MOXO

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MOXO DCPT DIAGNOSIS

CASE STUDY CURTOESY OF DR. SARAH HERMETI, ISRAEL

BACKGROUND:

Patient age: 41, came for a diagnosis pertaining to attentional difficulties.

SCREENING:

When observing the Norms Comparative Chart, we notice severe attentional difficulties. These difficulties are displayed in three red indices (A, T & H). As a rule, the more red indices displayed the higher the propensity that severe attentional disorders will be displayed, moreover when we see a coupling of abnormal results in indices H / I together with those of A / T, the chances of this being a false positive are low.

The relatively low T result may also point to difficulties in cognitive function and to sluggish cognitive tempo, we would recommend to further investigation to this, especially if the patients complain about such difficulties.

NORM COMPARISON IN Z SCORE

	A	T	I	H	Legends
1					**1** Good performance
2			-0.167		**2** Standard performance
3					**3** Weak performance
4	-2.2	-3.814		-1.657	**4** Difficulty in performance

Severity table
Higher severity level indicates increased difficulty
1 Low severity
2 Medium severity
3 High severity
4 Extreme severity

Attentiveness: 2
Timeliness: 4
Impulsiveness:
Hyper-Reactivity: 1

Major Severity   Minor Severity

When observing the Patient Performance Chart, we can see that when exposed to a heavy load of visual distractors, the patient's performance is substantially affected, in the manifestation of hyper-reactive tendencies.

In fact, the chart depicts an attentional compensation mechanism.

THE TIME-DISTRACTOR EFFECTS INDIVIDUAL PERFORMANCE
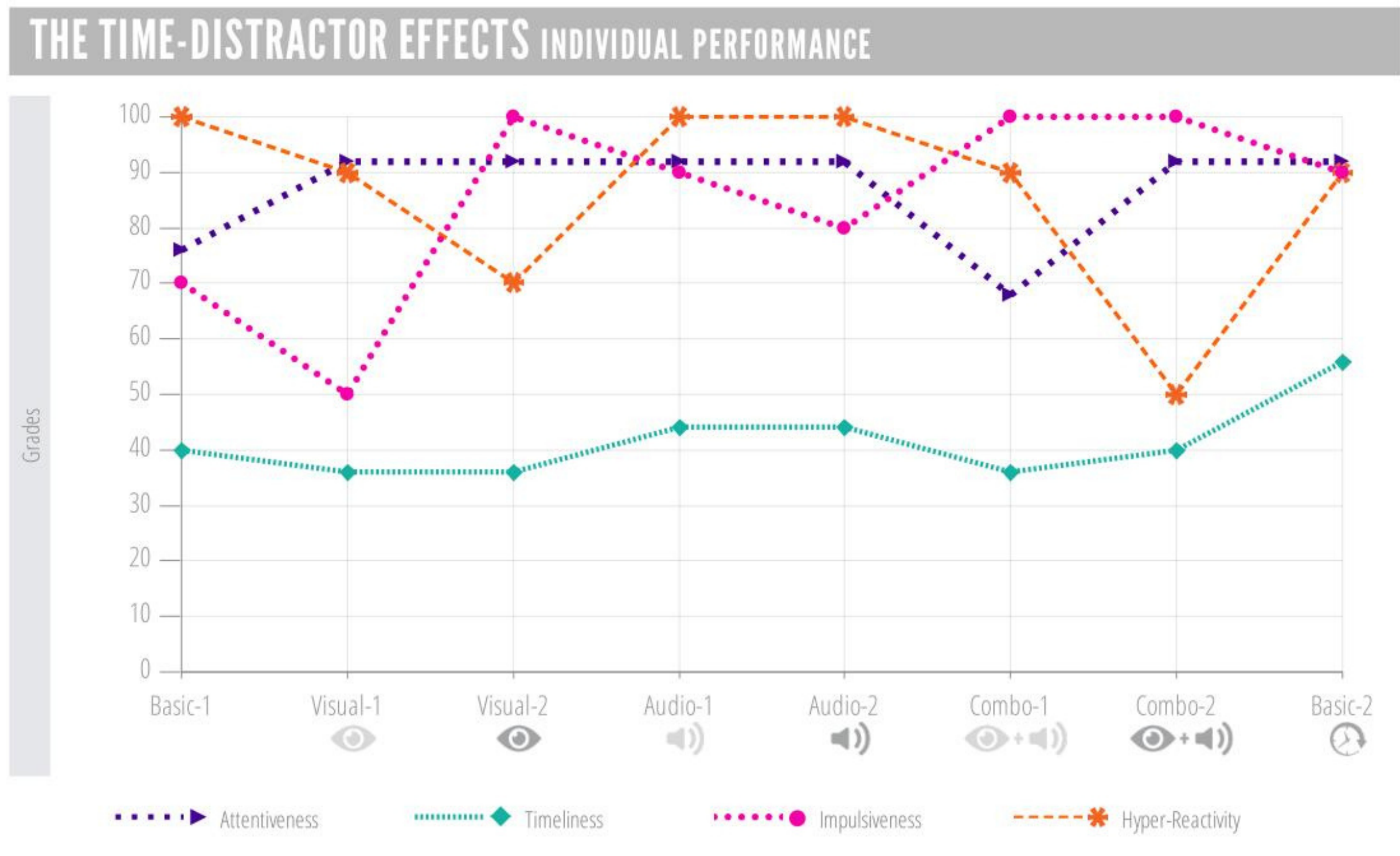
Legends			
Test level	**Distractor modality**	**Distractor load**	
Basic-1	None	None	Baseline stage
Visual-1 👁	Visual	Minor	Performance under visual distractions
Visual-2 👁	Visual	Major	
Audio-1 🔊	Auditory	Minor	Performance under auditory distractors
Audio-2 🔊	Auditory	Major	
Combo-1 👁+🔊	Visual & Auditory	Minor	Performance under high cognitive load
Combo-2 👁+🔊	Visual & Auditory	Major	
Basic-2 ⏱	None	None	Performance over time

When the A index is low, the Hyper-reactive behavior increases – seen as a reduced score in the H index in the chart. The patient is (concisely or subconsciously) using strategies such as doodling, leg bouncing, head movements or other to achieve high attentiveness levels. The way we can observe this in the chart, is that when index A index began on a low score (75) and in the H index was high (100), the patient became more hyper-reactive H index reduced to a 90 score, while the A index increased to a 90 score and remained there. The hyperactivity slowly stopped (meaning returned to its previous level). The moment it became difficult for the patient to maintain a high attentive level (see phase 6 in the test) hyper-reactive behavior reappeared which was followed with a rise in index A back to a 90 score.

Another clue that this is not a case of distraction, is in the I index scores, the patients' performance improved when exposed to situations of high loads of distraction (phases 2,6 and 7 of the MOXO d-CPT™).

SUMMARY:

We clearly see a patient that is having attentional difficulties, and there is a high probability that this a case of an attentional disorder, therefore there is need to utilize additional tools to substantiate the diagnosis.

The patient is probably aware to their difficulties and is utilizing compensation mechanisms to maintain high attention.

We recommended to praise the patient for using these tools and suggest more tools to assist them.

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