; and to analyse the performance pattern of patients with neglect according to the new criterion. Method: Two groups performed the BIT: The healthy group were 72 Portuguese adults with ages 20-82 yrs old (48.46; 17.45) and educational level 0-17 years (6.45; 6.30). The clinical group were 47 patients with ages 21-83 yrs old (57.62; 13.86) and educational level 0-17 years (6.32; 4.96). Results: On the healthy group it was found a main effect of the level of education, with significant differences between the illiterate group and the others. We did not find any gender or age effects on the global score. In the clinical group, the use of the new criterion permitted a reduction of false positive clinical diagnoses. Discussion: The use of the new criterion is of major importance for a reliable neglect diagnosis. The definition of cut-off points according to educational level is essential for a correct evaluation of the Portuguese population.

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D. BYRD, D. SANCHEZ & J. MANLY. AN EXPLORATION OF THE COMPARABILITY OF DIGIT AND SPATIAL SPAN IN AN ELDERLY AFRICAN-AMERICAN SAMPLE.

Working memory is theorized to be a major contributor to higher level cognition and the main deficit in some psychiatric symptomatology. Yet empirical investigations of commonly used clinical tests of this domain are lacking. We explored the relationship between clinical measures of verbal (WAIS-III Digit Span (DS)) and nonverbal (WMS-III Spatial Span...