SCREEN INC. PHYSICIAN REPORT

Computer-Administered Neuropsychological Screen for Mild Cognitive Impairment

Testing Facility:
Doctor's Office

Office email for reports

PATIENT CODE
Patient 5000

Sex: F
Age: 60.7

TEST LANGUAGE
English

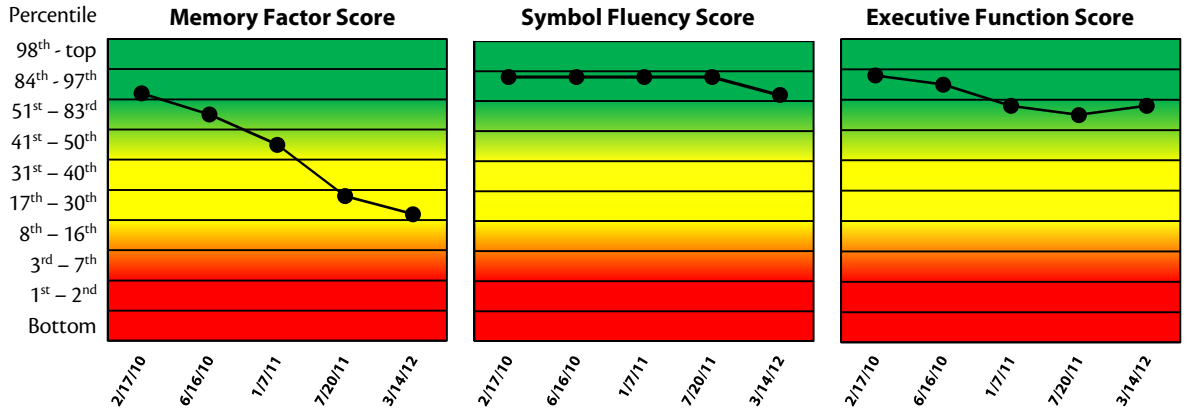
SESSION DATES
2/17/2010
6/16/2010
1/7/2011
7/20/2011
3/14/2012

FINDINGS

This person's overall cognitive function score is very low for her age and education.

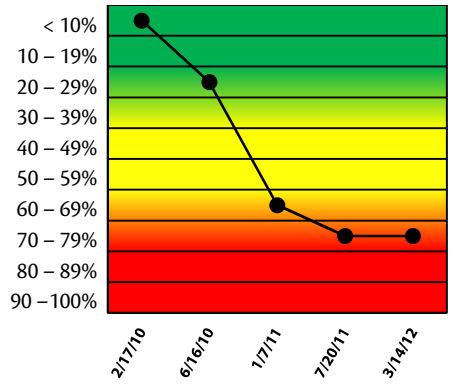
- The **Memory** factor score (acquisition and short-term retention) indicated **a probable impairment**.
- The **Fluency** factor score (language and clock symbol fluency) indicated **high functioning**.
- The **Executive Functions** score (abilities to organize, respond quickly, and inhibit incorrect responses) indicated **normal functioning**.

Cognitive Scores Relative to Norm (z scores for similar Education Level)



PROBABILITY OF MCI

70-79 %



PREDICTION

Screen predicts that if this person were given a full neuropsychological evaluation, the likelihood of an MCI classification would be high (greater than 70%). (This estimate is much greater than expected with normal aging.)

Mild Cognitive Impairment refers to a degree of cognitive decline that is in-between the cognitive changes associated with normal aging and those associated with clinical features of dementia.

OTHER FACTORS

- **Depression Scale: Depression can cause or be confused with cognitive impairments or subjective memory deficits. This person answered 3 of the 10 depression scale questions in the symptomatic direction, an improvement from all earlier testing sessions.**
- **Medications: Attention to the effects of medication interactions upon cognition is always advised.**

RECOMMENDATIONS

- **Follow-up testing in three months is recommended to track changes in memory.**
- **Further medical/neurological evaluation appears currently appropriate. Provision of memory loss support resources may be useful.**

SCREEN INC. PHYSICIAN REPORT

Computer-Administered Neuropsychological Screen for Mild Cognitive Impairment

Testing Facility:
Doctor's Office

Doctor's Name

PATIENT CODE
Patient 5000

Sex: **F**
Age: **60.7**

TEST LANGUAGE
English

PERSONAL INFORMATION

- She reports 14 years of formal education.

DISCUSSION OF FINDINGS

- She shows a probable impairment in memory. This impairment in short-term memory might be apparent to those closest to her and most evident in the form of a reduced ability to learn new information, keep track of appointments, or benefit from reminders. Change over time (longitudinal scores) will help clarify the seriousness of this impairment.
- These test results suggest a possible mild depression or anxiety, since she answered 3 of the 10 depression scale items in the symptomatic direction This is a significant improvement from her initial testing, in which she answered 7 of the 10 depression scale questions in the symptomatic direction. Further, all three of her answers today reflect concern about cognitive functioning, suggesting insight into her steady memory decline rather than depression.
- Answers associated with depression, when cognitive abilities are normal, were:
  - 'Do you have trouble concentrating?'
  - 'Is your mind as clear as it used to be?'(Answered No)
  - 'Do you feel you have more problems with memory than most?'
- She reports currently taking an anti-depressant.

Longitudinal Scores

TestDate	Memory*	Fluency*	Executive Functions*	Depression**
3/14/2012	-0.88	1.25	0.87	3
7/20/2011	-0.56	1.81	0.57	5
1/7/2011	-0.15	1.98	0.99	6
6/16/2010	0.66	1.96	1.51	6
2/17/2010	1.12	1.85	1.87	7

*Z-Score (an expression of the Standard Deviation from Average for similar education level).
** Number of answers associated with depression on a 10 question scole.

This is a case of a female patient with reported depression who appeared unimpaired at her first testing. We recommended that she return in 6 months, to track changes in depression. We continued to recommend testing in 6 months and observed gradual continued memory decline despite less depression. The report shows that her symbol fluency, usually the last domain to give out with impending Alzheimer's, has remained relatively unimpaired and stable.

Mild Cognitive Impairment refers to a level of impairment in-between normal aging and the fully developed clinical features of dementia. These declines in memory and executive functions may occur up to 7 and 3 years prior to Alzheimer's diagnosis, respectively. Since patients' cognitive functioning can change over time for many reasons, repeated (longitudinal) testing is advised. The percentiles in the cognitive score tables correspond to standardized z-scores for people in the same education group, color-coded as follows: Greens: z greater than or equal to 2.0; z between 1.99 and 1.00; z between 0.99 and 0.00 (average). Yellows: z between -0.01 and -0.25; -0.26 to -0.50; -0.51 to -1.00; -1.01 to -1.50. Reds: z between -1.51 and -2.00; -2.01 to -3.00; less than -3.00