



COMILLAS
UNIVERSIDAD PONTIFICIA

ICAI

ICADE

CIHS

Document Version

This is an Accepted Manuscript of an article published by Taylor & Francis in Journal of Clinical and Experimental Neuropsychology, on 2021, available at: <https://doi.org/10.1080/13803395.2021.1962252>

Citation

Flores Vazquez, J. F., Rubiño, J., Contreras López, J. J., Siquier, A., Cruz Contreras, C., Sosa-Ortiz, A. L., ... Andrés, P. (2021). Worse associative memory recall in healthy older adults compared to young ones, a face-name study in Spain and Mexico. *Journal of Clinical and Experimental Neuropsychology*, 43(6), 558–567.
<https://doi.org/10.1080/13803395.2021.1962252>

General rights

This manuscript version is made available under the CC-BY-NC-ND 4.0 licence (<https://web.upcomillas.es/webcorporativo/RegulacionRepositorioInstitucionalComillas.pdf>).

Take down policy

If you believe that this document breaches copyright please contact Universidad Pontificia Comillas providing details, and we will remove access to the work immediately and investigate your claim



Worse associative memory recall in healthy older adults compared to young ones, a face-name study in Spain and Mexico

Journal:	<i>Journal of Clinical and Experimental Neuropsychology</i>
Manuscript ID	CEN-OA 21-36.R3
Manuscript Type:	Original Article
Date Submitted by the Author:	30-Jun-2021
Complete List of Authors:	Flores Vazquez, Juan Francisco; Rijksuniversiteit Groningen, Clinical and Developmental Neuropsychology Rubiño, José; Universitat de les Illes Balears, Psychology Contreras López, José Juan; Universidad Nacional Autonoma de Mexico, Unidad de Posgrado Siquier, Antonia; Universitat de les Illes Balears, Psychology Cruz Contreras, Cecilia; Universidad Nacional Autonoma de Mexico, Unidad de Posgrado Sosa Ortiz, Ana Luisa; Instituto Nacional de Neurologia y Neurocirugia Manuel Velasco Suarez, Laboratorio de Demencias Enriquez Geppert, Stefanie; Rijksuniversiteit Groningen, Clinical and Developmental Neuropsychology Andrés, Pilar ; Universitat de les Illes Balears, Research Institute of Health Sciences
Keywords:	cognitive ageing, episodic memory, memory and learning tests, neuropsychological tests, healthy ageing, associative memory, cross-cultural adaptation

1
2
3 1 ***TITLE: Worse associative memory recall in healthy older adults compared to***
4
5
6 2 ***young ones, a face-name study in Spain and Mexico***
7

8 3 *Flores-Vázquez, JF^{a,b,c*}, Rubiño, J^{d*} Contreras-López, JJ^c Siquier, A^d, Cruz-Contreras, C^{a,c}, Sosa-*
9
10 4 *Ortiz, A.L^c, Enriquez-Geppert, S^{a,b}, Andrés, P^d*

11
12 5 *a Department of Clinical and Developmental Neuropsychology, University of Groningen, The Netherlands*

13 6 *b Department of Biomedical Sciences of Cells & Systems, Section of Cognitive Neuropsychiatry, University of*
14 7 *Groningen, The Netherlands*

15 8 *c Dementia Laboratory, National Institute of Neurology and Neurosurgery, Mexico City, Mexico*

16 9 *d Department of Psychology and Research Institute of Health Sciences (IUNICS), University of the Balearic Islands,*
17 10 *Spain*

18 11 ** Shared first authorship: these two authors collaborated equally to this paper*
19
20
21
22
23
24

25 13 Journal: Journal of Clinical and Experimental Neuropsychology

26 14 Entire text: 4,175 words, Abstract: 261 words

27 15 Correspondence: Pilar Andrés pilar.andres@uib.es Cra. de Valldemossa km 7.5, 07122 Palma, Spain
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Abstract

Introduction: The Face Name Associative Memory Exam (FNAME) is sensitive to associative memory changes early in the Alzheimer's disease spectrum, but little is known about how healthy ageing affects FNAME performance. We aimed to assess ageing effects on an extended version of the test, which captures further associative memory abilities beyond the recall and recognition domains measured in the original version.

Method: We adapted FNAME versions in Spain and Mexico, adding new subtests (Spontaneous Name Recall, Face-Name Matching). We compared the performance of 21 young adults (YA) and 27 older adults (OA) in Spain, and 34 YA and 36 OA adults in Mexico. Recall was analysed using a mixed-model ANOVA including subtest scores as dependent variables, *age group* as a fixed-factor independent variable, and *recall subtest* as a three-level repeated-measure independent variable. The rest of the associative memory domains were analysed through t-tests comparing the performance of YA and OA.

Results: In Spain, we found significant effects for *age group* and *recall subtest*, with large effect sizes. The recognition subtests (Face Recognition, Name Recognition) displayed ceiling effects in both groups. The new subtests displayed medium-to-large effect sizes when comparing age groups. In Mexico, these results were replicated, additionally controlling for education. In both studies, recall performance improved after repeated exposures and it was sustained after 30 minutes in YA and OA.

Conclusions: We document, in two different countries, a clear ageing pattern on the extended FNAME: regardless of education, OA remember fewer stimuli than YA through recall subtests. The new subtests provide evidence on associative memory changes in ageing beyond recall.

Keywords:

- Cognitive Ageing
- Memory, Episodic
- Memory and Learning Tests
- Neuropsychological Tests
- Healthy Ageing
- Associative Memory
- Cross-Cultural Adaptation

Introduction

As human life expectancy increases across the globe, the study of cognitive ageing becomes fundamental to assure the quality of life of these added years (Blazer, Yaffe, & Liverman, 2015). This issues a call for the development and improvement of standardized cognitive measurements that are specific, sensitive, cross-culturally valid, and useful both in research and clinical scenarios (Patterson, 2018).

One of the most common cognitive complaints among older adults (OA) is a decline in memory. In some cases, this decline can herald the onset of neurocognitive disorders such as Alzheimer's disease (AD) (Rabin, Smart, & Amariglio, 2017). In this context, the study of episodic memory (i.e. memory rich in context that can be explicitly stated or conjured) has gained attention, as it is particularly impaired in the earliest stages of typical AD (Dumas, 2015; Kirova, Bays, & Lagalwar, 2015).

A key process in the formation of episodic memories is binding, which concerns the creation of associative links between independent items or between items and a context. This allows for these associations to be encoded as single scenes or events (Bastin et al., 2014; Kessels, Hobbel, & Postma, 2007). In OA, the changes in episodic memory can be partly explained by a decline in associative memory (De Brigard, Langella, Stanley, Castel, & Giovanello, 2020; Greene & Naveh-Benjamin, 2020). This offers a relevant cognitive target to timely identify subjects at risk of deviating from healthy ageing to progressive neurocognitive disorders by using sensitive tests.

The Face Name Associative Memory Exam (FNAME) (Rentz et al., 2011) is an easy to administer test that measures associative cross-modal episodic memory by assessing the ability to recall newly-learned face-name pairs. From an ecological perspective, it mirrors everyday

1 challenges faced by OA, as the ability to recall the names of recently introduced people constitutes
2 a predominant complaint in this age group (Horn, Kennedy, & Rodrigue, 2018).

3 The FNAME was developed to detect associative memory impairments in subjects in the
4 early stages of the AD continuum, such as preclinical AD, subjective cognitive decline, and
5 amnesic mild cognitive impairment (aMCI) (see Rubiño & Andrés, 2018 for a review). In the first
6 version of the test, 16 face-name and 16 face-occupation pairs were presented to healthy
7 participants and had to be memorized and recalled after 30 minutes (Rentz et al., 2011). An
8 abbreviated version of the FNAME with fewer stimuli and increased learning trials was later
9 developed to enhance feasibility in clinical scenarios and was found to be psychometrically
10 equivalent to the original (Papp et al., 2014).

11 The FNAME has shown strong test-retest reliability (Amariglio et al., 2012; Vila-Castelar
12 et al., 2019) and convergent validity with other episodic memory tests such as the Free and Cued
13 Selective Reminding Test (FCSRT; Amariglio et al., 2012; Papp et al., 2014), the Wechsler
14 Memory Scale (WMS-III; Alegret et al., 2015), and the Rey Auditory Verbal Learning Test
15 (RAVLT, Alviarez-Schulze et al., 2021). A recent validation study on a Spanish version of the
16 FNAME provided normative data on 511 healthy volunteers from Spain (Alviarez-Schulze et al.,
17 2021). In said study, face-name and face-occupation subtests were revealed as two underlying
18 components explaining most of the test variance (95.3%), weak correlations with non-memory
19 tests (supporting divergent validity), a positive correlation with education, and a negative
20 correlation with age. Different versions of the test have been used in Spanish (Alegret et al., 2020,
21 2015), Greek (Kormas, Zalonis, Evdokimidis, & Potagas, 2019), Spanish-speaking American
22 (Alegret et al., 2015), and Latin-American populations (Vila-Castelar et al., 2020, 2019).
23 Interestingly, ceiling effects are not observed in the recall items of this test (Enriquez-Geppert,

1
2
3 1 Flores-Vázquez, Lietz, Garcia-Pimenta, & Andrés, 2020; Rentz et al., 2017), thereby making it
4
5 2 potentially useful to detect subtle changes in the earliest phases of AD.
6

7
8 3 Further highlighting this potential for supporting early AD diagnosis, FNAME
9
10 4 performance is correlated to beta-amyloid burden in healthy OA (Rentz et al., 2011), OA with
11
12 5 subjective cognitive decline (Sanabria et al., 2018) and is affected in preclinical AD mutation
13
14 6 carriers when compared to non-carrier controls (Vila-Castelar et al., 2020).
15

16
17 7 Also recently, an FNAME version was adapted for the Dutch population to purposely
18
19 8 explore age effects for the first time (Enriquez-Geppert et al., 2020). The results revealed a
20
21 9 significant effect of age on recall, with a lower performance in OA compared to young adults
22
23 10 (YA). In this study, the potential to enhance the FNAME assessment on episodic memory was
24
25 11 discussed, as increasing the difficulty of recognition subtests and incorporating new items that tack
26
27 12 on distinct associative memory constructs could increase its capacity to discriminate between
28
29 13 healthy and pathological memory ageing.
30
31

32
33 14 In light of these findings, here we aimed to investigate age-related changes in an extended
34
35 15 version of the FNAME in two studies in two different countries (Spain and Mexico). We
36
37 16 concurrently developed versions of an extended FNAME for each country, introducing and testing
38
39 17 additional items: Spontaneous Name Recall (an effortful memory retrieval ability) and Face-Name
40
41 18 Matching (focusing on the binding of the face-name pairs). We predicted a replication of the ageing
42
43 19 effects first observed by Enriquez-Geppert et al. (2020), with a large age effect on recall, better
44
45 20 performance of YA compared to OA in the newly-appraised subtests, and similar effect sizes
46
47 21 across both countries.
48
49
50

51 22
52
53
54 23
55
56
57
58
59
60

Materials and methods

Study design

In two consecutive observational, transversal studies, carried out in Spain (Study 1) and Mexico (Study 2), we aimed to replicate the results observed by Enriquez-Geppert et al. (2020) on age effects in FNAME. We introduced and tested additional items in an extended version of the FNAME: Spontaneous Name Recall and Face-Name Matching, thus appraising further aspects of episodic memory processes.

In Study 2, we addressed three limitations identified in Study 1 (see *Results*): 1. The difference in educational levels of young and older participants in Spain: in Study 2, Mexican younger and older subjects with similar educational levels were selected in order to rule out a possible effect of this factor. 2. The ceiling effect in Face-Name Matching: in Study 2, stimuli were presented in a different way (see *Test Overview*) in order to raise this subtest's cognitive demand. 3. We analysed the correlation between recall subtests of the extended FNAME and a culturally-adapted Mexican version of the RAVLT, (Sánchez-Nieto, Villa Rodríguez, & Mendoza-Núñez, 2016; Schmidt, 1996).

Sample selection

For the different stages (FNAME adaptation and testing) participants were informed about the study beforehand. They gave written consent to the protocol, which was approved by the ethics committee of each respective site (Department of Psychology and Research Institute of Health

1 Sciences, University of the Balearic Islands, Spain; National Institute of Neurology and
2 Neurosurgery, Mexico City, Mexico). The studies were conducted following the Declaration of
3 Helsinki.

4 In order to replicate and extend the age effects observed by Enriquez-Geppert et al. (2020)
5 in the Netherlands, we conducted two studies, testing YA and OA in Spain (total $n = 48$) and in
6 Mexico (total $n = 70$). Sample size was calculated using G*Power (Faul, Erdfelder, Lang, &
7 Buchner, 2007), based in a previous study (Enriquez-Geppert et al., 2020). Inclusion criteria for
8 the studies consisted of: age between 18 to 28 years in the YA group, and older than 60 years in
9 the OA group; Montreal Cognitive Assessment (MoCA) equal or higher than 26 points or Mini-
10 Mental State Exam (MMSE) equal or higher than 27 points. In Study 2, a range of eight to 20 years
11 of education in both YA and OA was also considered for inclusion, in order to control for this
12 variable after finding a significant difference in education in Study 1 (see *Study design*). Exclusion
13 criteria for both consisted of: clinical diagnosis of major depression, dementia or other major
14 neuropsychiatric disorders. Culturally-validated versions of the MoCA and MMSE in Spanish (the
15 first language of the participants) were used (Ojeda, del Pino, Ibarretxe-Bilbao, Schretlen, & Peña,
16 2016; Ostrosky-Solís, López-Arango, & Ardila, 2000), and the cut-off scores were determined
17 from previously-published normative data (Ojeda et al., 2016; Villaseñor-Cabrera, Guàrdia-
18 Olmos, Jiménez-Maldonado, Rizo-Curiel, & Perú-Cebollero, 2010). The different cognitive
19 screening instruments used (i.e., MoCA in Spain and MMSE in Mexico) reflect the common usage
20 of the instruments in the clinical scenarios where the studies were conducted.

21 22 ***Test adaptation*** 23

1 Independent extended FNAME versions for Spain and Mexico were developed for their
2 use in each site. Detailed instructions and materials for the development and cross-cultural
3 adaptation of the extended FNAME can be consulted in the following link: <https://osf.io/6fwaj/>

4 Professional photographers took pictures of faces of local volunteers from Spain and
5 Mexico, against a white background. These volunteers were asked to sit up straight, face the
6 camera, and show a neutral facial expression. These pictures were then edited by one of the
7 photographers to match for brightness, hue and framing, and to remove distinctive elements in the
8 volunteers clothing (e.g., logos or stamps). The preparation of the materials for the adapted
9 FNAME versions aimed to select photos and names controlling for age, gender and ethnicity
10 (including diverse backgrounds).

11 The pictures were randomly selected and presented to volunteers from each country (117
12 in Spain, 44 in Mexico), who were instructed to classify a sub-set of pictures by age, and same-
13 ethnicity typicality on a five-point Likert scale. This “typicality” consideration follows a long and
14 consistent line of research, which shows that participants are more likely to correctly identify a
15 previously viewed face that is ethnically similar to the own, compared to other-ethnicity faces (for
16 a meta-analytic review on the topic, see Meissner & Brigham, 2001). Participants were
17 furthermore asked to classify the faces into age ranges: younger than 40, between 40 and 65, or
18 older than 65 years.

19 The selected pictures, different for Spain and Mexico, were then randomized, including six
20 target pictures of each gender, and at least three target pictures of each different age range. Three
21 additional pictures that matched the classification variables of each of the selected pictures were
22 chosen as distractors for the Face Recognition subtest (see *Test Overview* and Figure 1). In total,

1 12 pictures were presented as individual targets and each of these pictures were later presented
2
3
4
5 with three additional pictures at Recognition.
6
7

8

9 10 ***Name selection***

11

12
13
14
15 To find common names to match with the faces, the National Institute of Statistics database
16 was consulted in Spain (Instituto Nacional de Estadística España, 2019), and a database for the
17 most common names was consulted in Mexico (Cruz, Rodríguez, Gómez, & Herrera, 2017).
18
19 Names were excluded if they met one of the following criteria: 1) double names (e.g.: María del
20 Carmen, José María), 2) names with an equivalence for both genders (e.g.: Antonio, Antonia), 3)
21 names with the same initial letter (e.g.: Raúl, Raquel), and 4) easily combinable names (e.g.: María,
22 Juan). The resulting selected names from the Spanish and Mexican databases were different.
23
24
25
26
27
28
29
30
31
32

33 ***Test overview***

34

35
36
37 The two culturally-adapted extended FNAME were presented to participants using
38 Microsoft Office PowerPoint, with instructions presented in white letters over a black background
39
40 and presentation times were automated.
41
42
43

44
45 The subscales of the test include 12 steps (see Figure 1): Familiarisation: To accustom
46 participants with the faces, 12 faces were first shown one-by-one, without the names, for two
47 seconds each. Learning Phase I: Here, the 12 face-name pairs were presented one-by-one for six
48 seconds each, in a different randomized sequence (equal for all participants). Participants were
49 instructed to read the names out loud and memorize them. Immediate Recall I. Next, the pictures
50
51
52
53
54
55
56
57
58
59
60

1 without names were presented in a newly randomized sequence (eight seconds each, equal for all
2 participants), and participants were asked to say the recalled names out loud. Learning Phase II:
3 The face-name pairs that were not remembered in the previous phase were presented again.
4 Immediate Recall II: For the second time, all 12 pictures were presented without names and
5 participants were again instructed to indicate the names they remembered out loud. Learning phase
6 III: Again, face-name pairs that were not remembered during Immediate Recall II were shown to
7 the participant. A 30-minute delay followed, in which general questionnaires were completed,
8 purposely avoiding memory testing during this lapse. The newly introduced scale Spontaneous
9 Name Recall ensued. In this subtest, participants were asked to freely recall all names they learned
10 within two minutes. Face Recognition: Each of the learned faces was presented for five seconds,
11 together with three unknown distractor faces of the same gender, and similar in age and ethnicity;
12 participants had to indicate the familiar face in each trial. Delayed Name Recall: The 12 pictures
13 were presented each for eight seconds without names and participants were instructed to say the
14 corresponding name aloud. Name Recognition: only the names that were not recalled in the
15 previous phase were presented along with three other names of the same gender, previously not
16 presented. Participants were instructed to indicate the previously presented name. Because only
17 the non-recalled face-name pairs were presented, the non-recognized names were scored. Face-
18 Name Matching: The 12 previously learned faces and names were presented in two slides (one
19 with the six female faces and one with the male faces in Study 1 (Spain) or a single slide Study 2
20 (Mexico) in a randomly-allocated order for two minutes. Placing all stimuli in a single slide in
21 Study 2 was decided in order to make the subtest more challenging, after finding a ceiling effect
22 in in Study 1 (see *Results*). Participants were instructed to match the correct name to the
23 corresponding face, they could point with the finger to the face they thought matched the chosen

1 name. Both Spontaneous Name Recall and Face-Name Matching are newly introduced items
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

1 name. Both Spontaneous Name Recall and Face-Name Matching are newly introduced items
2 relative to previous FNAME versions.

3 Participants' responses were produced orally and recorded on a scoring sheet by the
4 examiner.

6 ***Statistical design***

8 For the comparison of demographic characteristics of the samples, independent samples t-
9 tests and chi-square tests were used.

10 To assess the recall domain, we used a mixed-model ANOVA where subtest scores were
11 entered as dependent variables, *age group* (YA, OA) was considered as a fixed-factor independent
12 variable, and *recall subtests* (Immediate Recall 1, Immediate Recall 2, Delayed Name Recall) was
13 entered as a within-subject repeated-measures variable. For the rest of associative memory
14 domains, t-tests were used to compare the performance between YA and OA. Paired samples
15 Pearson correlations were used to analyse the association between FNAME and RAVLT recall
16 subtests.

17 Partial η^2 values and Cohen's d effect sizes were reported. In case of violations of
18 sphericity, Greenhouse-Geisser corrected *F* are reported.

19 Effect sizes for Cohen's d are interpreted as large at a 0.99 cut-off, medium at 0.57, and
20 small at 0.25, partial η^2 effect sizes, in contrast, are interpreted as large at a 0.41 cut-off, medium
21 at 0.18, and small at 0.08. These reference values follow the review by Morris and Fritz on effect
22 sizes in memory research (2013).

23 Statistical analyses were carried out in the SPSS software, version 26 (IBM Corp.).

Results

Study 1: Testing ageing effects in the extended FNAME in Spain

Twenty-one YA (42.9% female) and 27 OA (48.1% female) participated in this study. YA had a mean of 22.3 years of age (*range*: 18-25; *SD* = 2.9), and a mean of 14.8 years of education (*range*: 12-18; *SD* = 2.7). OA had a mean of 71.4 years of age (*range*: 60-78; *SD* = 7.8) and a mean of 11.1 years of education (*range*: 6-22; *SD* = 3.5). There was a statistically significant difference in years of education ($t_{(46.0)} = 3.99, d = 1.18, p < .001$) between YA and OA. Participants were bilingual in Spanish and Catalan, and they were tested in Spanish.

The mean scores of the FNAME subtests of the Spanish sample are presented in Table 1.

Recall Domain (mixed-model ANOVA): As expected, the main effect of *age group* was significant ($F_{(1, 46)} = 23.17, MSE = 182.58, \eta p^2 = .34, p < .001$); OA recalled fewer names than YA (see Table 1 and Figure 2). A further significant main effect was obtained for *recall subtests* ($F_{(1.89, 87.13)} = 58.68, MSE = 164.69, \eta p^2 = .56, p < .001$). This main effect showed the expected learning curve after re-exposure of face-name pairs: at Immediate Recall 2, more items were recalled than at Immediate Recall 1 ($t_{(47)} = -10.26, d = 1.49, p < .001$). The number of items were sustained after the 30-minute delay ($t_{(47)} = -.20, d = 0.03, p = .85$). The interaction between *age group* and *recall subtest* was however non-significant ($F_{(1.89, 87.13)} = .27, MSE = .78, \eta p^2 = .01, p = .75$).

T-tests: In Face Recognition, there was a significant difference between the performance of YA and OA ($t_{(26.0)} = 3.39, d = 0.94, p = .002$; see Table 1 for mean performance). However, because a ceiling effect was reached, this result cannot be interpreted. Moreover, variance in the

1 performance of YA was zero (with all YAs performing at the highest score), so Cohen's d is not
2 reported. In Name Recognition, where errors were analysed, although OA had a higher mean of
3 failures in this subtest ($M = .52$, $SD = .98$) than YA ($M = 0.19$, $SD = .51$); this difference was not
4 statistically significant ($t_{(41.0)} = 1.50$, $d = .42$, $p = .14$). The negative value in this subtest represents
5 the mean of non-recognized names. In the Spontaneous Name Recall subtest, OA performance
6 was significantly worse than that of YA ($t_{(46)} = 2.32$, $d = .71$, $p = .03$), as was the case in Face-
7 Name Matching ($t_{(26.5)} = 3.76$, $d = 1.29$, $p = .001$). In Face-Name Matching, YA reached a ceiling
8 effect, so the effect size cannot be interpreted.

10 ***Study 2: Testing ageing effects in the extended FNAME in Mexico***

11
12 The Mexican sample consisted of 34 YA and 36 OA. YA were in average 21.9 years old
13 ($range: 18-28$; $SD = 2.7$) 61.8% were female, and had a mean of 14.8 years of education ($range:$
14 $8-20$; $SD = 2.8$). OA were in average 67.7 years old ($range: 61-82$; $SD = 4.9$) 58.3% were female,
15 and had a mean of 15.1 years of education ($range: 8-20$; $SD = 2.1$). YA and OA were matched
16 according to education and did not differ statistically ($t_{(67.5)} = -1.62$, $d = .12$, $p = .11$). The first
17 language of the participants was Spanish, and were tested in Spanish.

18 Recall Domain (mixed-model ANOVA): As expected, the main effect *age group* turned
19 out significant ($F_{(1, 68)} = 29.7$, $MSE = 313.17$, $\eta p^2 = .30$, $p < .001$), with lower scores in the OA
20 group compared to YA (Table 1, Figure 3). The main effect for *recall subtest* was also significant
21 ($F_{(1.91, 129.55)} = 95.1$, $MSE = 184.32$, $\eta p^2 = .58$, $p < .001$) and the expected learning curve
22 demonstrated that, at Immediate Recall 2, more items were recalled than at Immediate Recall 1 (t
23 $_{(70)} = -11.71$, $d = 1.40$, $p < .001$), and the number of items were sustained after the 30-minute delay

1 ($t_{(70)} = -.81, d = 0.1, p = .81$). The interaction between *age group* and *recall subtest* was non-
2 significant ($F_{(1.91, 129.55)} = 3.10, MSE = 6.0, \eta p^2 = .06, p = .05$). We found small, but significant
3 correlations between extended FNAME and RAVLT recall subtests in the whole sample (YA +
4 OA): Immediate Recall 1 with the first RAVLT learning trial ($r_{(68)} = 0.28, p = 0.004$), Immediate
5 Recall 2 with the second RAVLT learning trial ($r_{(68)} = 0.33, p < 0.001$), and Delayed Recall with
6 the delayed RAVLT recall trial ($r_{(68)} = 0.45, p < 0.001$).

7
8 T-tests: In Face Recognition, the mean performance of YA and OA was not significantly
9 different ($t_{(60.8)} = 1.83, d = .43, p = .072$; see Table 1 for mean performance). A ceiling effect was
10 reached in both groups. In Name Recognition, where errors were analysed, there was a significant
11 difference between the performance of YA and OA ($t_{(42.8)} = 2.49, d = .59, p = .02$). However,
12 because a ceiling effect was reached, this result cannot be interpreted. In Spontaneous Name
13 Recall, the performance of OA was significantly worse than that of YA ($t_{(64.5)} = 3.64, d = .87, p =$
14 $.001$), as was the case in Face-Name Matching ($t_{(64.1)} = 2.92, d = .79, p = .005$).

15 The mean scores of the FNAME subtests of the Mexican sample are presented in Table 2.
16

Discussion

In the present study, we demonstrate age-related differences in the FNAME performance regarding recall, replicating in two additional laboratories the results by Enriquez-Geppert et al. (2020). The newly introduced subtests, that address free recall and cross-modal stimulus matching, also showed additional age effects for the first time in this test. Although previous studies using the FNAME have provided information on its sensitivity for associative memory changes early in the AD continuum (Rubiño & Andrés, 2018; Vila-Castelar et al., 2020), taking a step back to analyse to which extent healthy ageing can influence this test will aid in the interpretation of previous results, further adding to its clinical significance. In the following, we will discuss the results considering findings in both sites, limitations and implications.

Specifically, regarding the significant ageing effects in recall, we found effect sizes that can be considered as very large in the context of memory research (Morris & Fritz, 2013). Interestingly, these effect sizes were remarkably similar between sites, which implies that, having followed the same methodology in adapting versions of this test for Spain and Mexico, we obtained equivalent results. The effect sizes found in this study and the one reported by Enriquez-Geppert et al. (2020) in a Dutch study were similar, in total, with between-site differences in these three laboratories not larger than $\eta p^2 = .03$. Also providing evidence on the psychometrical properties of the extended FNAME, we found a correlation of the recall subtests with the RAVLT, supporting the convergent validity reported by previous studies in non-extended Spanish and Greek FNAME versions (Alvarez-Schulze et al., 2021; Kormas et al., 2018). Interestingly, the correlation coefficient between the delayed recall RAVLT and FNAME in the study of Alvarez-Schulze et al. (2021) and the present study is remarkably similar ($r = 0.45$ in both studies), and also

1 comparable to the one found by Kormas et al. (2018, $r = 0.48$). This replication of the results is
2 fundamental to advance memory research, and, clinically, it adds to the availability of cross-
3 culturally accurate tests.

4 The newly developed subtests included in these FNAME versions (Spontaneous Name
5 Recall and Face-Name Matching) displayed medium to large age-related effect sizes. No ceiling
6 effects were found in the Spontaneous Name Recall subtest, which implies that this is a cognitively
7 demanding task for both age groups. Although this subtest might not provide additional specificity
8 in the study of healthy ageing, it could provide additional diagnostic value in future clinical studies,
9 taking into consideration that AD patients display an early impairment in both spontaneous and
10 cued recall, a performance profile that deviates from healthy ageing (Teichmann et al., 2017). In
11 the Face-Name Matching subtest, two ways of stimuli presentation were assessed in Study 1 (with
12 six face-name pairs per slide, in each presenting only female or male subjects) and Study 2 (all
13 twelve face-name pairs simultaneously). The number of stimuli that had to be processed at once
14 affected the performance of the test, in the way that a ceiling effect was reached in YA in the
15 Spanish sample, whereas in the Mexican version, the subtest was of adequate difficulty for both
16 age groups. We would thus recommend presenting this subtest as described in Study 2. This
17 subtest also could add specificity when distinguishing healthy ageing from cognitive changes
18 observed in early AD, as visual working memory capacity is disproportionately affected in the
19 latter, possibly resulting from a hippocampal network disturbance that affects the binding of visual
20 items (Atkinson, Baddeley, & Allen, 2018; Zokaei & Husain, 2019).

21 However, some limitations should be noted. As convenience sampling was carried out on
22 behalf of feasibility, the results may not be generalizable to the whole population. Particularly in
23 Study 2, OA can be considered as outliers in terms of being highly educated compared to the

1 national mean education in Mexico (5.8 years of education in adults between 60 and 64 years of
2 age), as they were matched to YA regarding education (Instituto Nacional de Estadística y
3 Geografía, 2014).

4 An additional limitation might be the usage of the FNAME recognition scales to compare
5 YA and OA. A clear ceiling effect was reached in these subtests, with small variance in the
6 performance of YA which may inflate potentially minor statistical differences (Austin & Brunner,
7 2003; Michalos, 2014). Nonetheless, recognition might of valuable to measure in the study of
8 neurocognitive disorders (Rhodes, Greene, & Naveh-Benjamin, 2019), so extending this research
9 to clinical populations would be a logical next step.

10 In sum, this study provides key evidence on how normal cognitive ageing affects FNAME
11 performance. Despite limitations, we found psychometric equivalence in the adapted versions of
12 this test, moreover providing a blueprint that can be used for adaptation in other countries. Future
13 refinement and understanding of associative memory in healthy and pathological ageing will likely
14 advance FNAME implementation in clinical scenarios, potentially allowing for a timelier
15 identification of subjects at risk of developing AD.

References

- Alegret, M., Muñoz, N., Roberto, N., Rentz, D. M., Valero, S., Gil, S., ... Sanabria, A. (2020). A computerized version of the Short Form of the Face-Name Associative Memory Exam (FACEmemory®) for the early detection of Alzheimer's disease. *Alzheimer's Research & Therapy*, *12*(1), 1–11.
- Alegret, M., Valero, S., Ortega, G., Espinosa, A., Sanabria, A., Hernández, I., ... Boada, M. (2015). Validation of the Spanish Version of the Face Name Associative Memory Exam (S-FNAME) in Cognitively Normal Older Individuals. *Archives of Clinical Neuropsychology*, *30*(August), 712–720. <https://doi.org/10.1093/arclin/acv050>
- Alvarez-Schulze, V., Cattaneo, G., Pachón-García, C., Solana-Sánchez, J., Tormos-Muñoz, J. M., Alegret, M., ... Bartrés-Faz, D. (2021). Validation and Normative Data of the Spanish Version of the Face Name Associative Memory Exam (S-FNAME). *Journal of the International Neuropsychological Society*, 1–11.
- Amariglio, R. E., Frishe, K., Olson, L. E., Wadsworth, L. P., Lorus, N., Sperling, R. A., & Rentz, D. (2012). Validation of the Face Name Associative Memory Exam in Cognitively Normal Older Individuals. *Journal of Clinical and Experimental Neuropsychology*, *34*(6), 247–253. <https://doi.org/10.1080/13803395.2012.666230>
- Atkinson, A. L., Baddeley, A. D., & Allen, R. J. (2018). Remember some or remember all? Ageing and strategy effects in visual working memory. *Quarterly Journal of Experimental Psychology*, *71*(7), 1561–1573.
- Austin, P. C., & Brunner, L. J. (2003). Type I error inflation in the presence of a ceiling effect. *The American Statistician*, *57*(2), 97–104.
- Bastin, C., Bahri, M. A., Miévis, F., Lemaire, C., Collette, F., Genon, S., ... Yonelinas, A. P. (2014). Associative memory and its cerebral correlates in Alzheimer's disease: Evidence for distinct deficits of relational and conjunctive memory. *Neuropsychologia*, *63*, 99–106. <https://doi.org/10.1038/jid.2014.371>
- Blazer, D. G., Yaffe, K., & Liverman, C. T. (2015). *Cognitive aging: Progress in understanding and opportunities for action* (D. G. Blazer, K. Yaffe, & C. T. Liverman, eds.). <https://doi.org/10.17226/21693>
- Cruz, M., Rodríguez, A., Gómez, M., & Herrera, A. (2017). Estos son los 100 nombres más comunes de México desde 1900. Retrieved March 30, 2020, from Verne, El País website: https://verne.elpais.com/verne/2017/01/31/mexico/1485817473_086577.html
- De Brigard, F., Langella, S., Stanley, M. L., Castel, A. D., & Giovanello, K. S. (2020). Age-related

- 1
2
3 1 differences in recognition in associative memory. *Aging, Neuropsychology, and Cognition*, 27(2),
4 289–301. <https://doi.org/10.1080/13825585.2019.1607820>
- 5 2
6 3 Dumas, J. A. (2015). What is Normal Cognitive Aging? Evidence from Task-Based Functional
7 Neuroimaging. *Curr Behav Neurosci Rep.*, 2(4), 256–261. <https://doi.org/10.1007/s40473-015-0058-x>
- 8 4
9 5
10 6 Enriquez-Geppert, S., Flores-Vázquez, J. F., Lietz, M., Garcia-Pimenta, M., & Andrés, P. (2020). I know
11 your face but can't remember your name: Age-related differences in the FNAME. *Archives of*
12 *Clinical Neuropsychology*. <https://doi.org/doi.org/10.1093/arclin/aaa107>
- 13 7
14 8
15 9 Faul, F., Erdfelder, E., Lang, A. G., & Buchner, A. (2007). G*Power 3: A flexible statistical power
16 analysis program for the social, behavioral, and biomedical sciences. *Behavior Research Methods*,
17 39(2), 175–191. <https://doi.org/10.3758/BF03193146>
- 18 10
19 11
20 12 Greene, N. R., & Naveh-Benjamin, M. (2020). A Specificity Principle of Memory: Evidence From Aging
21 and Associative Memory. *Psychological Science*, 31(3), 316–331.
22 <https://doi.org/10.1177/0956797620901760>
- 23 13
24 14
25 15 Horn, M. M., Kennedy, K. M., & Rodrigue, K. M. (2018). Association between subjective memory
26 assessment and associative memory performance: Role of AD risk factors. *Psychology and Aging*,
27 33(1). <https://doi.org/10.1037/pag0000217>. Association
- 28 16
29 17
30 18 IBM Corp. (2019). *IBM SPSS Statistics for Windows, Version 26.0*. Armonk, NY: IBM Corp.
- 31 19
32 20 Instituto Nacional de Estadística España. (2019). Apellidos y nombres más frecuentes. Retrieved from
33 [https://www.ine.es/dyngs/INEbase/es/operacion.htm?c=Estadistica_C&cid=1254736177009&menu=](https://www.ine.es/dyngs/INEbase/es/operacion.htm?c=Estadistica_C&cid=1254736177009&menu=resultados&idp=1254734710990#!tabs-1254736195454)
34 [resultados&idp=1254734710990#!tabs-1254736195454](https://www.ine.es/dyngs/INEbase/es/operacion.htm?c=Estadistica_C&cid=1254736177009&menu=resultados&idp=1254734710990#!tabs-1254736195454)
- 35 21
36 22 Instituto Nacional de Estadística y Geografía. (2014). *Perfil sociodemográfico de adultos mayores* (p.
37 122). p. 122. México INEGI.
- 38 23
39 24 Kessels, R. P. C., Hobbel, D., & Postma, A. (2007). Aging, context memory and binding: A comparison
40 of “what, where and when” in young and older adults. *International Journal of Neuroscience*,
41 117(6), 795–810.
- 42 25
43 26
44 27 Kirova, A. M., Bays, R. B., & Lagalwar, S. (2015). Working Memory and Executive Function Decline
45 across Normal Aging, Mild Cognitive Impairment, and Alzheimer's Disease. *BioMed Research*
46 *International*, 2015. <https://doi.org/10.1155/2015/748212>
- 47 28
48 29
49 30 Kormas, C., Megalokonomou, A., Zalonis, I., Evdokimidis, I., Kapaki, E., & Potagas, C. (2018).
50 Development of the Greek version of the Face Name Associative Memory Exam (GR-FNAME12)
51 in cognitively normal elderly individuals. *The Clinical Neuropsychologist*, 32(sup1), 152–163.
- 52 31
53 32
54 33 Kormas, C., Zalonis, I., Evdokimidis, I., & Potagas, C. (2019). The performance of patients with
55 Parkinson's disease on the Face-Name Associative Memory Examination. *Neurological Sciences*,
56 34

- 1
2
3 1 40(2), 405–407. <https://doi.org/10.1007/s10072-018-3560-6>
- 4
5 2 Meissner, C. A., & Brigham, J. C. (2001). Thirty Years of Investigating the Own-Race Bias in Memory
6 3 for Faces: A Meta-Analytic Review. *Psychology, Public Policy, and Law*, 7(1), 3–35.
7
8 4 <https://doi.org/10.1037/1076-8971.7.1.3>
- 9
10 5 Michalos, A. C. (2014). *Encyclopedia of quality of life and well-being research*. Springer Netherlands
11 6 Dordrecht.
- 12
13 7 Morris, P. E., & Fritz, C. O. (2013). Effect sizes in memory research. *Memory*, 21(7), 832–842.
14 8 <https://doi.org/10.1080/09658211.2013.763984>
- 15
16 9 Ojeda, N., del Pino, R., Ibarretxe-Bilbao, N., Schretlen, D., & Peña, J. (2016). Test de evaluación
17 10 cognitiva de Montreal: normalización y estandarización de la prueba en población española. *Revista*
18 11 *de Neurología*, 63(11), 488–496.
- 19
20 12 Ostrosky-Solis, F., López-Arango, G., & Ardila, A. (2000). Sensitivity and specificity of the Mini-Mental
21 13 State Examination in a Spanish-speaking population. *Applied Neuropsychology*, 7(1), 25–31.
- 22
23 14 Papp, K. V., Amariglio, R. E., Dekhtyar, M., Roy, K., Wigman, S., Bamfo, R., ... Rentz, D. M. (2014).
24 15 Development of a psychometrically equivalent short form of the face–name associative memory
25 16 exam for use along the early alzheimer’s disease trajectory. *The Clinical Neuropsychologist*, 28(5),
26 17 771–785. <https://doi.org/10.1080/13854046.2014.911351>.Development
- 27
28 18 Patterson, C. (2018). World Alzheimer Report 2018: the state of the art of dementia research: new
29 19 frontiers. *Alzheimer’s Disease International (ADI): London, UK*, 2(4), 14–20.
30 20 https://doi.org/10.1111/j.0033-0124.1950.24_14.x
- 31
32 21 Rabin, L. A., Smart, C. M., & Amariglio, R. E. (2017). Subjective cognitive decline in preclinical
33 22 Alzheimer’s disease. *Annual Review of Clinical Psychology*, 13, 369–396.
34 23 <https://doi.org/10.1146/annurev-clinpsy-032816-045136>
- 35
36 24 Rentz, D. M., Amariglio, R. E., Becker, J. A., Frey, M., Olson, L. E., Frishe, K., ... Sperling, R. A.
37 25 (2011). Face-name associative memory performance is related to amyloid burden in normal elderly.
38 26 *Neuropsychologia*, 49(9), 2776–2783.
39 27 <https://doi.org/10.1016/j.neuropsychologia.2011.06.006>.Face-name
- 40
41 28 Rentz, D. M., Weiss, B. K., Jacobs, E. G., Cherkerzian, S., Klibanski, A., Remington, A., ... Goldstein, J.
42 29 M. (2017). Sex differences in episodic memory in early midlife: impact of reproductive aging.
43 30 *Menopause (New York, NY)*, 24(4), 400.
- 44
45 31 Rhodes, S., Greene, N. R., & Naveh-Benjamin, M. (2019). Age-related differences in recall and
46 32 recognition: a meta-analysis. *Psychonomic Bulletin and Review*, 26(5), 1529–1547.
47 33 <https://doi.org/10.3758/s13423-019-01649-y>
- 48
49 34 Rubiño, J., & Andrés, P. (2018). The Face-Name Associative Memory Test as a Tool for Early Diagnosis

- 1
2
3 1 of Alzheimer's Disease. *Frontiers in Psychology*, 9(August), 1–5.
4
5 2 <https://doi.org/10.3389/fpsyg.2018.01464>
6
7 3 Sanabria, A., Alegret, M., Rodriguez-Gomez, O., Valero, S., Sotolongo-Grau, O., Monté-Rubio, G., ...
8 4 Vivas, A. (2018). The Spanish version of Face-Name Associative Memory Exam (S-FNAME)
9 5 performance is related to amyloid burden in Subjective Cognitive Decline. *Nature Scientific*
10 6 *Reports*, 8(1), 1–9. <https://doi.org/10.1038/s41598-018-21644-y>
11 7 Sánchez-Nieto, J. M., Villa Rodríguez, M. Á., & Mendoza-Núñez, V. M. (2016). Performance of Rey
12 8 auditory verbal learning test in an elderly population of Mexico. *Revista Mexicana de Neurociencia*,
13 9 17(4), 37–44.
14 10 Schmidt, M. (1996). *Rey auditory verbal learning test: A handbook*. Western Psychological Services Los
15 11 Angeles, CA.
16 12 Teichmann, M., Epelbaum, S., Samri, D., Nogueira, M. L., Michon, A., Hampel, H., ... Dubois, B.
17 13 (2017). Free and Cued Selective Reminding Test–accuracy for the differential diagnosis of
18 14 Alzheimer's and neurodegenerative diseases: a large-scale biomarker-characterized monocenter
19 15 cohort study (ClinAD). *Alzheimer's & Dementia*, 13(8), 913–923.
20 16 Vila-Castelar, C., Muñoz, N., Papp, K. V., Amariglio, R. E., Baena, A., Guzmán-Vélez, E., ... Quiroz, Y.
21 17 T. (2020). The Latin American Spanish version of the Face-Name Associative Memory Exam is
22 18 sensitive to cognitive and pathological changes in preclinical autosomal dominant Alzheimer's
23 19 disease. *Alzheimer's Research & Therapy*, 12(1), 104. <https://doi.org/10.1186/s13195-020-00671-w>
24 20 Vila-Castelar, C., Papp, K. V., Amariglio, R. E., Torres, V. L., Baena, A., Gomez, D., ... Rentz, D. M.
25 21 (2019). Validation of the Latin American Spanish version of the face-name associative memory
26 22 exam in a Colombian Sample. *The Clinical Neuropsychologist*, 1–12.
27 23 Villaseñor-Cabrera, T., Guàrdia-Olmos, J., Jiménez-Maldonado, M., Rizo-Curiel, G., & Però-Cebollero,
28 24 M. (2010). Sensitivity and specificity of the Mini-Mental State Examination in the Mexican
29 25 population. *Quality & Quantity*, 44(6), 1105–1112.
30 26 Zokaei, N., & Husain, M. (2019). Working memory in Alzheimer's disease and Parkinson's disease. In
31 27 *Processes of Visuospatial Attention and Working Memory* (pp. 325–344). Springer.
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

1
2
3 1 **Data availability statement:** The data that support the findings of this study is available from the
4
5 2 corresponding author upon reasonable request.
6
7
8
9 3

10
11 4 This study was funded by an Alzheimer Nederland fellowship grant (WE.15.2017.04). J.F. Flores-
12
13 5 Vazquez was supported by the Mexican Science and Technology National Council (CONACyT,
14
15 6 CVU 670327). P. Andres was supported by the Ministry of Science, Innovation and Universities
16
17 7 (REF PSI2016-75484-R), the Spanish State Agency for Research (AEI), and the European
18
19 8 Regional Development Fund (FEDER).
20
21
22
23
24 9

25
26 10 The authors declare that there is no conflict of interest.
27
28
29
30 11

1 TABLES

Table 1

Extended FNAME performance in the Spanish sample (Study 1)

	Younger adults (n = 21)	Older adults (n = 27)	Group effect	Subtest (within-subject)
Immediate Recall 1	6.7 (2.6)	4.5 (2.2)		
Immediate Recall 2	10.0 (1.4)	7.4 (1.8)	$F = 23.17$ $\eta p^2 = .34$ $p < .001$	$F = 58.68$ $\eta p^2 = .56$ $p < .001$
Delayed Name Recall	9.8 (2.0)	7.7 (2.3)		
Face Recognition	12.0 (.0)	10.9 (1.8)	$t = 3.39$ $d = 0.94$ $p = .002$	
Name Recognition (failures)	.2 (.5)	.5 (1.0)	$t = 1.50$ $d = .42$ $p = .14$	
Spontaneous Name Recall	8.8 (1.8)	7.4 (2.3)	$t = 2.32$ $d = .71$ $p = .03$	
Face-Name Matching	11.9 (.2)	10.0 (2.6)	$t = 3.76$ $d = 1.29$ $p = .001$	

Mean group subtest values (0-12) are presented for each subtest with standard deviations between parentheses. To assess the recall domain, we used a mixed-model ANOVA where subtest scores were entered as dependent variables, age group (younger, older adults) was considered as a fixed-factor independent variable, and recall subtests (Immediate Recall 1, Immediate Recall 2, Delayed Name Recall) was entered as a within-subject repeated-measures variable. For the rest of associative memory domains, t-tests were used to compare the performance between younger and older adults.

2

Table 2*Extended FNAME performance in the Mexican sample (Study 2)*

	Younger adults (n = 34)	Older adults (n = 36)	Group effect	Subtest (within-subject)
Immediate Recall 1	7.0 (2.1)	4.5 (1.9)		
Immediate Recall 2	9.5 (2.2)	7.7 (2.2)	$F = 29.70$ $\eta p^2 = .30$ $p < .001$	$F = 95.10$ $\eta p^2 = .58$ $p < .001$
Delayed Name Recall	9.9 (2.1)	6.9 (2.5)		
Face Recognition	11.9 (0.3)	11.8 (0.4)	$t = 1.83$ $d = 0.43$ $p = .072$	
Name Recognition (failures)	.2 (.3)	.6 (1.0)	$t = 2.49$ $d = .59$ $p = .02$	
Spontaneous Name Recall	10.0 (1.4)	8.6 (1.9)	$t = 3.64$ $d = .87$ $p = .001$	
Face-Name Matching	10.3 (2.2)	8.5 (2.9)	$t = 2.92$ $d = 0.79$ $p = .005$	

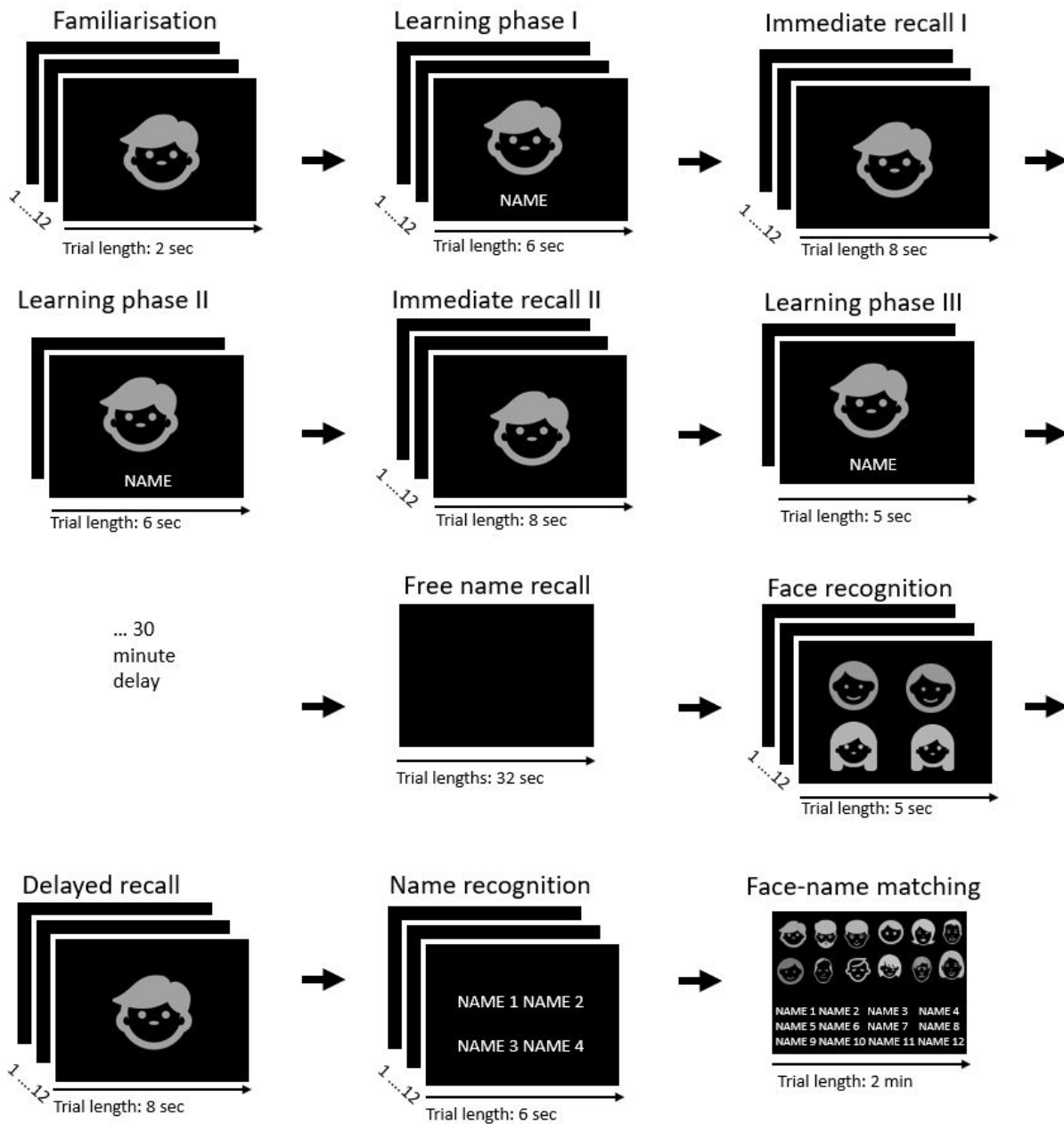
Mean group subtest values (0-12) are presented for each subtest with standard deviations between parentheses. To assess the recall domain, we used a mixed-model ANOVA where subtest scores (0-12) were entered as dependent variables, age group (younger, older adults) was considered as a fixed-factor independent variable, and recall subtests (Immediate Recall 1, Immediate Recall 2, Delayed Name Recall) was entered as a within-subject repeated-measures variable. For the rest of associative memory domains, t-tests were used to compare the performance between younger and older adults.

1

2

1 **FIGURES**

2



3
4

Figure 1: Outline of the different phases of the extended and modified FNAME version used.

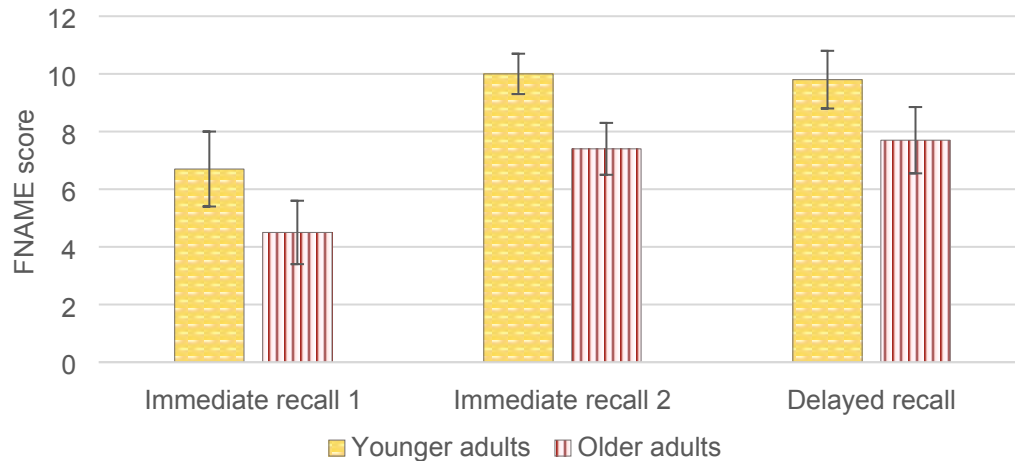


Figure 2: Recall Performance in the Spanish sample (Study 1). Mean FNAME score comparison between young and older adults. Error bars represent standard deviations. In the mixed-model ANOVA, the main effect of age group was significant, as was the main effect for recall subtests. The interaction between age group and subtest was non-significant.

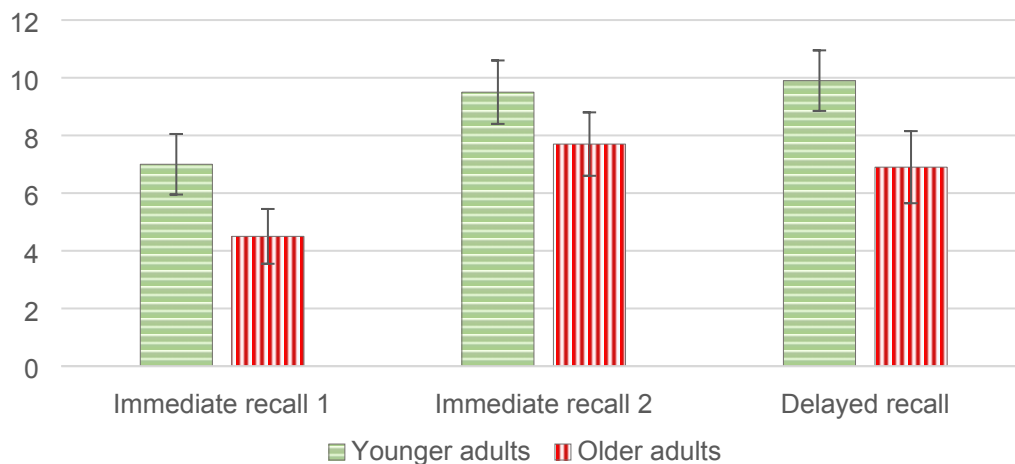


Figure 3: Recall Performance in the Mexican sample (Study 2). Mean FNAME score comparison between young and older adults. Error bars represent standard deviations. In the mixed-model ANOVA, the main effect of age group was significant, as was the main effect for recall subtests. The interaction between age group and subtest was non-significant.