

## EXIT 25 Scoring Guide

Higher EXIT 25 scores indicate greater executive cognitive dyscontrol.

Each of the 25 items is scored from 0-2, with

0 = Intact Performance

1 = either specific partial error or equivocal response.

2 = specific incorrect response or inability to complete the task.

A score of 15 or higher indicates executive impairment.

This cutoff point may underestimate the statistical prevalence of executive impairment in younger patients.

Normal range:

Young adults  $\leq 5$

Elderly adults  $\leq 10$

The behavioural sequelae of executive dyscontrol (particularly imitation behaviour, perseveration, frontal release signs and utilisation behaviour), has been shown to manifest high internal consistency and interrater reliability when applied to patients who deficits are so prominent as to preclude the use of instruments such as the WCST.

It has also been reported that a score of 10 of 50 best discriminates between younger patients with and without HIV-associated cognitive impairment. However, EXIT 25's threshold has been set to define clinically significant executive impairment, not merely statistically defined impairment. A cutoff point of 15 of 50 best discriminates well elderly retirees from those in supervised care settings and best predicts capacity to give informed consent for health care. This cutoff point is equally valid for young adults with schizophrenia.

Other findings include comparable levels of executive dyscontrol (EXIT scores of 20-30/50) among demented patients Alzheimer's disease (AD), the dementia of major depression (DMD), schizophrenia (dementia praecox), and vascular dementia without cortical features.

### References

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