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Depression and the Test of Memory Malinger

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Abstract

Research on the Test of Memory Malinger (TOMM) [Tombaugh, T. N., 1996. *The Test of Memory Malinger*. Toronto, Canada: Multi-Health Systems], has consistently shown that it is sensitive to exaggerated or deliberate faking of memory impairment, but it is relatively unaffected by a wide variety of neurological impairments causing genuine memory dysfunction. However, there is little research on the effects that affective disorders have on the TOMM. The current study examined how inpatients diagnosed with major depression performed on the TOMM. Results show that the TOMM is unaffected by affective state. These results, combined with those from previous research, provide converging evidence that performance on the TOMM below a cutoff score of 45 cannot be attributable to depression, neurological impairment, age or education. © 2001 National Academy of Neuropsychology. Published by Elsevier Science Ltd.

Keywords: Depression; TOMM; Affective state; Memory impairment; Neurological impairment; Memory dysfunction

Neuropsychologists are frequently called upon as expert witnesses to determine the legitimacy of individuals' claims of cognitive impairment, particularly following mild traumatic brain injury (TBI), where neurological and/or radiological evidence may be lacking. They must determine the validity of the neuropsychological assessment, stating how they know the individual was performing to the best of his/her ability during the evaluation. That is, the neuropsychologist must be able to provide evidence showing that the individual was, or was not, putting forth maximum effort and motivation during the evaluation.

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Until recently, few neuropsychological instruments have been available that adequately determine when someone is not putting forth maximum effort (Nies & Sweet, 1994; Tombaugh, 1996). Research on a newly developed visual recognition test, the Test of Memory Malingering (TOMM; Tombaugh, 1996), has consistently shown that it holds considerable promise for detecting exaggerated or deliberately faked memory impairment in clinical situations. Validation studies have shown that the TOMM is a robust test that is relatively unaffected by demographic variables such as age and education or by a wide variety of neurological impairments causing genuine memory dysfunction (Tombaugh, 1996, 1997). It also has been shown to distinguish suspected malingers and simulators from those who are putting forth maximum effort (Rees et al., 1998).

There is little research, however, on the effects that affective disorders have on the TOMM. To date, the TOMM has been validated using samples of neurological patients, some who had concomitant diagnoses of depression (see Tombaugh, 1996, Appendix A). However, the TOMM has not been systematically evaluated with individuals having a primary diagnosis of depression. This lack of research is critical since depression has a strong motivational component associated with it. Depressed individuals often perceive tasks to be more difficult than they actually are and typically need much encouragement to attempt tasks. It is well established that depressed individuals fail to put forth maximum effort (e.g., Kaplan & Saddock, 1991) and this behavior is observable on neuropsychological tests requiring effortful processing, particularly memory tests.

Since the TOMM is frequently perceived to be a difficult test (Tombaugh, 1996, 1997), it is possible, perhaps even likely, that depressed individuals will fail to put forth sufficient effort thereby obtaining scores that could be misinterpreted as malingering. If the TOMM were sensitive to the effect of depression, its clinical utility with head injured patients would be compromised since TBI and depression occurs together with a high degree of frequency (Busch & Alpern, 1998; Rosenthal et al., 1998).

In light of the above, the present study undertakes to evaluate the effects of depression on the TOMM. It was predicted that the TOMM would not be sensitive to the effects of depression. This was based on the following rationale. As indicated above, depressed individuals will often perform below expectation on tasks that require effort, such as during free recall on list learning tasks; but when task demands are decreased, such as occurs with a recognition format, performance typically improves to within normal limits (Weingartner, 1986; Ouellette-Hughes, 1991; Rosenstein, 1998). Since the TOMM uses a visual recognition procedure that has been shown repeatedly to produce errorless performance in cognitively intact individuals, depressed individuals should obtain scores falling within the normal range without having to exert effortful processing.

1. Method

1.1. Subjects

Twenty-six consecutive inpatients (18 females and 8 males), recruited from an inpatient affective disorder's unit at the Royal Ottawa Hospital, participated in this study. Mean age

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