The Neuropsychological Trends publishes original contributions to scientific knowledge in neuropsychology and neuroscience, and it provides an interdisciplinary forum on new trends on neuropsychology and psychophysiology. There is a growing dissatisfaction with fragmentation in theoretical perspectives on neuropsychology and without doubt there is a felt need for a journal containing articles which aim to integrate these fragmented ideas, theories and methods. We place particular emphasis on the fact that informed discussion of neuropsychology needs to be interdisciplinary.

The journal aims to introduce new ideas on the field of biological bases of behaviour and of the neurological perspectives applied to psychological processes. Specifically it intends to offer an ample space for innovative research methodologies and new theoretical views on the neuropsychological discipline. Methodological discussion will constitute a main topic of the journal. Specific attention will be given to the development of new theories and/or research methodologies applicable to group and single-case studies.

The journal is interested in basic and applied research and aims at opening up new avenues for the understanding, explaining, and treatment of neuropsychological issues. Specifically, Neuropsychological Trends will consider articles from any area of neuropsychological and neuroscience research, including, but not limited to: cognitive neuropsychology, clinical neuropsychology, neurophysiology, psychophysiology, and research techniques (fMRI; ERPs, PET).

The main topics proposed are:
- sensation and perception
- consciousness
- learning and memory
- communication and language
- motivation and emotion
- methodology of research (electroencephalography; brain imaging; behavioural measures)

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XXIV National Congress of the Italian Society of Psychophysiology

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methods for examples checklists and procedural sequences and Tangram, for procedural memory. During treatments she has never recognized the different therapists and us. At the neuropsychological assessment in March 2016, we observed a reduction of confabulation and an improvement of attention abilities. Memory abilities weren’t changed. Sometimes the patient was aware of memory deficits and, with the collaboration and the help of her family, she learnt to use memory instruments such as: calendars and checklists.

**Artistic creativity in Parkinson Disease: a single case follow-up study**

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Creativity is the ability to generate ideas that are both novel and useful. Creative drive is a more easily manageable phenomenon that can be evaluated by behavioral tests. Creative drive was observed in some neurological disease such as Fronto-temporal Lobar Degeneration (FTLD), Alzheimer Disease (AD) and in Parkinson Disease (PD). Researchers have found examples of artistic creativity in stroke. In PD, dopaminergic therapy seems to play an important role, because it was observed that those patients who had the creative drive, started some form of art after the beginning of dopaminergic treatment. However it is not clear if this artistic production is a form of Impulsive Control Disorder (ICDs), that can develop compulsive tendencies with art, or a form of innate skills, triggered by dopaminergic drugs. The present study describes a patient, O.C., with Parkinson Disease from 2002, makeup artist for profession. She had a moderate ICD in the form of compulsive shopping; (UPDRS III score = 8). The patient was in treatment with LDopa (300 mg/die), dopamine agonists (2.11 mg/die) and antidepressant drugs. At T0 we evaluated the patient using a complete neuropsychological battery, Abbreviated Torrance Test for Adult (ATTA) to evaluated creative drive and Minnesota Impulsive Disorder Interview (MIDI). At T1, five years later, we repeated the same evaluation (UPDRS score = 11). The total score of ATTA at T1 (92) was found to be lower than in T0 (102) in the verbal section (T0 = 31, T1 = 12), in figurative section (T0 = 74, T1 = 80) we observe a reduction of the number of details in the drawings. Other scores were found to be similar to T0. The MIDI score was higher than in T0 with two forms of ICDs (T0 = compulsive shopping, T1 = compulsive shopping and binge eating). This single case suggests that creative drive is not associated with ICDs because we observe a reduction of creative drive and an increase of ICDs.