

**Keyword 2:** dementia - Alzheimer's disease

**Keyword 3:** mild cognitive impairment

**Correspondence:** Stephen R. McCauley, PhD  
Baylor College of Medicine mccauley@bcm.edu

### 56 Classification Accuracy of Informant-Report on the Dementia Severity Rating Scale (DSRS) for Identifying Examinee-Generated Performance and Symptom Invalidity

Tabina K Choudhury<sup>1</sup>, Adam A Christensen<sup>1,2</sup>,  
Brian I Miller<sup>1,2</sup>, Troy A Webber<sup>1,2</sup>

<sup>1</sup>Michael E. DeBaakey VA Medical Center,  
Houston, TX, USA. <sup>2</sup>Baylor College of Medicine,  
Houston, TX, USA

**Objective:** Assessment of response validity is essential to neuropsychological assessment. Although informant report of examinee functioning has previously been associated with examinee-generated performance and cognitive symptom invalidity (PVT; SVT-C), empirically-derived guidelines for interpreting informant-report validity are lacking. This study sought to assess the classification accuracy of a widely used informant-report measure, the Dementia Severity Rating Scale (DSRS), for discriminating examinee-generated PVT and SVT-C.

**Participants and Methods:** Data were collected from 145 examinee-informant dyads who completed neuropsychological batteries as part of a routine workup in an epilepsy monitoring unit. PVT status was determined by below-threshold performances on  $\geq 2$  indicators (Test of Memory Malingering, Wechsler Digit Span Age Corrected Scaled Score, Word Memory Test). SVT-C status was determined by above-threshold responses on both the Minnesota Multiphasic Personality Inventory-2-Restructured Form Response Bias Scale (MMPI-2-RF RBS) and Structured Inventory of Malingered Symptomatology Amnesic Disorders subscale (SIMS-AM). After assessing demographic and relational covariance via t-test and chi square analyses, receiver operator characteristic curves were derived to assess the classification accuracy of the DSRS for discriminating examinee PVT and SVT-C status.

**Results:** DSRS total score demonstrated acceptable accuracy in classifying PVT status (AUC = .77), with cut scores of  $\geq 21$  and  $\geq 15$  yielding .93-.82 specificity and .44-.63

sensitivity. The DSRS also classified SVT-C status with acceptable accuracy (AUC = .71), with the aforementioned cut scores exhibiting .90-.78 specificity and .50-.64 sensitivity. The DSRS also classified SVT-C status using only one indicator (i.e., MMPI-2-RF RBS or SIMS-AM) with acceptable accuracy (AUC = .71-.72), with the aforementioned cut scores exhibiting .92 specificity and .37-.42 sensitivity.

**Conclusions:** The DSRS can be used to classify examinee-generated PVT and SVT-C on an epilepsy monitoring unit. Results provide empirically-derived psychometric guidelines for interpreting informant-report response validity that are clinically useful and lay the groundwork for future investigations of informant-report response validity.

#### Categories:

Assessment/Psychometrics/Methods (Adult)

**Keyword 1:** performance validity

**Keyword 2:** symptom validity

**Keyword 3:** neuropsychological assessment

**Correspondence:** Tabina K. Choudhury, Ph.D.  
Michael E. DeBaakey VA Medical Center  
Tabina.Choudhury@va.gov

### 57 Validation of a List Learning Task for Monolingual Spanish Speaking Older Adults

Valentina E Diaz<sup>1</sup>, Lucia Lopez<sup>1</sup>, Gloria Aguirre<sup>1</sup>,  
Karen A Dorsman<sup>2</sup>, Anne-Marie Rodriguez<sup>1</sup>,  
Jorge Archila Puac<sup>1</sup>, Shannon Lee<sup>1</sup>, Stefanie D  
Piña-Escudero<sup>1</sup>, Sergio Lanata<sup>1</sup>, Kaitlin  
Casaletto<sup>1</sup>, Joel H Kramer<sup>1</sup>

<sup>1</sup>Memory and Aging Center, UCSF Weill Institute  
for Neurosciences, University of California, San  
Francisco, San Francisco, California, USA.

<sup>2</sup>Department of Psychiatry, University of Texas  
Southwestern Medical Center, Dallas, Texas,  
USA

**Objective:** The prevalence of dementia is higher among minoritized Hispanic/Latino populations in the U.S. Development of linguistically relevant and validated cognitive assessments are urgently needed to adequately address the care needs of this at-risk group. List learning tasks are widely used to evaluate verbal episodic memory and are consistently shown to be sensitive to memory deficits across various