

Remembering the link: Free-recall performance in individuals at risk for schizophrenia



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INTRODUCTION

- Schizophrenia is a mental disorder that affects approximately 1% of people worldwide1
- · Cognitive changes, specifically impairments of episodic memory, are widespread in schizophrenia², as well as in first-degree relatives3, who are at risk for developing the disorder (i.e. 10-16%)4.
- Other risk factors include having a first-degree relative with schizoaffective (SZA) and/or bipolar disorder (BP)⁵ (i.e. high-risk) and having ADHD and/or anxiety disorders (i.e. mid-risk)^{6,7}.
- Disruptions in **context-processing** may mediate these episodic memory changes8.
- Prior studies have decomposed recall performance in schizophrenia patients and schizotypal individuals 9,10,11.
- To investigate the status of context processing and episodic memory impairments in high-risk individuals, we employed a free-recall task and decomposed free recall performance into measures of first recall probability, serial position functions, and inter-item response times.

HYPOTHESES

- We hypothesized that the high-risk group would demonstrate greater context deficits on the free recall task than the mid- and low-risk groups
- . Specifically, we hypothesized that recall deficits would be highest for the high-risk group, followed by the mid-risk and low-risk groups in a stepwise fashion.
- . We expected lower first recall probability, depressed serial position functions, and longer interresponse times for the high-risk group.

MFTHODS

|| Participants Children and adolescents (N = 58; age range: 9-16) at varying risk factors for schizophrenia completed a 5-trial, free-recall task.

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	Risk Group	N	Аде	Characteristics
	High risk	16	13.7	Nonpsychotic first-degree relatives of people with a DSM-V diagnosis of schizophrenia, SZA, or EP.
	Mid risk	22	13.9	Non-relatives with ADHD and/or an anxiety disorder.
	Low risk	20	13.5	Non-relatives with no ADHD/amelety, DSM-V diagnosis, or family history with achieophronia, S2A, or EP.

|| Test Procedure

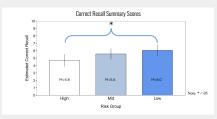
1	Study Phase	Participants read about and memorized 10 words presented individually for 4 seconds on a computer screen.
2	Distraction Phase	Participants completed addition and subtraction problems for 30 seconds (e.g. 34 + 22 = 7).
3	Test Phase	Participants were given 60 seconds to recall as many words as they could in any order.

|| Measures

·First Recall Probability (FRP): likelihood of initiating retrieval with the first list

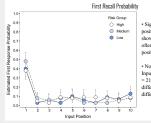
•Serial Position Function: describes recall patterns (primacy & recency effects). *Interresponse Times (IRTs): demonstrates response latency. Longer IRTs typically indicate impaired use of context to limit search time.

RESULTS



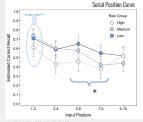
· Participants in different risk-groups significantly differed in the model-estimated probabilities for correct recall, $\chi^2(2) = 6.60$, p = .036. Pairwise comparisons demonstrated that high-risk participants recalled fewer words than low-risk participants, t(55.1) = -2.55, p = .035 while the mid-risk participants did not significantly differ from other groups (ps > .05)

RESULTS



· Significant effect of input position, $\chi^2(9) = 256.67$, p < .001, showing all participants most often initiated recall from the first nosition

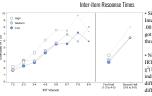
 No significant Risk Group x Input Position interaction, y2(18) = 21.24, p = .267, suggesting that differences in recall are not due differences in recall initiation.



· Significant effect of Input Position, $\chi^2(4) = 69.28$, p < .001, showing primacy effects for all risk groups.

Significant Risk Group x Input Position interaction, $\gamma^2(8) =$ 17.55, p = .025, displaying that largest group differences were between the high- and low-risk groups in the intermediate positions

Note. *** < .001, ** < .01, * < .05.



· Significant effect of IRT Intervals, $\chi^2(7) = 166.05$, p < .001, showing all participants got progressively slower throughout the recall period.

· No significant Risk Group x IRT Interval interaction. $\gamma^2(14) = 9.41$, p = .80. indicating participants in different risk groups did not differ on context use to limit search time.

DISCUSSION

- These results demonstrate context processing deficits in high risk, first-degree relatives.
- First recall probabilities indicate that high-risk participants do not initiate recall differently than mid- and low-risk participants.
- Differences in serial position curves suggest that context processing deficits seen in high-risk individuals are more prominent towards the middle of the recall period.
- · Participants from all risk groups showed progressively slower IRTs across recall period, suggesting that participants did not differ in their use of context to limit search time
- However, it is plausible that our final sample was not powered enough to detect an effect in FRPs and IRTs.
- Future research could utilize tasks that require less contextual processing to further expand on our findings.

- and psychopharmacological implications. Expert review of neurotherapeutics, 7(7), 807-816.
- 2. Danion, J. M., Huron, C., Vidailhet, P., & Berna, F. (2007). Functional mechanisms of episodic memo
- mpairment in schizophrenia. The Canadian Journal of Psychiatry, 52(11), 693-701.
- Toulopoulou, T., Rabe-Hesketh, S., King, H., Murray, R. M., & Morris, R. G. (2003). Episodic memory in schizophrenic patients and their relatives. Schizophrenia Research, 63(3), 261-271. Toulopoulou, T., Rabe-Hesketh, S., King, H., Murray, R. M., & Morris, R. G. (2003). Episodic memory in schizophrenic patient and their relatives. Schtzonbronta Research, 63(3), 261,271.
- Keshavan, M. S., Dick, E., Mankowski, I., Harenski, K., Montrose, D. M., Diwudkar, V., & DeBellis, N (2002). Decreased left amygdala and hippocampal volumes in young offspring at risk for schizophrenia Schizophrenia Research, 58(2-3), 173-183.
- Krabbendam, L., Arts, B., van Os, J., & Aleman, A. (2005). Cognitive functioning in patients with schizophrenia and bipolar disorder: a quantitative review. Schizophrenia Research, 80(2-3), 137-149. 6. Ross, R. G., Heinlein, S., & Tregellas, H. (2006). High rates of comorbidity are found in childhood-onse
- schizophrenia. Schizophrenia Research, 88(1-3), 90-95.

 Braga, R. J., Reynolds, G. P., & Siris, S. G. (2013). Anxiety comorbidity in schizophrenia. Psychiat
- Barch, D. M. (2005). The cognitive neuroscience of schizophrenia. Annual Review of Clinical Psychology.
- 9. Polyn, S. M., McCluey, J. D., Morton, N. W., Woolard, A. A., Luksik, A. S., & Heckers, S. (2015). Tempora
- context and the organisational impairment of memory search in schizophrenia. Cognitive Neuropsychiatry 20(4), 296-310. Sahakyan, L., & Kwapil, T. R. (2016). Positive schizotypy and negative schizotypy are associated with
- differential patterns of episodic memory impairment. Schizophrenta Research: Cognition, 5, 35-40.
- 11. Sahakyan, L., & Kwapil, T. R. (2018). Moving beyond summary scores: Decomposing free recall performance to understand episodic memory deficits in schizotypy. Journal of Experimental Psychology: General, 147(12),