

Episodic memory impairments associated with deficits in coherence of narrative production

B Seixas Lima^{1,2}, K Murphy^{3,4}, A Troyer^{3,4}, B Levine^{3,5}, NL Graham^{1,2}, C Leonard^{1,6}, E Rochon^{1,2}

1-University of Toronto, Department of Speech-Language Pathology, Rehabilitation Sciences Institute; 2- Toronto Rehabilitation Institute – University Health Network; 3- Department of Psychology, University of Toronto, 4- Neuropsychology and Cognitive Health Program, Baycrest Health Sciences; 5- Rotman Research Institute – Baycrest; 6- Audiology and Speech-Language Pathology Program, University of Ottawa.

Introduction

Autobiographical memory (ABM) is composed of semantic memory (general knowledge) and episodic memory (memory of specific events) (1). Amnestic mild cognitive impairment (aMCI) is a condition in which there is greater than expected cognitive decline in comparison to healthy-aging, where episodic memory is specifically affected (2). Language deficits have also been observed in persons with MCI (3).

Objectives

- To compare discourse and memory patterns in this group of patients with healthy matched controls.
- To test patients' ability to produce linguistic elements of a narrative within a topic, i.e. maintenance of coherence of discourse.

Hypotheses

- We hypothesised that patients would show deficits in coherence of discourse;
- Coherence deficits would be more prominent when episodic information was produced.

Group	Memory characteristics	Linguistic characteristics
aMCI	Impaired production of episodic details during ABM recall (1)	Fluent speech, spared syntax, deficits in naming and verbal fluency, alterations in receptive language processing (2)

References

- 1- Levine et al., 2002. *Psych and aging*, 17(4), 677-689.
- 2- Murphy et al., 2008. *Neuropsych*, 46 (13), 3116-3123. .
- 3- Taler & Phillips, 2008. *J Clinical and Exp Neuropsych*, 30 (5), 501-556

Methods

Participants	Task	Coding
17 aMCI patients	Participants reported 5 memories which	 Answers were transcribed and segmented; The details were analysed with a coherence rating
17 healthy	generated	scale;
matched	extended	 Details were categorized as
controls	stretches of discourse.	episodic, semantic, or supplementary

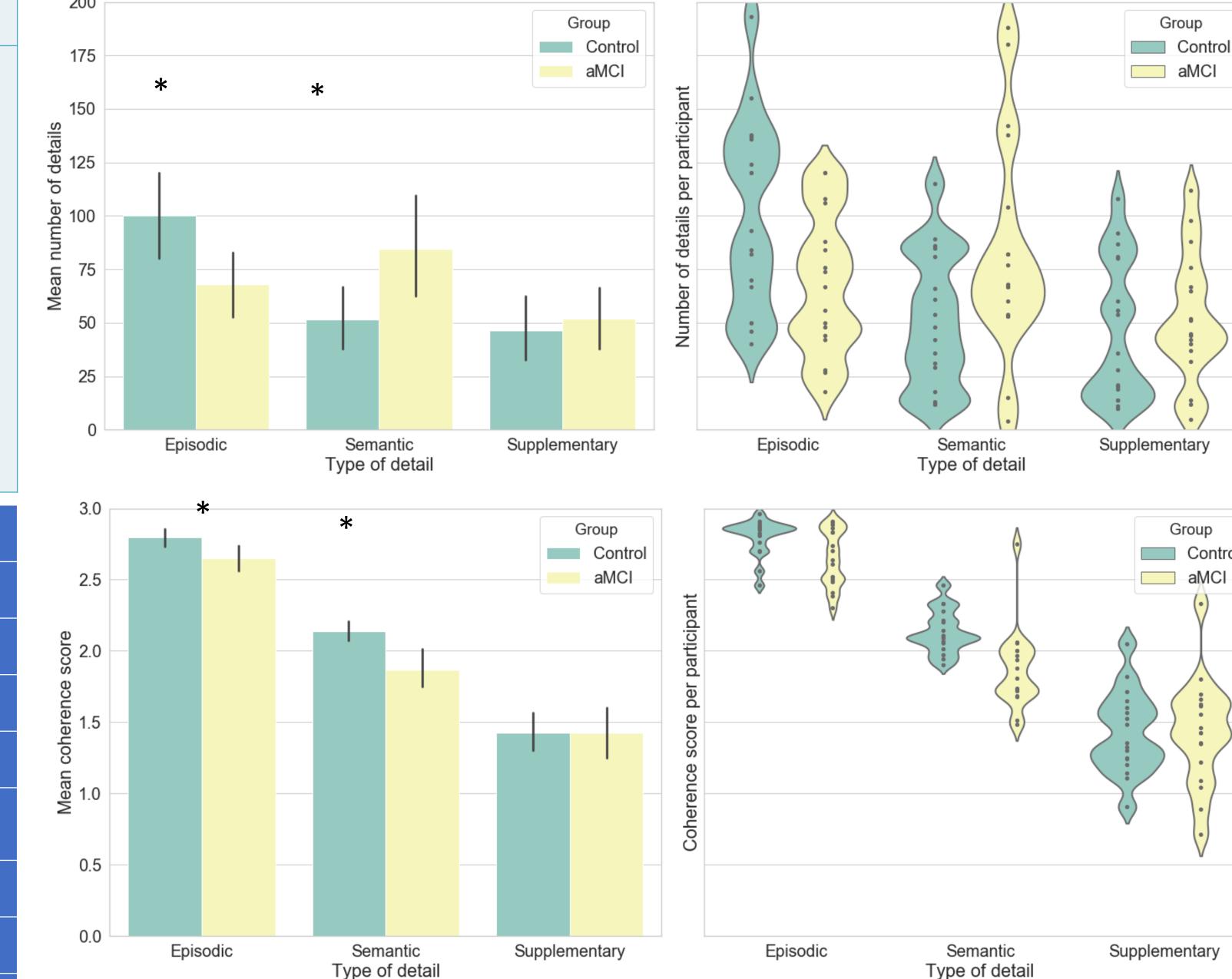
	Controls (n=17)	aMCI (n=17)
Age	74.17 (6.61)	77 (5.18)
Gender	F=8, M=9	F=12, M=5
Years of Education	13.7 (3.61)	14.94 (0.0)
Handedness	L=2	L=0
MMSE	28.28 (1.72)	27.25 (11.44)
Shipley Vocabulary	13.76 (2.81)	13.56 (2.44)
HVLT TOTAL	10.11 (2.14)*	7.06 (2.68)*
HVLT-Delayed recall	10.64 (1.62)*	4.43 (32.71)*

Coherence scores	"Who was the best man at your wedding?"	
	"um the best man would have been a friend of mine"	
implication of the trame	"who I went to university with back in 1958 to 1964" "um who now lives in Vancouver"	
1 detail is neither an	"actually lives up not in Vancouver but in" "um where's where's the	

1 detail is neither an element of the frame nor relevant to the topic 1 detail is neither an element of the frame nor relevant to the topic 2 detail is devoid of

semantic content "you know?", "yeah"

Results and Discussion



- The two groups produced a similar amount of details overall, however, aMCI patients produced fewer episodic details (p=.02; η_p^2 =.155) and more semantic details than controls (p=.03; η_p^2 =.155)
- The coherence analyses showed the aMCI group received lower coherence scores overall (p=.03, η_p^2 =.139)
- Pairwise comparisons showed deficits in coherence in both episodic (p=.01, η_p^2 =.175) and semantic sets of details (p<.01, η_p^2 =.266)
- These results suggest that the difficulties experienced by aMCI patients may go beyond their known difficulty in recalling episodic information. Patients demonstrated difficulty selecting relevant episodic and semantic information which likely further impaired the informativeness of their narratives.









