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Objective: Late Life Major Depressive Disorder (LLD) and Hoarding Disorder (HD) are common in older adults with prevalence estimates up to 29% and 7%, respectively. Both LLD and HD are characterized by executive dysfunction and disability. There is evidence of overlapping neurobiological dysfunction in LLD and HD suggesting potential for compounded executive dysfunction and disability in the context of comorbid HD and LLD. Yet, prevalence of HD in primary presenting LLD has not been examined and potential compounded impact on executive functioning, disability, and treatment response remains unknown. Thus, the present study aimed to determine the prevalence of co-occurring HD in primary presenting LLD and examine hoarding symptom severity as a contributor to executive dysfunction, disability, and response to treatment for LLD.

Participants and Methods: Eighty-three adults ages 65-90 participating in a psychotherapy study for LLD completed measures of hoarding symptom severity (Savings Inventory-Revised: SI-R), executive functioning (WAIS-IV Digit Span, Letter-Number Sequencing, Coding; Stroop Interference; Trail Making Test-Part B; Letter Fluency), functional ability (World Health Organization Disability Assessment Schedule-II-Short), and depression severity (Hamilton Depression Rating Scale) at post-treatment. Pearson's Chi-squared tests evaluated group differences in cognitive and functional impairment rates and depression treatment response between participants with (HD+LLD) and without (LLD-only) clinically significant hoarding symptoms. Linear regressions were used to examine the association between hoarding symptom severity and executive function performance and functional ability and included as covariates participant age, years of education, gender, and concurrent depression severity.

Results: At post-treatment, 24.1% (20/83) of participants with LLD met criteria for clinically significant hoarding symptoms (SI-R \geq 41). Relative to LLD-only, the LLD+HD group demonstrated greater impairment rates in Letter-Number Sequencing ($X^2(1)=4.0$, $p=.045$) and Stroop Interference ($X^2(1)=4.8$, $p=.028$). Greater

hoarding symptom severity was associated with poorer executive functioning performance on Digit Span ($t(71)=-2.4$, $\beta=-0.07$, $p=.019$), Letter-Number Sequencing ($t(70)=-2.1$, $\beta=-0.05$, $p=.044$), and Letter Fluency ($t(71)=-2.8$, $\beta=-0.24$, $p=.006$). Rates of functional impairment were significantly higher in the LLD+HD (88.0%) group compared to the LLD-only (62.3%) group, ($X^2(1)=5.41$, $p=.020$). Additionally, higher hoarding symptom severity was related to greater disability ($t(72)=2.97$, $\beta=0.13$, $p=.004$). Furthermore, depression treatment response rates were significantly lower in the LLD+HD group at 24.0% (6/25) compared to 48.3% (28/58) in the LLD-only group, $X^2(1)=4.26$, $p=.039$.

Conclusions: The present study is among the first to report prevalence of clinically significant hoarding symptoms in primary presenting LLD. The findings of 24.1% co-occurrence of HD in primary presenting LLD and increased burden on executive functioning, disability, and depression treatment outcomes have important implications for intervention and prevention efforts. Hoarding symptoms are likely under-evaluated, and thus may be overlooked, in clinical settings where LLD is identified as the primary diagnosis. Taken together with results indicating poorer depression treatment response in LLD+HD, these findings underscore the need for increased screening of hoarding behaviors in LLD and tailored interventions for this LLD+HD group. Future work examining the course of hoarding symptomatology in LLD (e.g., onset age of hoarding behaviors) may provide insights into the mechanisms associated with greater executive dysfunction and disability.

Categories: Mood & Anxiety Disorders

Keyword 1: executive functions

Keyword 2: everyday functioning

Keyword 3: treatment outcome

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56 Dunning-Kruger Effect and Anxiety in a Mexican population

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Objective: The Dunning-Krueger effect is a cognitive bias where individuals tend to overestimate their abilities in areas where they are less competent. The Cordoba Naming Test (CNT) is a 30-item confrontation naming task. Hardy and Wright (2018) conditionally validated a measure of perceived mental workload called the NASA Task Load Index (NASA-TLX). Researchers reported that workload ratings on the NASA-TLX increased with increased task demands on a cognitive task. Anxiety is known as an emotion that can make an individual more susceptible to develop a mental health condition. We examine if the Dunning-Krueger effect occurs in a Mexican population with and without current symptoms of anxiety and possible factors driving individuals to overestimate their abilities on the CNT. We predicted the abnormal symptoms of anxiety (ASA) group would report better CNT performance, report higher perceived workloads on the CNT, and underperform on the CNT compared to the normal symptoms of anxiety (NSA) group. We also predicted the low-performance group would report better CNT performance, report higher perceived workloads on the CNT, and underperform on the CNT compared to the high-performance group.

Participants and Methods: The sample consisted of 192 Mexican participants with NSA (79 low-performance & 113 high-performance) and 74 Mexican participants with ASA (44 low-performance & 30 high-performance). Participants completed the CNT, NASA-TLX, and the Hospital Anxiety and Depression Scale (HADS) in Spanish. The NASA-TLX was used to evaluate perceived workloads after the completion of the CNT. Meanwhile, the HADS was used to create our anxiety groups. Finally, CNT raw scores were converted into T-scores,

which then were averaged to create the following two groups: low-performance (CNT T-Score <50) and high-performance (CNT T-Score 50+). A series of 2x2 ANCOVAs, controlling for gender were used to evaluate CNT performance and perceived workloads.

Results: We found a significant interaction where the low-performance ASA and the high-performance NSA groups demonstrated better CNT performance and reported higher perceived workloads (i.e., performance, temporal demand) on the CNT compared to their respective counterparts (i.e., low-performance NSA & high-performance ASA groups), $p's < .05$, $\eta p's^2 = .02$. We found a main effect where the high-performance group outperformed the low-performance group on the CNT and reported lower perceived workloads on the CNT, $p's < .05$, $\eta p's^2 = .04-.46$.

Conclusions: The Dunning-Krueger effect did not occur in our sample. Participants that demonstrated better CNT performance also reported higher perceived workloads regardless of their current symptoms of anxiety. A possible explanation can be our sample's cultural norms of what would be considered as abnormal symptoms of anxiety, is a normal part of life, decreasing the possibilities to experience self-efficacy distortions. Future studies should investigate whether the Dunning-Krueger effect may be influencing other aspects of cognitive functioning subjectively in Mexicans residing in Mexico and the United States with and without current symptoms of anxiety.

Categories: Mood & Anxiety Disorders

Keyword 1: anxiety

Keyword 2: naming

Keyword 3: mood disorders

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57 Association Between Adverse Childhood Experiences on Depression and Anxiety in Adulthood: Examining the Role of Cognitive Flexibility

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