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Metacognition and Reality of Cognitive Function: Information Processing Speed, Perceived Memory Function, and Perceived Difficulty in Older Adults

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This study examines the relationships between two measures of information processing speed associated with the Trail Making Test and a computer-based visual search test), the perceived difficulty of the tasks, and memory function (measured by the Memory Functioning Questionnaire) in older adults (aged 50+ y) with normal cognition (Montreal Cognitive Assessment score of 26+), and mood. The participants were recruited from the community rather than through clinical services, and none had ever sought or received help from a health professional for a cognitive or mental health problem. For both the trail making and the visual search tests, mean information processing speed was not correlated significantly with perceived memory function. Some individuals did, however, reveal information processing speeds (outliers) that may have clinical significance and indicate those who may require further assessment and follow up. For the trail making, but not the visual search task, higher levels of cognitive dysfunction were associated with a greater perception of task difficulty. The relationship between actual information processing speed and perceived task difficulty also varied with respect to the task used. These findings highlight the importance of taking into account the type of task and metacognition factors when examining the integrity of information processing in older adults, particularly as this measure is now specifically cited as a key cognitive subdomain within the diagnostic work for neurocognitive disorders.

information processing speed, metacognition, reaction time, subjective cognitive impairment

self-perceived cognitive decline, memory, commonly occur in older adults. It is increasingly apparent that both subjective cognitive impairment (SCI) can be characterized by an earlier termed subjective cognitive impairment (SCD), without any objective evidence from neuropsychological assessments. However, subjective cognitive complaints represent a prodromal stage of cognitive decline due to various causes (e.g., anxiety, depression) potentially responsive to interventions [27, 28]. Irrespective of causality, subjective cognitive impairment can impact everyday life and mental health, with increasing dementia and withdrawal from social behavior [20, 29].

Not characterized by objectively defined neurological test performance. It is of interest that objective change is absent in some memory tests because the tests used do not measure the specific aspect of memory that an individual perceives as having changed. In fact, subtle changes in brain functions other than memory occur in what we term SCI, but it is not clear for the general public to describe SCI. SCI may manifest only as vague perceived cognitive decline. Indeed, emerging evidence indicates that brain operations may be disrupted in SCI [30]. Therefore, it is possible that a decline in integrity of fundamental brain functions may impair memory function to a degree not perceived by the individual, but current neuropsychological testing

In this study, therefore, we examine perceived memory function in relation to information processing speed in community-living older adults who have not approached health care services with concerns about their memory or cognitive function [23, 27] and with normal levels of general cognitive function and no significant anxiety or depression. In addition, as metacognition can be a factor in the self-perception of the integrity of memory and cognition [31], we also ask whether there is any relationship between reported memory performance and the perception of task difficulty (i.e., is high level of perceived memory dysfunction associated with greater perception of task difficulty?) and whether perceived task difficulty is related to actual (objectively measured) speed of information processing.

There is evidence (e.g., [5]) to suggest that the speed of information processing, and thus study outcome, can differ significantly with respect to the test used, because of the different brain networks and processes recruited by specific task demands. We therefore report studies using two different measures, the pen-and-paper-based trail making test (TMT) and a computer-administered visual search task.

The TMT is commonly used in clinical settings and in aging, MCI, and dementia research to examine information processing speed and executive function [32]. Trails A is a one-trial task typically described as probing functions such as speed of processing in relation to attention, visual scanning and search, number recognition, numeric sequencing and motor speed; giving a baseline measure of perceptual processing and motor speed. Trails B is again a one-trial task typically described as probing the efficiency of set shifting, mental flexibility, executive function,

Table 1

Trails A and Trails B information processing speeds for older adults. Standard deviation in parenthesis. Note that range refers to observed range within the data

Age (y)	Education (y)	MFQ-total score	Trails A (s)	Perceived difficulty scale for Trails A	Trails B (s)	Perceived difficulty scale for Trails B
(5.5)	16 (4.8)	295 (49.1)	29.05 (9.3)	2 (1.2)	43.43 (9.4)	3 (1.6)
Age 50–79				Range 1–6		Range 1–6

Information processing speed for both Trails A and Trails B is represented by the box plot in Fig. 1. Note the presence of outliers in the data.

TRAIL MAKING TEST:

Testing took place within the Psychology Department at the University of Swansea.

The study was approved by the ethics committee at the University, Department of Psychology. All participants gave written informed consent to participate.

Subjective memory assessment

One hundred older adults ($n = 100$) were recruited through adverts placed in local newspapers throughout the Swansea area and by direct contact. Inclusion criteria included poor self-rated health, any past history of significant physical, or mental health problems, cognitive slowing (e.g., related to Parkinson's disease or dementia), or previous visit to a health professional with memory complaints, anxiety, or depression. From those recruited, 19 individuals were excluded. Of these, 8 had Montreal Cognitive Assessment (MoCA) scores of 24 or 25, 3 had MoCA scores of 23 or lower, 8 had current or past history of physical health problems, anxiety, or depression. The final sample ($n^1 = 81$; age 50+ y;

Subjective memory function was measured using the Memory Functioning Questionnaire (MFQ) [37]. This 64-item questionnaire assesses the perception of everyday memory functioning with seven sections on general rating of memory, retrospective functioning (compares current memory with past ability), frequency of forgetting, frequency of forgetting while reading, remembering past events, seriousness of forgetting (how memory impairment impacts daily life), and mnemonics usage. Each item is scored on a 1 to 7 Likert scale (1 = severe memory problems; 7 = no memory problems). Scores range between 64 and 448 with high scores reflecting less severe memory complaints.

Table 1 shows the demographics and TMT data.

Trail Making Test

Practice trails were provided for both Trails A and B. For Trails A, the participants were instructed to draw one continuous line joining a series of circled

ate any differences in processing left and upper and lower visual 4 trials were presented; the target at each of the possible 'clock-face' of the trials distracters were pre-locations and for the other half no presented. For each trial the central appeared on screen for 1000 ms prior of the target (with or without dis- ned on screen for the duration of uli remained on screen until the led, after which the fixation point participants were instructed to fix- cross at the beginning of each trial quickly but as accurately as possi- target was pointing to the right or e of two computer keyboard keys. All participants were asked to reiter- to ensure understanding and then ce block of no more than 10 trials. participants to fixate on the cross at ach trial continued to be checked cedure by researcher observation. edback was provided.

rors were calculated. Responses they were incorrect or obviously e/lapse of concentration or below a 'natural' reaction time therefore re-empting of the stimulus). No to respond to a trial. For each dian time (information processing pond for the target alone and the er trials was determined and group d (see Table 2).

the visual search tasks were very small (mean group errors 0.37 for target alone and 0.33 for target plus distracters) and the number of errors was not significantly correlated with MFQ scores (p values > 0.05).

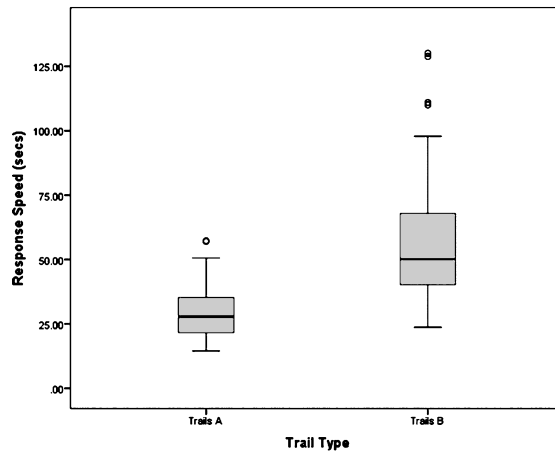


Fig. 1. Box plot of mean information processing speed (s) for Trails A and B performance in older adults.

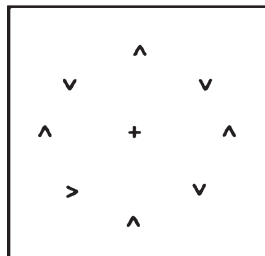


Fig. 2. Search stimulus.

Information processing speed and perceived task difficulty

perceived task difficulty score for task was 3 (1.4) with a range from 1 to 5. It was significantly negatively correlated with information processing speed in the no-distractors condition ($r = -0.294, p = 0.031$), with information processing speed associated with perceived task difficulty, but not for the plus-distractors conditions ($p > 0.05$). The correlation was not significantly correlated with perceived task difficulty (p values > 0.05).

Information processing speed and perceived task difficulty by gender

There was not significantly correlated with perceived task difficulty for either the target or plus distractors condition (p values > 0.05). t -tests revealed that all the above correlations were not significant with respect to whether the participant was male or female.

Information processing speed and information processing

Regression analysis revealed that although information processing speed was not significantly related to perceived task difficulty or performance it was significantly correlated with perceived test difficulty ($r = -0.294, p = 0.031$) and it was significantly negatively correlated with information processing speed in the no-distractors condition ($r = -0.398, p = 0.003$) and in the plus-distractors condition ($r = -0.398, p = 0.003$).

Information processing speed and subjective memory

Greater levels of overall subjective memory complaint (MFQ total score) were not significantly associated with slower information processing speed as measured by the TMT or Visual Search Task. For Trails A there was a significant negative correlation between information processing speed and the mnemonics subset of the MFQ and although this survived Bonferroni correction, the significance level of this effect was low ($p = 0.042$). For Trails B and both conditions of the visual search test, information processing speed was not significantly correlated with any of the MFQ subsets.

Given the close relationship between information processing speed and white and grey matter structure [6–12], the general absence of an association with perceived memory dysfunction in otherwise cognitively healthy, euthymic older adults suggests perceived memory dysfunction is less likely to be related to structural abnormality or possible neurodegenerative change. Similarly, given the association between Alzheimer's disease, vascular dementia and MCI and slowed information processing speed the lack of a relationship between perceived memory function and information processing speed may be indicative of a non-neurodegenerative basis for perceived impairment in individuals with 'normal' levels of general cognition (e.g., MoCA score within the normal range).

Note, however, that these ideas are speculative in nature given the absence of neuroimaging, a full range of objective and subjective measures of memory, cognitive and information processing speed performance, and longitudinal analysis examining the risk

the outliers evident in our results, may be representative of detrimentally altering structure and function and stability of underlying neurodegeneration. Follow-up and medical intervention strategies could be prioritized, whereas more focus on psychological expectations regarding normal cognitive performance, and providing strategies to reduce the required effort

Task difficulty and subjective

Memory complaint was associated with greater task difficulty for Trails B of the TMT, especially the difficult Trails B test, with higher levels of memory complaint related to greater task difficulty. With respect to the TMT, individuals who reported higher levels of cognitive dysfunction (total MFQ score) are reported the greater levels of task difficulty (objectively measured) in information processing speed not being associated with cognitive function. To speculate, the relationship between perceived memory and perceived task difficulty in individuals with MOCA scores in the range in the absence of objective information processing speed suggests that cognitive dysfunction may be related more to factors than underlying structural

perceived memory impairment (in the absence of objective change in memory function) is related to structural change or metacognition (which is more likely to be responsive to intervention and treatment than structural change), or indeed whether a much more complex relationship exists between metacognition, structural change and actual and perceived functional integrity.

Information processing speed and perceived task difficulty

For Trails A, perceived task difficulty was not significantly correlated with objectively measured information processing speed. In contrast, perceived task difficulty was positively correlated with information processing speed for Trails B, i.e., slower information processing speed was associated with greater perceived task difficulty. For the target plus distracters condition of the visual search task, perceived task difficulty was not significantly correlated with objectively measured information processing speed. For the target alone condition however, perceived task difficulty was significantly negatively correlated with information processing speed, i.e., slower information speed was associated with a lower level of perceived task difficulty. This pattern of results indicates that, irrespective of perceived memory function, the judgement of task difficulty is related to the nature of the task and is not always related to actual performance.

Educational level

For both Trails A and B, educational level was not significantly associated with information process-

tion upon perceived task performance, task performance *per se* and a number of other factors into account in research and interpretation of study outcome.

Participants in each study cohort were relatively young (mean age 65 y). However, this is the age at which subjective memory changes are typically observed when pathological changes of cognitive function start to become more common. Future research, including neuroimaging, needs to explore structural and functional relationships between subjective memory, processing speed, actual and perceived cognitive function and metacognition factors. This is especially important in older age groups and in those seeking clinical support for cognitive decline with respect to mood and personality. Further research is also required to investigate why some people do not approach health care services when they perceive memory function. Some people are anxious about a formal diagnosis and others may be developing dementia and others may have possible reversible causes of impairment. Further research and interventions to improve quality of

life for participants on only one occasion and to account for the possibility that perceived memory may fluctuate, as it can be due to factors such as fatigue, or everyday stressors. Perceived memory was measured using the MFQ. Related to this issue is the need for research that is not able to determine the accuracy of subjective memory. Furthermore, we did not use a variety of tests objectively measuring cognitive function, while information process-

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