Overview: These assessments measure an elderly person’s neurocognitive status in relation to dementia.

Tests such as the Clinical Assessment Scales for the Elderly (CASE) assist in the clinical diagnosis of the most prominent DSM-IV™ disorders among the elderly, such as anxiety, cognitive competence, depression, fear of ageing, mania, obsessive-compulsive behaviour, paranoia, psychoticism, somatisation and substance abuse.
Memory Test for Older Adults (MTOA)

The MTOA assessment is specifically designed to assess verbal and visuospatial learning and memory in older adults ages 55 to 84 years. It can be used in mental health and primary care settings to assess a patient’s degree and type of memory impairment (e.g. genuine memory loss vs. retrieval failure) for the purposes of diagnosis, placement, intervention planning, or as an indicator of change during treatment. The MTOA assessment uses tasks that are well-established in the assessment of verbal and visuospatial learning and memory.

The MTOA uses word lists and geometric figures. The MTOA learning and retention tasks are specifically designed to identify impaired performance without producing floor effects and without unnecessarily fatiguing the respondent.

Scales and Forms

There are is a long version (MTOA:L) and short version (MTOA:S) and two levels of MTOA tasks are available.

Memory Test for Older Adults: Long (MTOA:L)

MTOA:L was intended to serve as a diagnostic tool. It differentiates between cognitively intact and impaired individuals without creating a stressful situation for the individual being tested.

Memory Test for Older Adults: Short (MTOA:S)

MTOA:S should be used with those who have already been diagnosed as suffering from some type of memory impairment. It is easier than the MTOA:L with a shorter word list and simpler geometric design. It is used to assess the degree of learning and/or memory impairment to determine a baseline of performance prior to a clinical trial or medical intervention, or to assist in planning interventions.

Scales:

- Recall
- Recognition

Related Memory Assessments

- Neurological Assessment Battery (NAB) p49
- Colour Trails Test (CTT) p46
- Mini Mental State Evaluation (MMSE-2) p48
- Rey Complex Figure Test and Recognition Trial (RCFT) p55
- Shipley-2 p57

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Areas Measured

The DRS-2 measures cognitive function at lower ability levels where some other evaluation instruments are limited by floor effects. The DRS-2 also can be used to track changes in cognitive status over time. By design, the DRS-2 measures deficits in a large range of higher cortical functions and differentiates deficits of varying severity levels.

The DRS-2 incorporates the original 36 DRS tasks and 32 stimuli, yielding five sub-scale scores, and an assessment of the patient’s overall level of cognitive functioning. The five DRS-2 sub-scales provide additional information on specific abilities including Attention (8 items), Initiation/Perseveration (11 items), Construction (6 items), Conceptualisation (6 items), and Memory (5 items). Stimulus items consist of material familiar to most individuals.

The DRS-2 tasks are presented in a fixed order. Within each sub-scale the most difficult tasks are presented first. Generally, if the first one or two tasks in a sub-scale are performed well, subsequent tasks in the sub-scale are credited with a correct performance and the examiner proceeds to the next sub-scale. This procedure significantly shortens the total testing time for individuals with relatively intact cognitive functioning.

Areas Measured

CASE™ is designed to assist the clinician in the diagnosis of the most prominent DSM-IV™ disorders among the elderly. The CASE consists of a self-rating form (Form S), and an other-rating form (Form R) that can be completed by a knowledgeable care-giver. Form R is especially useful to verify the information provided by the patient, or when the patient is unable to complete the assessment due to physical or cognitive difficulties.

CASE items are free of gender or ethnicity bias. Patients and knowledgeable care-givers can complete the CASE in 40 minutes or less. Scoring and profiling are easy. CASE raw scores are converted to T-scores using the age-appropriate normative tables. The T-scores are then plotted on the CASE Profile Form to provide a graphic overview of the patient’s clinical status or a comparison of multiple profiles when available.

CASE-SF is designed to provide the clinician with a rapid assessment of elderly adults to determine whether a more comprehensive assessment is required, or whether a referral for a different type of assessment is required. CASE-SF consists of a self-rating test booklet (Form S) and an other-rating test booklet (Form R) that can be completed by the care-giver, administered within 20 to 20 minutes and scored within 5 minutes. The areas measured within the CASE and CASE-SF include:

• 10 clinical scales: Anxiety, Cognitive Competence, Depression, Fear of Ageing, Mania, Obsessive-Compulsive, Paranoia, Psychoticism, Somatisation, Substance Abuse.
• 3 validity scales: Infrequency, Lie, Validity.

Clinical Assessment Scales for the Elderly
(CASE & CASE-SF)

Purpose
Comprehensive measure of Axis 1 disorders for elderly people.

Age Range
55 to 90 years.

Time
20 to 40 minutes to administer and 10 minutes to score.

Qualification Level 2

Test Authors
Cecil R. Reynolds, PhD and Erin D. Bigler, PhD.

Dementia Rating Scale - 2
(DRS-2)

Purpose
To measure mental status in adults with cognitive impairment.

Age Range
55 to 89 years.

Time
15 to 30 minutes.

Qualification Level 2

Test Authors
Steven Mattis PhD, Professional Manual by Paul J. Jurica PhD, Christopher L. Leitten PhD & Steven Mattis PhD.
Areas Measured

The DRS-2 is a widely used instrument for the assessment of neurocognitive status. Because it is appropriate for use by professionals across multiple disciplines (e.g., neuropsychology, psychiatry, neurology, gerontology), an equivalent form was needed, and subsequently, the DRS-2: Alternate Form was developed.

The DRS-2: Alternate Form reduces the practice effects that occur with serial administrations of the original DRS-2. This issue is particularly important in the assessment of older adults (ages 55 to 89 years and older) with neuropsychiatric illness. Accurate documentation of cognitive changes is crucial to arrive at a precise diagnosis. Often, it is necessary to administer mental status measures multiple times over a relatively brief period. Thus, having two DRS-2 forms available allows for a better characterisation of declining cognitive status and an improvement in the evaluation of treatment efficacy.

The DRS-2: Alternate Form test materials include the Professional Manual Supplement, 1 set of Stimulus Cards, Scoring Booklets and Profile Forms. The item content in the newly designed DRS-2: Alternate Form Scoring Booklet and the stimuli in the DRS-2: Alternate Form Stimulus Cards are structured to mirror their respective original forms. The DRS-2:IR software also has been updated to include the use of either or both forms.

Areas Measured

The DRS-2:IR provides unlimited scoring and report generation for the DRS-2™ and the DRS-2™: Alternate Form. After administration of either one of the DRS-2 forms, demographic information and item responses are hand-entered into the software program by the clinician. This takes approximately five minutes. The software automatically generates age-corrected sub-scale scores, age and education-corrected DRS-2 Total Score and percentile sub-scale scores.

The Interpretive Report describes the client’s overall performance, sub-test performance, and performance on specific tasks that may contribute to further DRS-2 interpretation. A graphic profile of the client’s current performance (and up to three previous administrations) also can be generated. Reports can be edited onscreen to incorporate additional clinical information or to edit descriptive statements. The report saves valuable report-writing time and provides useful documentation to assist in rehabilitative and therapeutic planning for adults with cognitive impairment. The software provides user-friendly system functionality with program navigation tools, file handling, report editing, Tooltips® and data export.