

University of Florida (UF) and UF Health. Participant data were obtained with Health Insurance Portability and Accountability Act (HIPAA) waiver and honest broker medical extraction from January 2018 to December 2019 (N=14,807). Based on medical record diagnostic code, participants were categorized into fibromyalgia or non-fibromyalgia groups, then propensity score matched based on age, ethnicity, race, sex, and years of education. The final sample contained 718 older adults (mean age= 71.3±4.89, education years= 13.7±2.62, female= 98.1%, white= 87.9%) ( $n=359$  in each group). All participants completed the command and copy condition of the digital Clock Drawing Test (dCDT). Variables of interest for both conditions included: total completion time (TCT), pre-first hand latency (PFHL), clock face area (CFA), and digit misplacement. These variables were chosen to represent two latency and two graphomotor variables. A natural log transformation was applied to all dCDT variables to achieve normality of the distribution.

**Results:** We confirmed that there was no significant group difference in age, ethnicity, race, sex, and years of education following the propensity match. Fibromyalgia patients had higher comorbidity scores on American Society of Anesthesiologists Classification (ASA) ( $p=0.003$ ). Analysis of variance (ANOVA) showed a significant group difference in TCT for both command [ $F(1,637)=5.13, p=0.024, d=0.178$ ] and copy conditions [ $F(1,466)=4.03, p=0.045, d=0.179$ ]. Controlling for ASA, a repeated measures analysis of covariance (ANCOVA) showed that groups still differed in TCT in the command condition [ $F(1,630)=4.21, p=0.041, \eta^2=0.007$ ; Fibromyalgia > Non-Fibromyalgia], but not in the copy condition.

**Conclusions:** In our sample, older adults with fibromyalgia showed slower TCT to command by approximately three seconds compared to non-fibromyalgia peers. Since TCT to command taps into multiple domains of cognitive functioning, our results are consistent with previous work demonstrating poorer performance across many cognitive domains in fibromyalgia. Future research should continue investigating digital cognitive assessments to identify older adults with fibromyalgia who may be at higher risk for cognitive change. Data acquired through NIH R01 AG055337.

#### Categories:

Assessment/Psychometrics/Methods (Adult)

**Keyword 1:** neuropsychological assessment

**Keyword 2:** chronic pain

**Keyword 3:** cognitive functioning

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## 60 Associations Between Motor Task Deficits and Uneven Scores Across WISC-V Coding and Symbol Search Subtests

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**Objective:** Deficits in visual-motor coordination and/or fine motor dexterity are often present in pediatric neurological and neurodevelopmental conditions and may adversely affect performance on tests with motor demands. This consideration is relevant when interpreting discrepant scores across Wechsler Intelligence Scale for Children, Fifth Edition (WISC-V) Processing Speed Index (PSI) subtests, specifically Symbol Search and the more motorically demanding Coding. Although test developers maintain that motor ability is unlikely to significantly impact Coding performances, clinicians often consider whether uneven WISC-V PSI subtest scores (Coding < Symbol Search) may in part be attributed to motor-related difficulties, when indicated. This has important clinical implications, as WISC-V Coding may then be omitted or substituted when calculating FSIQ. Thus, the present study aims to evaluate the role of motor task deficits in uneven PSI subtest scores in a sample of clinic-referred youth.

**Participants and Methods:** Participants were 238 children and adolescents ( $M_{Age}=10.62$  years; 65.5% male; 60.5% white) referred for neuropsychological assessment. All participants completed the Coding and Symbol Search subtests of the WISC-V and at least one of two motor tasks: the Beery-Buktenica Developmental Test of Visual-Motor Integration

(VMI) and the Grooved Pegboard (GP). To evaluate patterns of functioning, we determined the frequencies of patients who demonstrated uneven PSI subtest performances (defined in this study as a Coding scaled score [ss] at least 3-points lower than that of Symbol Search) and/or normative weaknesses (i.e., Standard Score [SS] below 80, per recommendations from the American Academy of Clinical Neuropsychology) on motor tasks. A chi-square test of independence was used to evaluate associations between uneven PSI performance and the presence/absence of motor weaknesses. Among those with uneven PSI performance, a one-way ANOVA was used to examine whether PSI subtest difference scores varied as a function of motor performance group (No Weakness=0, VMI Weakness Only=1, GP Weakness Only=2, Weaknesses on Both=3). **Results:** Of the 238 participants, 28 (11.0%) displayed normative weaknesses on the VMI only, 43 (16.9%) displayed weaknesses on the dominant-GP only, and 18 (7.1%) displayed weaknesses on both tasks. On the WISC-V, 56 participants (23.5%) exhibited uneven PSI subtest performance (Coding<Symbol Search), with 21 (37.5%) of those participants displaying at least one normative motor weakness. Chi-square analyses indicated no significant association between the presence/absence of motor skill weakness and uneven PSI subtest performance, ( $\chi^2(3) = 5.79, p = .122$ ). Among those with uneven PSI performance, Coding/Symbol Search difference scores were not significantly associated with motor performance group ( $F(3,55) = 1.26, p = .297$ ). **Conclusions:** These findings suggest that while patients with uneven WISC-V Coding and Symbol Search scores may also display motor task deficits, these deficits are not significantly associated with uneven performances overall. Additionally, of the participants with uneven PSI subtest scores, the majority did not exhibit normative weaknesses on motor tasks. Therefore, clinicians may be overcorrecting for a motoric cause of uneven performance and underappreciating the potential unevenness a child demonstrates in processing speed. Future studies should evaluate the role of other neurocognitive factors, such as working memory, in this score discrepancy pattern.

**Categories:**

Assessment/Psychometrics/Methods (Child)

**Keyword 1:** motor function**Keyword 2:** assessment**Keyword 3:** intellectual functioning**Correspondence:** Katherine C. Paltell, University of Illinois at Chicago, kpaltell@uic.edu

## 61 Delayed Language Development in Mexican Toddlers Following Lockdown During COVID-19: The Case of Peer Socialization

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**Objective:** Socialization is a crucial factor in children's language acquisition. Lack of socialization could affect language development, causing a delay that can be spotted early by identifying neurological soft signs (NSS). This study aimed to compare NSS and language performance between two samples of children (pre and post-pandemic) since the lockdown carried out by Covid-19 restricted socialization in post-pandemic kids.

**Participants and Methods:** Two groups of 30 children (aged 3 to 5 years old, ten children per age group; 50% boys and 50% girls) were assessed with the NSS and language subtest from the SNB-MX battery (Salvador, Tovar, Segura, Armengol & Ledesma, 2019). The first group was selected and evaluated before the covid lockdown; the second group was selected and assessed after the lockdown. Hence the second group of children was less exposed to socialization since schools changed to digital format. We compared the language performance of both groups.

**Results:** Results include the comparison between samples pre and post-pandemic. Post-pandemic children performed lower in language skills. We also found a correlation between the language and NSS.

**Conclusions:** We conclude that socialization is an essential factor in language development. Also, identifying Neurological Soft Signs could help predict language delay. We thank project PAPIIT IN308219 for sponsoring this research.

**Categories:**

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