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Standardized Mini-mental State Examination

The Folstein mini-mental state examination (MMSE) is the most widely used screening test of cognition in older adults. The Standardized mini-mental state examination (SMMSE) provides clear, explicit administration and scoring guidelines.

Mini-mental State Examination

Texture Features That Correlate With the Mini Mental State Examination (MMSE) Score

We present some 2D and 3D texture features computed from the gray values of MRI-T1 data. The features show strong correlation with the score in the Mini Mental State Examination (MMSE) used

routinely to help diagnose Alzheimer's disease.

Cross-cultural Comparison of the Mini-mental State Examination (MMSE) in Patients with Alzheimer's Disease

Mental Health Outcome Measures *Springer Science & Business Media*

Mental Health Outcome Measures provides an authoritative review of measurement scales currently available to assess the outcomes of mental health service intervention. The excerpt of summaries by leading writers in the field assess the contributions of scale in areas including mental state examination, quality of life, patient satisfaction, needs assessments, measurement of service cost, global functioning scales, and social disability. These chapters provide a critical appraisal of how far such scales have been shown to be reliable and valid, and provide valuable insights in to their ease of use. This book will provide an invaluable reference manual for those who want to take research on mental health services, and for those who need to interpret this research for policy, planning, and clinical practice.

Mini-mental State Examination

MMSE-2 ; User's Manual

Mini-mental State Examination

Clinical Guide

The Folstein mini-mental state examination (MMSE) is the most widely used screening test of cognition in older adults. The Standardized mini-mental state examination (SMMSE) provides clear, explicit administration and scoring guidelines.

Cognitive Screening Instruments

A Practical Approach

This revised and updated second edition provides a practical and structured overview of some of the most commonly used and easily available cognitive screening instruments applicable in the outpatient clinic and bedside setting. It now includes additional chapters on AD8 and also methodological aspects of systematic cognitive screening instrument assessment from the Cochrane Dementia and Cognitive Improvement Group. Expert authors from around the world equip the reader with clear instructions on the usage of each screening instrument, its strengths and weaknesses, and the time required for administration. Rules on scoring are also provided, such as how to correct for variations in the patient's age or education, and suggested cut-off scores. *Cognitive Screening Instruments: A Practical Approach, Second Edition* is aimed at both clinicians and professionals in disciplines allied to medicine who are called upon to assess patients with possible cognitive disorders, including neurologists, old age psychiatrists, neuropsychologists, primary care physicians, dementia support workers, and members of memory assessment teams.

Predicting 24-month Follow-up Mini Mental State Examination (MMSE) Scores by Using Clinical and Genetic Data

The Validity and Reliability of Mini Mental State Examination (MMSE) and Short Orientation Memory Concentration Test (SOMCT)

MMSE

Mini-mental State Examination : User's Guide

Encyclopedia of Behavioral Medicine

Older Mexican Americans

A Study in an Urban Barrio *Center for Mexican American Studies*

Clock Drawing in Alzheimer's Disease

A Novel Measure of Dementia Severity

Measuring Mental Disorders

Psychiatry, Science and Society *Elsevier*

This book is a collective work draws on the perspective of social sciences, mobilizing perspectives from the sociology of science, the history of psychiatry, medical ethnography and public policy analysis. This initiative, which has no precedent in social sciences, is surrounded by an original, if not apparently paradoxical statement: considering that the deployment of these processes, strictly formal and depersonalized, is justified in becoming the rule in a society known as "individuals". Presents the measurement of mental disorders (tests / scales) across the various sectors Determines the underpinning of this measure and its performance Explains the rise of these tests and its success Understands its impact on users

The Neuropsychology of Cortical Dementias *Springer Publishing Company*

The Neuropsychology of Cortical Dementias addresses in depth the

neuropsychological impact and features of the full range of cortical dementias. It examines the differential neuropathological and pathophysiological bases of these dementias and emphasizes their behavioral and cognitive aspects in assessment, diagnoses, and treatment. The book also presents the most advanced techniques and strategies for disease-specific treatment. Featuring contributions from such diverse disciplines as neuropsychology, neurology, psychiatry, clinical psychology, pathology, and social work, this volume provides a broad interdisciplinary perspective for practicing clinical neuropsychologists, neurologists, psychiatrists, gerontologists, and psychologists who work with patients suffering from dementia. Key Features: Includes comprehensive, clinically-focused coverage of all major cortical dementias Covers neuroanatomy, assessment, diagnosis, treatment, and management of dementia patients Discusses assessment and diagnosis from the perspectives of neuroimaging and cognitive and behavioral symptoms Discusses a range of interventions (pharmacological, cognitive-behavioral, etc.) and management issues related to dementia treatment Informed by contributions from such diverse disciplines such as neuropsychology, neurology, psychiatry, clinical psychology, pathology, and social work

Influence of Impending Death on the Mini-mental State Examination

Measurement Tools in Clinical Ethics *SAGE*

Measurement Instruments in Clinical Ethics presents an overview of studies of

ethical concepts in clinical and research activities. The studies covered use interview scales or other methods of gathering data that have undergone rigorous analysis of their psychometric characteristics. This book describes these instruments and critiques their stage of development. This work strives to further the debate regarding what evolving ethical standards mean for clinicians and researchers.

Clinical Aspects of Mental Impairment and Mild Dementia in Old Age

With Particular Focus on the Mini-Mental State Examination (MMSE)

Mini-Mental State Examination (MMSE) Scores in Healthy Educated Adult Jordanian Population \ Jordan Medical Journal .- 2011, Vol. 45, No. 4

ABC of Dementia *John Wiley & Sons*

ABC of Dementia is a practical guide, written with the needs of professionals in training in mind. Its aim is to enable readers to explore attitudes towards dementia, and find the knowledge and skills required in the important task of supporting the lives of people with dementia and their carers. This new edition is designed to assist students and practitioners working within both primary and secondary care settings with the diagnosis, treatment and provision of care. It covers the causes of dementia, diagnostic assessment, early intervention, pharmacological treatment, person-centred care, legal and ethical issues, and more. This resource has been thoroughly revised to reflect the most recent research and evidence-based practice. New and expanded

content addresses dementia and frailty in care homes, explores the role of technology in the treatment of dementia, discusses working with minority groups, and examines case studies. Aids healthcare professionals in developing the knowledge, skills and confidence to care for those with dementia Highlights the importance of person-centred care and the effects of dementia on families and carers. Describes the cognitive changes and neurological disorders central to dementia Addresses the needs of younger people developing dementia Provides guidance on managing dementia in primary care, the acute hospital and end-of-life care settings Covers the Neuropsychiatric Symptoms of Dementia (NPSD) Features numerous full-colour photographs and illustrations ABC of Dementia is a must-have for healthcare students, general practitioners, and other healthcare professionals caring for people with dementia. It will also be of interest to members of the general public who wish to know more about dementia.

Diet and Nutrition in Dementia and Cognitive Decline *Academic Press*

Diet and Nutrition in Dementia and Cognitive Decline offers researchers and clinicians a single authoritative source which outlines the complex interrelationships between cognitive decline, dementia and the way diet can be modified to improve outcomes. In a cross-disciplinary field like dementia research and practice, clinicians and researchers need a comprehensive resource which will quickly help them identify a range of nutritional components and how they affect cognitive decline and the development of dementia. While the focus is on

clinical applications, the book also features landmark and innovative preclinical studies that have served as the foundation of rigorous trials. Chapters explore the evidence of how nutritional components, either in the diet or supplements, can either impede the development to, or progression from, the onset of dementia. Authors investigate how conditions and processes overlap between defined conditions and present studies which show that dietary components may be equally effective in a number of conditions characterized by declining cognition or dementia. This book represents essential reading for researchers and practicing clinicians in nutrition, dietetics, geriatrics, nursing, neurology, and psychology, as well as researchers, such as neuroscientists, molecular and cellular biochemists, interested in dementia. Explores the complex interrelationships between cognitive decline, dementia and the way diet can be modified to improve outcomes Focuses on both clinical nutrition applications and the innovative preclinical studies that serve as the foundation for rigorous trials Covers specific conditions and mechanisms in dementias, as well as general aspects, risk factors, lifestyle and guidelines for practitioners Organizes chapter content in terms of the molecular, mechanistic, epidemiologic, and practical, so that correlations can be observed across conditions

MacArthur Competence Assessment Tool for Clinical Research (MacCAT-CR) *Professional Resource Exchange Incorporated*

The MacCAT-CR provides a structured format for capacity assessment that is adaptable to the particulars of any given research project. With the introduction of

the MacCAT-CR, researchers enrolling human participants in their studies have available for the first time a reliable and valid means of assessing their potential subject's capacity to consent to participation. The MacCAT-CR can typically be administered in 15-20 minutes. Beginning with project-specific disclosures to potential participants, the MacCAT-CR measures the four generally accepted components of decision-making competence: understanding, appreciation, reasoning, and the ability to express a choice. Quantification of subjects' responses permits comparisons across subjects and subject groups, and allows the MacCAT-CR to be used for not only for screening individual participants but also for conducting research on the characteristics of subject populations and for assessing the effectiveness of interventions designed to increase subjects' capacities.

The Cambridge Examination for Mental Disorders of the Elderly: CAMDEX *Cambridge University Press*

Cognitive Impairment and Dementia in Parkinson's Disease *Oxford University Press, USA*

Parkinson's disease has long been perceived as a pure motor disorder, partly due to its initial description by James Parkinson, who suggested that "senses and intellect remain intact", and partly due to the fact that patients with PD did not survive long, before effective treatment became available. As the survival time of patients with Parkinson's disease has substantially increased due to modern treatment, it has become apparent that cognitive deficits and dementia are also frequent features, especially in elderly patients. With the progression of the disease and age,

dementia develops in a substantial number of patients and constitutes a major therapeutic challenge. Dementia has thus increasingly been the focus of research and practice in recent years and a large body of knowledge has been accumulated. Despite these developments there has been no single volume dedicated to this topic. This book provides an extensive overview of the current status of knowledge pertaining to cognitive impairment and dementia associated with Parkinson's disease, intended as a reference book for general neurologists, neurology residents and also those with a special interest in movement disorders. In this edited volume experts in the field describe in detail all aspects of cognitive impairment and dementia in Parkinson's disease, including epidemiology, spectrum of clinical features, pathology, neurochemistry and genetics, findings in auxiliary investigations, relation to other neurodegenerative disorders, diagnostic process and management, and rounded up by discussion of future research directions and expectations. The text is complemented and enriched with tables, figures and heavily referenced to encompass all relevant literature.

Institutionalism and Schizophrenia

A Comparative Study of Three Mental Hospitals 1960-1968 *Cambridge University Press*

This book studies the relationship between institutionalism and schizophrenia in the lives of mental patients. The authors observed schizophrenic patients in three different mental hospitals over a period of eight years. Their conclusions are important for the better management of institutions and for the future of extra-

mural mental health services. The lives of long-term schizophrenic patients are strictly limited by their institutionalised environments, which often produce negative effects. For example, patients are especially vulnerable to social understimulation, reacting with apathy and withdrawal. On the positive side, symptoms such as delusions and hallucinations may actually decrease during institutionalisation. The interesting approach to the positive and negative effects of institutionalisation on schizophrenics will give this book a wide readership in psychiatry, social psychology and the social sciences as well as among social workers, nurses and occupational therapists.

The Mental Status Examination in Neurology *F A Davis Company*

Simplified explanation of exam procedures such as assessment of level of consciousness, language acuity, memory, and attention Pocket card summarizes the main points to remember in assessing mental status in limited patient-contact time DSM-IV diagnostic criteria are covered to ease filling out insurance forms Findings about cognition and testing a patient's mental function Covers the refinement of testing procedures and the psychological test battery to speedup the exam Presents age-related norms, important when assessing the elderly for early dementia Reviews ways to use the exam as a screening procedure, particularly when diagnosing dementia and differentiating between organic and functional disorders

Validation and Diagnostic Utility of the Mini-mental State Examination and Montreal Cognitive Assessment in Screening for Dementia Within a

Mixed Clinical Sample

The Mini-Mental Status Examination (MMSE) and Montreal Cognitive Assessment (MoCA) are frequently utilized cognitive screening measures. The goal of the present study was to evaluate: (1) diagnostic utility values (e.g., sensitivity, specificity) of each measure, (2) cutoffs that maximize diagnostic accuracy within a mixed clinical sample, (3) the effect of base rates and severity of cognitive impairment on the efficacy of the screening measures, and (4) the relationship of the screening measure subscores to similar neuropsychological measures. The study included 218 veterans who completed the MMSE, MoCA, and neuropsychological testing. Empirically derived cutoffs across criterion variables of performance at least 1SD or 2SD below average on at least one neuropsychological domain, or dementia versus non-dementia diagnosis -- showed less than 24 and 25 as optimal for the MMSE with sensitivities ranging from 0.32 to 0.44 and specificities ranging from 0.78 to 0.87. Optimal cutoffs for the MoCA were 20, 21, and 25 with sensitivities ranging from 0.44 to 0.73 and specificities ranging from 0.57 to 0.83. Across criterion variables, the area under the receiver operating characteristic (ROC) curve (AUC) with the MMSE total score ranged between 0.59 and 0.70. The AUC of the MoCA ranged between 0.69 and 0.72, which was significantly greater than the MMSE when classifying patients based on the criterion of at least 1SD neuropsychological impairment. The MMSE and MoCA subtest scores showed poor convergent and discriminant validity relative to performance on neuropsychological domains, which indicates poor subscore interpretability.

The study provides evidence that use of either the MMSE or MoCA increases classification accuracy beyond the base rate of dementia, although, of the two screening instruments, the MoCA has a relative advantage for classification accuracy at mild levels of neuropsychological impairment.

Brocklehurst's Textbook of Geriatric Medicine and Gerontology E-Book
Elsevier Health Sciences

The leading reference in the field of geriatric care, Brocklehurst's Textbook of Geriatric Medicine and Gerontology, 8th Edition, provides a contemporary, global perspective on topics of importance to today's gerontologists, internal medicine physicians, and family doctors. An increased focus on frailty, along with coverage of key issues in gerontology, disease-specific geriatrics, and complex syndromes specific to the elderly, makes this 8th Edition the reference you'll turn to in order to meet the unique challenges posed by this growing patient population. Consistent discussions of clinical manifestations, diagnosis, prevention, treatment, and more make reference quick and easy. More than 250 figures, including algorithms, photographs, and tables, complement the text and help you find what you need on a given condition. Clinical relevance of the latest scientific findings helps you easily apply the material to everyday practice. A new chapter on frailty, plus an emphasis on frailty throughout the book, addresses the complex medical and social issues that affect care, and the specific knowledge and skills essential for meeting your patients' complex needs. New content brings you up to date with information on gerontechnology, emergency and pre-hospital care, HIV and aging, intensive

treatment of older adults, telemedicine, the built environment, and transcultural geriatrics. New editor Professor John Young brings a fresh perspective and unique expertise to this edition.

The End of Alzheimer's

The Brain and Beyond *Academic Press*

The End of Alzheimer's: The Brain and Beyond, Second Edition is the first comprehensive overview on the molecular basis of Alzheimer's outside of the brain, merging the most recent findings within the field into a single book. It aims to educate the reader on the many overlooked aspects of Alzheimer's disease that occur outside the brain. This book uniquely provides step-by-step, peer-reviewed evidence that the current research model may be misguided and that a new and emerging model is more accurate. It carefully outlines the molecular research in Alzheimer's outside the brain and argues that a more thorough, whole-body diagnosis will provide better answers about its causes and lead to new treatments. It is beneficial to researchers who need to be apprised of the emerging science on the causes of Alzheimer's, and will hopefully redirect many into new avenues of cellular research and discovery. Comprehensive literature-based summary of the current state of molecular Alzheimer's disease research Details the shortcomings of the prevailing model and therapeutics in development Reviews blood-based biomarkers for Alzheimer's and their link to amyloid- and Tau-independent causes outside the brain Describes the tissues outside the brain impacted by Alzheimer's and the underlying molecular causes Explains the whole-body risks associated with Alzheimer's,

along with concomitant measures to slow or prevent the disease. Provides a protocol to properly research, evaluate, measure, diagnose, and potentially treat Alzheimer's patients.

Screening for Cognitive Impairment Following Stroke

Rasch Analysis of the Mini-Mental State Exam

"Stroke is a leading cause of disability for adults. Several studies confirm cognitive impairment in persons following stroke. Every stroke patient should have rapid access to cognitive screening and evaluation. In this study, Rasch analysis was used to determine the suitability of the telephone version of the Mini-Mental State Examination (MMSE) in screening for cognitive impairment in persons with stroke. The specific objectives were to determine the range of difficulty represented by the items of the telephone version of the MMSE, to identify the hierarchy of item difficulty and to compare the French and English versions of the test. Rasch analysis was conducted on data obtained from 267 persons with first-ever stroke who completed the telephone version of the MMSE at 1 month post stroke. Results indicated that the telephone version of the MMSE did not target the full range of the persons' cognitive ability, especially for those with 'higher' cognitive ability. The item difficulty ranged from (-3.258 to 2.585 logits), and the average person mean (2.351 logits) was greater than the average item mean set at 0. The test was easy for most persons; the majority were situated above the mean item difficulty. Fit of the items to the Rasch model is discussed with alternate scoring methods suggested." --

Functional Neurobiology of Aging *Academic Press*

Some well-known age-related neurological diseases include Parkinson's disease, Alzheimer's disease, deafness, and blindness. Even more common are the problems of aging which are not due to disease but to more subtle impairments in neurobiological systems, including impairments in vision, memory loss, muscle weakening, and loss of reproductive functions, changes in body weight, and sleeplessness. As the average age of our society increases, diseases of aging continue to become more common, and conditions associated with aging need more attention by doctors and researchers. In 1991, patients over the age of 65 saw their doctors an average of eight times per year. Research funding is provided by the Neuroscience and Neuropsychology of Aging (NNA) Program, which is run by the National Institute on Aging. This book offers a comprehensive overview of all topics related to functional impairments which are related to the aging brain and nervous system. It is organized according to four general functions: movement, senses, memory, and neuroendocrine regulation. Written by the leading researchers in the field, this comprehensive work addresses both impairments associated with diseases and not associated with diseases, making it easier to understand the mechanisms involved. *Functional Neurobiology of Aging* is an important reference for professionals and students involved in aging research, as well as physicians who need to recognize and understand age-related impairments. Organized by function, making it easy to find and understand the material. Addresses impairments both associated

with diseases and not associated with diseases. Written by leading researchers in the field. Most comprehensive source of information on the neurobiology of aging.

Criterion Validity of the Mini-Mental State Examination in Individuals with Schizophrenia

Abstract: Mental health professionals are called upon to assess the ability of the severely mentally ill to function independently. Clinicians may base their judgment on the individual's performance on the Mini-Mental State Examination (MMSE). Little research supports the criterion validity of the MMSE for this purpose. The present study examined the criterion validity of the MMSE. Participants were 25 individuals diagnosed with a mental illness (schizophrenia and schizoaffective disorders) who received the services of a fiduciary and 25 individuals with a mental illness who managed their finances independently. Logistic regression analysis revealed lower classification accuracy for those individuals with schizophrenia who managed their finances independently versus those individuals with schizophrenia who cannot independently manage their finances.

Clinical Interviewing, with Video Resource Center *John Wiley & Sons*

Clinical Interviewing, Fifth Edition blends a personal and easy-to-read style with a unique emphasis on both the scientific basis and interpersonal aspects of mental health interviewing. It guides clinicians through elementary listening and counseling skills onward to more advanced, complex clinical assessment processes, such as intake interviewing, mental status examination, and suicide

assessment. Fully revised, the fifth edition shines a brighter spotlight on the development of a multicultural orientation, the three principles of multicultural competency, collaborative goal-setting, the nature and process of working in crisis situations, and other key topics that will prepare you to enter your field with confidence, competence, and sensitivity.

The Handbook of Alzheimer's Disease and Other Dementias *John Wiley & Sons*

The reference is a broad-ranging review of Alzheimer's disease and other dementias from both basic and clinical neuroscience perspectives; it provides scientists and medical professionals with an extensive introduction and an up-to-date review of cutting-edge scientific advances. Brings the reader up-to-date with cutting-edge developments in this exciting and fast-paced field. Summarizes the most recent developments in the fields of Alzheimer's disease and dementia. Brings together articles from a prominent and international group of contributors. Encompasses a unique range of topics, combining basic molecular perspectives and cognitive neurosciences.

The American Psychiatric Association Practice Guidelines for the Psychiatric Evaluation of Adults, Third Edition *American Psychiatric Pub*

Since the publication of the Institute of Medicine (IOM) report Clinical Practice Guidelines We Can Trust in 2011, there has been an increasing emphasis on assuring that clinical practice guidelines are trustworthy, developed in a transparent fashion, and based on a systematic review of the available research evidence. To align with the IOM

recommendations and to meet the new requirements for inclusion of a guideline in the National Guidelines Clearinghouse of the Agency for Healthcare Research and Quality (AHRQ), American Psychiatric Association (APA) has adopted a new process for practice guideline development. Under this new process APA's practice guidelines also seek to provide better clinical utility and usability. Rather than a broad overview of treatment for a disorder, new practice guidelines focus on a set of discrete clinical questions of relevance to an overarching subject area. A systematic review of evidence is conducted to address these clinical questions and involves a detailed assessment of individual studies. The quality of the overall body of evidence is also rated and is summarized in the practice guideline. With the new process, recommendations are determined by weighing potential benefits and harms of an intervention in a specific clinical context. Clear, concise, and actionable recommendation statements help clinicians to incorporate recommendations into clinical practice, with the goal of improving quality of care. The new practice guideline format is also designed to be more user friendly by dividing information into modules on specific clinical questions. Each module has a consistent organization, which will assist users in finding clinically useful and relevant information quickly and easily. This new edition of the practice guidelines on psychiatric evaluation for adults is the first set of the APA's guidelines developed under the new guideline development process. These guidelines address the following nine topics, in the context of an initial psychiatric evaluation: review of psychiatric symptoms, trauma history,

and treatment history; substance use assessment; assessment of suicide risk; assessment for risk of aggressive behaviors; assessment of cultural factors; assessment of medical health; quantitative assessment; involvement of the patient in treatment decision making; and documentation of the psychiatric evaluation. Each guideline recommends or suggests topics to include during an initial psychiatric evaluation. Findings from an expert opinion survey have also been taken into consideration in making recommendations or suggestions. In addition to reviewing the available evidence on psychiatry evaluation, each guideline also provides guidance to clinicians on implementing these recommendations to enhance patient care.

Encyclopedia of Movement Disorders *Academic Press*

The Encyclopedia of Movement Disorders is a comprehensive reference work on movement disorders, encompassing a wide variety of topics in neurology, neurosurgery, psychiatry and pharmacology. This compilation will feature more than 300 focused entries, including sections on different disease states, pathophysiology, epidemiology, genetics, clinical presentation, diagnostic tools, as well as discussions on relevant basic science topics. This Encyclopedia is an essential addition to any collection, written to be accessible for both the clinical and non-clinical reader. Academic clinicians, translational researchers and basic scientists are brought together to connect experimental findings made in the laboratory to the clinical features, pathophysiology and treatment of movement disorders. The Encyclopedia

targets a broad readership, ranging from students to general physicians, basic scientists and Movement Disorder specialists. Published both in print and via Elsevier's online platform of Science Direct, this Encyclopedia will have the enhanced option of integrating traditional print with online multimedia. Connects experimental findings made in the laboratory to the clinical features, pathophysiology, and treatment of movement disorders Encompasses a wide variety of topics in neurology neurosurgery, psychiatry, and pharmacology Written for a broad readership ranging from students to general physicians, basic scientists, and movement disorder specialists

Neuroepidemiology *Academic Press*

Neuroepidemiology covers the foundations of neuroepidemiological research and the epidemiology of disorders primarily affecting the nervous system, as well as those originating outside the nervous system. The etiology of many important central nervous system disorders remains elusive. Even with diseases where the key risk determinants have been identified, better prevention and therapy is needed to reduce high incidence and mortality. Although evolving technologies for studying disease provide opportunities for such, it is essential for researchers and clinicians to understand how best to apply such technology in the context of carefully characterized patient populations. By paying special attention to methodological approaches, this volume prepares new investigators from a variety of disciplines to conduct epidemiological studies in order to discern the etiologic factors and underlying mechanisms that influence the onset, progression, and recurrence

of CNS disorders and diseases. The book also provides current information on methodological approaches for clinical neurologists seeking to expand their knowledge in research. Includes coverage of the foundations of neuroepidemiological research and the epidemiology of disorders primarily affecting the nervous system, as well as those originating outside the nervous system Describes the most recent methodologies to define and quantify the burden of CNS disorders and to understand the underlying mechanisms, with neuroimaging and molecular methods receiving particular emphasis Offers extensive description of those neurological conditions that are secondary to other diseases whose incidence is on the rise because of longer survival rates Features chapters authored by leaders in the field from around the globe

Predicting Dementia Status from Mini-Mental State Exam Scores Using Group-based Trajectory Modelling

Background: Longitudinal studies enable the study of within person change over time in addition to between person differences. In longitudinal studies of older adult populations even when not the question of interest, identifying participants with dementia is desirable, and often necessary. Yet in practice, the time to collect information from each participant may be limited. Therefore, some studies include only a brief general cognitive measure of which the Mini Mental State Examination (MMSE) is the most commonly used (Raina et al., 2009). The current study explores whether group-based trajectory modeling of MMSE scores with a selection of covariates can identify

individuals who have or will develop dementia in an 8 year longitudinal study. Methods: The sample included 651 individuals from the Origins of Variance in the Oldest Old study of Swedish twins 80 years old or older (OCTO-Twin). Participants had completed the MMSE every two years, and cases of dementia were diagnosed according to DSM-III criteria. The accuracy of using the classes formed in growth mixture modeling and latent class growth modeling as indicative of dementia status was compared to that of more standard methods, the typical 24/30 cut score and a logistic regression. Results: A three-class quadratic model with covariate effects on class membership was found to best characterize the data. The classes were characterized as High Performing Late Decline, Rapidly Declining, and Decreasing Low Performance, and were labeled as such. Comparing the diagnostic accuracy of the latent trajectory groups against simple methods; the sensitivity of the final model was lower but it was the same or superior in specificity, positive predictive value, negative predictive value, and allowed a more fine-grained analysis of participant risk. Conclusions: Group-based trajectory models may be helpful for grouping longitudinal study participants, particularly if sensitivity is not the primary concern.

Handbook of Assessment in Clinical Gerontology *Academic Press*

New trends in mental healthcare practice and a rapid increase in the aged population are causing an explosion in the fields of clinical gerontology and geropsychology today. This comprehensive second edition handbook offers clinicians and graduate students clear guidelines and reliable tools for

assessing general mental health, cognitive functioning, functional age, psychosocial health, comorbidity, behavior deficits, and more. Psychopathology, behavioral disorders, changes in cognition, and changes in everyday functioning are addressed in full, and a wide range of conditions and disorders common to this patient population are covered. Each chapter provides an empirical review of assessment instruments, assessment scales in their totality, a review of how these instruments are used with and adapted for different cultural groups, illustration of assessments through case studies, and information on how to utilize ongoing assessment in treatment and/or treatment planning. This combination of elements will make the volume the definitive assessment source for clinicians working with elderly patients. The most comprehensive source of up-to-date data on gerontological assessment, with review articles covering: psychopathology, behavioral disorders, changes in cognition, and changes in everyday functioning Consolidates broadly distributed literature into single source, saving researchers and clinicians time in obtaining and translating information and improving the level of further research and care they can provide Chapters directly address the range of conditions and disorders most common for this patient population - i.e. driving ability, mental competency, sleep, nutrition, sexual functioning, demntias, elder abuse, depression, anxiety disorders, etc Fully informs readers regarding conditions most commonly encountered in real world treatment of an elderly patient population Each chapter cites case studies to illustrate assessment techniques Exposes reader

to real-world application of each assessment discussed