TIA group was 57.8 years ($SD = 4.7$) and the mean education level was 9.5 years ($SD = 5.3$). A comparison group comprising subjects who had varying types of orthopaedic injuries requiring surgery, with a mean age and educational level not significantly different to those of the TIA group, was selected. The TIA group scored significantly lower than the orthopaedic group on the measures of sustained attention ($F(2,118) = 12.73, p < 0.05$) as determined by the scores on the PASAT. No similar findings were found on the Trails B or Digit Symbol Substitution tests. In addition, there was a positive correlation between the degree of stenosis and level of impairment as measured on the PASAT in the TIA group.

**Lazarus, T.**

**Differential Diagnosis of Depression and Dementia: A Case Study.**

A continuing problem for physicians and other health care professionals involves the diagnosis dilemma in geriatric patients who show concomitant signs and symptoms of cognitive impairment and depression. In these cases, it becomes vital to determine whether the patient is experiencing cognitive difficulty considered to be secondary to a mood disorder (e.g., major depressive disorder) in the face of a competing diagnosis of a depressive syndrome secondary to a dementing illness such as Alzheimer's disease. Thus, misdiagnosing an irreversible dementing illness in a depressed individual with potentially reversible cognitive impairment may result in the confinement of the person to long-term facility, resulting in an exacerbation of depression and gradual deterioration. On the other hand, treating the depression with medication and psychotherapy, may result in a clearer diagnostic picture. A case study with this dilemma is presented, with accompanying neurological, neuropsychological and radiological data, showing the management of the patient using brief psychotherapy and ecologically-based cognitive therapy.

**Levinson, D. M., & Reeves, D. L.**

**Monitoring Recovery From Traumatic Brain Injury Using the Automated Neuropsychological Assessment Metrics (ANAM V1.0).**

Baseline and a 3-month follow-up evaluation of neuropsychological functioning were conducted for 22 individuals enrolled in the Traumatic Head Injury Program at Coastline Community College, Costa Mesa, CA, using the Automated Neuropsychological Assessment Metrics (ANAM V1.0) computerized testing system. Eight students (Group 1) in this cognitive re-education program had sustained marginal, seven students (Group 2) mild, and seven students (Group 3) moderate brain injury. Comparisons of first session accuracy scores with those of a normative sample ($n = 40$) of non-brain injured individuals revealed that Group 1 was significantly impaired ($p < .001$) on only 1 of 6 ANAM tests. Equivalent comparisons for Groups 2 and 3 revealed significant impairments ($p < .001$) on three and four tests, respectively. However, by the second session accuracy scores were within normal limits for Groups 1 and 2 on all tests, and impaired on only one test for Group 3. Although significant improvement in accuracy of performance was observed from the first to the second session, its potential for revealing additional recovery from impairment was minimal for Groups 1 and 2. This appeared to be due to ceiling effects; that is, above 90% accuracy was achieved by most individuals by the second session. Further, accuracy possessed limited value as a general measure by which to classify people into the three groups, based on scores from either session. Comparisons of first session efficiency scores with those of the non-brain injured sample indicated that Group 1 was significantly lower ($p < .001$) on two tests, while Groups 2 and 3 were impaired on all six. By the second session, efficiency scores were comparable to those of the normative sample for Group 1 on 5 tests; however, efficiency scores for Groups 2 and 3, while reflecting improvement on the majority of tests, remained
impaired on all tests. The degree of improvement was significant for all groups; and efficiency proved to be a sensitive predictor of group membership, correctly classifying 91% of the individuals as marginal, mild, or moderate. These results support the use of ANAM as a repeated measures assessment instrument for monitoring recovery from traumatic brain injury.

The Use of Repeated Measures Methodology to Monitor Recovery From Traumatic Brain Injury.
Measurement of recovery from traumatic brain injury (TBI) poses a significant problem in rehabilitation medicine. Conclusions regarding improvement in cognitive functioning are typically drawn from subjective impression, team consensus, patient self-report, and daily activity ratings. Although expedient, these approaches are subjective, difficult to quantify, and vulnerable to observer bias and caregiver attribution. Conventional neuropsychological methods are also limited as they may be insensitive to subtle elements of recovery and lose validity over repeated administrations. In order to demonstrate the use of objective measures for monitoring recovery, a brief and reliable computerized neuropsychological battery designed for repeated measures testing was used in weekly cognitive evaluations of two TBI patients. The Automated Neuropsychological Assessment Metrics (ANAM) included measures of reaction time, working memory, mathematical reasoning, sustained attention, and visual-spatial ability, and provided measures of both accuracy and cognitive efficiency. In addition, conventional neuropsychological testing was completed with the Halstead Reitan Neuropsychological Battery at the beginning and end of rehabilitation. Both patients were involved in long-term outpatient rehabilitation from cognitive and physical injuries sustained in motor vehicle accidents which resulted in coma and neurological intensive care. The first patient was a 16-year-old male with a moderate TBI initially evaluated 8-weeks post injury, who received serial testing for 24 weeks. The second patient was a 19-year-old female with a severe TBI initially evaluated 32 weeks post injury who received serial testing for 50 weeks. In the first case, the patient exhibited a steady rate of recovery consistent with that typically seen in mild TBI. In the second case, test results yielded little evidence of recovery suggesting persistent deficits in cognitive efficiency, compared to staff reports of improvement. Results indicate that serial examination with ANAM provided a more objective measure for monitoring cognitive recovery than subjective rehabilitation ratings, and that ANAM has shown clinical utility by allowing ongoing testing of multiple cognitive functions not possible by conventional neuropsychological measures.

Lindsay, A., Efthimiou, J., Levy, F., & Watral, D. A.
Comparison of Two Neuropsychological Screening Measures in Individuals With Stroke: Predicting Functional Outcome.
This study examined predictive utility of two screening measures: The Neurocognitive Behavioral Status Examination (NCSE), and the Assessment for Impairment Measure. One hundred and ten patients with stroke were evaluated using either the NCSE (N = 50) or the AIM (N = 60). Analysis of mean ages for the NCSE = (70.1) and AIM = (73), t = 1.48, p > .05; and mean levels of education for the NCSE = (11) and AIM = (11), t = .04, p > .05, groups were both non-significant. Functional outcome was measured at acute rehabilitation discharge using six Functional Independent Measures (FIM) scores: Self-care, Sphincter Control, Mobility, Locomotion, Communication, and Social Cognition. Controlling for Type I error (alpha = .003), Multiple Regression analyses showed a significant predictive relationship between the AIM and all six discharge outcome variables. In contrast, the