

Generic Guidelines for Dementia Assessment

INTRODUCTION

Special Thanks to: **Helga Merl**
Dementia Clinical Nurse Consultant
Community Aged Care Services
Toronto - Westlakes Community Health Service

Adopt a **Person Centred** approach engendering understanding and respect of the participant.

The following guidelines are organised under the following main headings:

- **Competencies**
- **Background**
- **DOMS Generic Guidelines for Clinicians**
- **CALD Issues**
- **Granular Guidelines**

Competencies

Active Listening

Outcome: Person being listened to feels the other is with them and that they have been truly heard and understood.

How: Active listening involves the effective (being genuine) use of the any of the following listening activities:

- *Restating* what the other has said to their satisfaction.
- *Paraphrasing* what the other has said to their satisfaction.
- *Acknowledging the Emotion* the other has communicated to their satisfaction.
- *Acknowledging the Meaning* the other has said to their satisfaction.
- *Summarising* what the other has said to their satisfaction

Open-ended Questions

Outcome: Indicates a true seeking to understand and encourages the sharing of more information. By using questions where the answers are not any version of "yes" or "no" (closed end questions).

How: *Tell me your story. Allows the participant to disclose their story - (perhaps for the first time) and identifies their most Important Issues (on average this takes 6 minutes without Interruption)*

How did you do that?"

What did you do?"

How did that work?"

Can you say some more about that?"

Preparation

Staying calm, patient, and focused on the person.

Background

Choosing an assessment tool.

- Assessment of older persons is more complicated than that of younger persons, because there is often more to assess.
- Assessment is a means of identifying client characteristics. Translating assessment into action is still more an art than a science. User training, competence and insight are necessary (Kane & Kane (2000), Assessing older persons.)
- Health professionals traditionally begin with the measurement tool and work backward. The more effective way is to know the likely circumstances for use of the variety of different measures.(Kane & Kane, p 3)

Outcome Measures can be classified into two basic groups:

- 1) Generic (across populations)
- 2) Condition specific (limited clinical context)

DOMS GENERIC GUIDELINES FOR CLINICIANS

Set-up

- Make sure the person has their hearing and/or visual aids on and active.
- Ensure the right person is being assessed by asking, "What is your name?"
- Advise the person that they will be asked some questions and seek permission to ask these questions, "Would it be all right to ask you some questions about your memory?"
- Seating: Seat yourself so you have easy direct eye contact with the person and select a seating arrangement that minimises a perception of power or status (e.g. desk), for example a round table, corner of a rectangular table, or no table.

Interview

- Ask each question three times if the person does not seem to understand or has not attempted to answer. If the person attempts to answer and is incorrect, the score is zero and the rater moves on, giving no verbal clues or prompts.
- If the response is timed, then the rater needs a clock that measures time in seconds.

Admin

- “I am going to ask you some questions and give you some problems to solve, please try to answer as best you can.
- When asking the person questions, say the questions exactly as they appear in the scale. If there is an example in the question, this must always be read too. Read aloud each response option, pointing to each response as you say it.
- Read verbatim the instructions on the front of the questionnaire.
- Raters need to enunciate the words clearly and correctly e.g. people with high-frequency hearing loss often do not hear the sibilants and have difficulty distinguishing between them e.g. t and g .
- When the participant has indicated his or her response, mark it on the questionnaire. Mark only one response for each question. If the person does not or cannot answer an item (for any reason), record the response as missing.

Scoring

- *Orientation tasks:* For example, scoring the date, normally if the person gives the previous or the next day’s date, then, he/she is awarded the point.
- *Serial sevens and spelling a word backwards* – Allow the participant to complete five serial seven responses or complete spelling the word backwards as points are awarded for each time a correct response is elicited regardless of previous incorrect response/s. *Even if the person cannot spell the word forward, they may still get some points for spelling the word backward.*

Scoring the spelling of “WORLD” backwards is complicated. The detailed guidelines for scoring can be found on this website in the 3MS Manual under “Cognition”,

- It is better not to have long drawn out sessions, because the person is likely to become fatigued—affecting performance.
- Timed sessions:
- (Key outcome—***preserve the person’s dignity and prevent catastrophic reactions.***) The rater is to start the timing at the end of the instructions. The person is not made aware that they are being timed, because this could add a sense of urgency and lead to rushed answers. Therefore, the rater times the test inconspicuously and should the person take longer than the allowed limit, the rater ends the task simply by saying “Thank you, that’s fine” and proceeds to the next question.

De-briefing after the interview:

- Explain that all the questions have now been answered.
- Ask whether participant has any questions that he or she would like to ask. Answer any questions and thank the person for taking part.

CALD ISSUES

- Use an interpreter when English is the second language and the participant agrees this is the correct course of action.
- RUDAS is the preferred tool for CALD participants
- How to manage the situation, when the rater has English as a second language, as well as the person being rated (neither share a first language).
- How to manage a situation, which calls for an interpreter. How to work with an interpreter. (can take month(s) to organise an interpreter.
- E.g. Spell world backwards.

Feedback during assessment.

Feedback to 'patients' during assessment should be neutral and, usually, should not indicate whether or not the response was correct.

Appropriate comments as long as the 'patient' is trying:

- "That's fine"
- "You're doing well"

If the 'patient' specifically asks whether or not they provided the correct response, accurate feedback can be given.

Encouragement can be given, if the subject is nervous or giving up.

Informant interviews: Accuracy depends on the informant used. Proxy reports are closer to personal reports when they provide information on usual behaviours as compared with rare or extreme behaviours.

When using informants carefully consider potential biases and possible conflicts of interest.

Interview the informant separate to the person being assessed. Away from the patient.

Assessing individuals who have impaired ability to communicate

(Kane & Kane, p. 486- 489.)

Every attempt should be made to promote participation of the individual in their assessment – informant questionnaires are used when additional information is required or when the person is not able to participate meaningfully in the cognitive assessment. Neuropsychological assessment may also be required to ensure a valid assessment, particularly if capacity is being questioned.

Time and cost challenge: Because each question may require more time due to potential impaired cognition, interviews are likely to take longer and result in more fatigue compared with cognitively intact older adults. Thus, it may be advisable to interview in two or more sessions as opposed to one long interview, particularly when multiple domains are being assessed. This, of course, adds to the cost

Granular Guidelines

More excellent detailed guidelines for dementia assessment can be found in Professor S Banerjee's DEMQOL Manual found on this site under "Quality of Life Measures".

Topics include the following:

- 1. Introducing a questionnaire:**
- 2. Administering questionnaire items:**
- 3. De-briefing after the interview:**
- 4. Possible queries and responses - general:**
- 5. Possible queries and responses – specific:**

Professor S Banerjee,
Health Services Research Department,
Institute of Psychiatry, Kings College, London.