stantially fewer emboli ($M = 2.60, SD = 5.27$) than CABG patients ($M = 810.78, SD = 1728.10$) suggesting that the off-pump surgical procedure appears to carry less risk to cognitive function than routine bypass surgery. Continued collection of such data will allow a more comprehensive comparison of the two techniques.

Kozora, E., Tartar, S., & Make, B.

*Brief Cognitive Screening Measures in Patients with Chronic Obstructive Pulmonary Disease.*

Cognitive deficits have been reported in patients with chronic obstructive pulmonary disease (COPD) using comprehensive neuropsychological testing (Grant et al., 1982; Prigatano et al., 1983). This study examined the utility of two brief cognitive screening measures in patients with COPD. In addition to a 2-hour clinical neuropsychological battery, the Mini-Mental State Examination (MMSE; Folstein et al., 1975) and the Orientation Memory Concentration Test (OMCT; Katzman et al., 1993) were administered to 26 consecutive COPD patients. The patients had a mean age of 66.3 ($SD = 7.6$), mean education level of 13.1 ($SD = 2.5$) and mean length of diagnosis of 6.4 years ($SD = 4.0$). Results for this COPD sample indicate that the mean MMSE was 27.8 ($SD = 1.8$) with a range between 22 and 30. The OMCT had a mean score of 4.6 ($SD = 3.2$) ranging from 0 to 12 (higher score, more impairment). Using cut-off scores previously identified for dementia (Stuss et al., 1996; $<25$ MMSE, $>10$ OMCT), 12% of the COPD patients were impaired on the MMSE, and 15% were impaired on the OMCT. In contrast, deficits on individual tests from the clinical battery (based on demographically corrected normative data) were found on WAIS-R Arithmetic (35% impaired), WAIS-R Digit Span (26%), WAIS-R Similarities (27%), Complex Material of the BDAE (23%), Controlled Oral Word Association Test (32%), Animal Naming Test (21%), WMS-III immediate recall on Logical Memory (24%), Faces (26%), Verbal Paired Associates (20%), and WMS-III delayed recall on Verbal Paired Associates (24%). These results suggest that screening tests may fail to detect problems in auditory attention, verbal reasoning, expressive language, receptive language and verbal and nonverbal memory in COPD patients. No significant correlation between the MMSE and OMCT was reported (Spearman $r = -0.15$, $p = 0.47$) and only one patient was impaired on both the MMSE and OMCT (based on previous cut-off scores). These findings are inconsistent with high correlations between these measures in neurological and normal samples (Fillenbaum et al., 1987). The lack of association may be related to subject characteristics and/or lack of sensitivity of these screening tests to cognitive domains impaired in COPD. Overall, results suggest that the MMSE and the OMCT are not interchangeable, and fail to detect more subtle cognitive difficulties in COPD patients. Implications and future studies will be explored.


*Neuropsychological Dysfunction in Patients with End-Stage Pulmonary Disease: Lung Transplant Evaluation.*

There has been a relative absence of studies that have examined the neuropsychological profiles of potential lung transplant candidates. Neuropsychological data is presented for 59 males and 75 females with end-stage pulmonary disease who were being evaluated as potential candidates for lung transplantation. Neuropsychological test results indicated that a significantly greater proportion of the male, versus female, patients exhibited impaired performance on the Trail Making Test Part A and the Selective Reminding Test Delayed Recognition task, as well as more perseverative errors on the Wisconsin Card Sorting Test. While both male and female patients exhibited diversity of neurocognitive deficits, their highest frequencies of impairment were found on the Se-
lective Reminding Test. Specifically, greater than 40% of both genders displayed impairments on this measure’s Total Recall, Long Term Retrieval, and Consistent Long Term Retrieval tasks. Similar mean MMPI-2 clinical profiles were also exhibited by both male and female patients. Their profiles indicated that they were experiencing an array of symptomatology ranging from somatic complaints, to lethargy and fatigue, and that they may have been functioning at a reduced level of efficiency. These findings are discussed in light of patients’ end-stage pulmonary disease and factors possibly contributing to their neuropsychological test performances. Implications for clinical practice and future research are also provided.

Tucker, K. A., & Gouvier, W. D.
Neuropsychological Decline Following Herpes Zoster Without Encephalitis: A Case Study.
Global anterograde memory deficits and structural changes within the medial temporal lobes have been documented following cases of herpes simplex encephalitis. However, little is known about possible neuropsychological sequelae following herpes infection that does not progress into encephalitis, and in particular, cognitive changes associated with herpes zoster rash.

This poster presents the neuropsychological test results of a 45-year-old immunocompetent patient with a history of herpes zoster rash on the right side of his head in the dermatome affecting the trigeminal nerve. The rash drew near, but did not enter his right eye or cause ocular complications. The patient experienced approximately 2 weeks of rash followed by 2 months of postherpetic neuralgia, which were treated with Zovirax, Neurontin, and Tegretol. Testing occurred approximately 3 months after rash onset. A clinically significant discrepancy was apparent between verbal and visual intellectual abilities that favored the former (WAIS-R Verbal IQ = 104, Performance IQ = 85). A comparison of the corresponding deviation quotients with an estimate of premorbid intellectual functioning was suggestive of a decline in visuospatial functions in the presence of relatively preserved verbal abilities (WAIS-R Verbal Comprehension = 111, Perceptual Organization = 77, Barona estimated Full Scale IQ = 116). Immediate memory/learning was intact; however, a greater than expected decay in memory was observed following a 30-minute delay (General Memory Index = 119, Verbal Memory Index = 113, Visual Memory Index = 119, Delayed Recall Index = 98).

The results of the present report were consistent with prior case studies of patients with herpes zoster, in which the side of rash was ipsilateral to the hemisphere with relative neuropsychological dysfunction. This case study adds another instance of support to the observation that right-sided rash, regardless of dermatome affected, is generally associated with declines in visuospatial intellectual abilities and/or visual memory. The current results were significant also in that they suggested significant diminution of neuropsychological functions may occur in the absence of encephalitis in an immunocompetent patient with herpes zoster. Extended antiviral therapy may be warranted to attempt to reduce the possibility of neuropsychological sequelae.

Muilin, J. P., & Podell, K.
Kleine-Levin Syndrome: A Neuropsychological Case Report.
A neuropsychological case report is presented of a patient with probable Kleine-Levin syndrome. This rare and etiologically unclear syndrome often occurs subsequent to a viral infection or mild head injury. It is characterized by hypersomnia and megaphagia accompanied by behavioral changes, including hypersexuality, exhibitionism, depression, hallucinations, delusions, memory deficits, and disorientation. The symptomatic periods