

**NINDS CDE Notice of Copyright
Apathy Evaluation Scale (AES)**

Availability:	Please visit this website for more information about the instrument: Dementia Collaborative Research Centres.
Classification:	Supplemental – Highly Recommended for Huntingtons’ Disease (HD), Mitochondrial Disease (Mito) and Parkinson’s Disease (PD).
Short Description of Instrument:	<p>Summary/Overview of Instrument: Semi-structures interview with 18 questions assessing apathy in the past four weeks. This scale was originally designed for patients with Parkinson’s disease or Alzheimer’s disease.</p> <p>Construct measured: Apathy.</p> <p>Generic vs. disease specific: Generic.</p> <p>Intended use of instrument/purpose of tool: Assessment of severity of apathy.</p> <p>Means of administration: Paper and pencil.</p> <p>Location of administration: Clinic or home.</p> <p>Intended respondent: Patient/self (AES-S), Informant (AES-I) and Clinician (AES-C) version.</p> <p># of items: 18.</p> <p># of subscales and names of sub-scales: None.</p>
Psychometric Properties:	<p>Reliability: Test-retest or intra-interview (within rater) reliability: AES-S = 0.76; AES-I = 0.94; AES-C = 0.88 Inter-interview (between-rater) reliability (as applicable): Inter-rater reliability was only tested for the AES-C and was found to be good (intraclass correlation coefficient = 0.94 (Marin, 1991). Internal consistency: Coefficient alpha: AES-S = 0.86; AES-I = 0.94; AES-C = 0.90.</p> <p>Statistical methods used to assess reliability: Validity: Content validity: not available in reviewed references Construct validity: not available in reviewed references.</p> <p>Convergent validity: Intercorrelations among the three scales (AES-S, AES-I, AES-C): AES-C and AES-I: $r = 0.62$; AES-C and AES-S: $r = 0.72$; AES-S and AES-I: $r = 0.43$.</p> <p>Sensitivity to Change/ Ability to Detect Change (over time or in response to an intervention): Not available in reviewed references.</p> <p>Known Relationships to Other Variables: Depression and use of medication (especially neuroleptics, antidepressants, and benzodiazepines) are related to apathy.</p> <p>Diagnostic Sensitivity and Specificity, if applicable: Not available in reviewed references.</p> <p>Strengths: This instrument assesses multiple aspects of apathy and has been used in a variety of neuropsychiatric disorders, and allows for comparison between patient/self, informant, and clinician reports.</p> <p>Weaknesses: The AES may not discriminate apathy from depression.</p> <p>Special Requirements for administration: None.</p> <p>Administration Time: Likely 15–30 minutes.</p> <p>Translations available: Available in English, German, Dutch, French, Spanish.</p>

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Scoring:	<p>Rating of each item is based on a semi-structured interview. The interview should begin with a description of the subject's interest, activities and daily routine. The items should be answered based on the subject's thoughts, emotions, and actions; based on both verbal and non-verbal information of the past 4 weeks. For each item ratings should be judged: 4 possible responses for each question: 'not at all', 'slightly', 'somewhat', 'a lot'.</p> <p>Standardization of scores to a reference population (z scores, T scores, etc): Not available.</p> <p>If scores have been standardized to a reference population, indicate frame of reference for scoring (general population, HD subjects, other disease groups, etc). Not available.</p>
References:	<p>Key Reference: Marin RS, Biedrzycki RC, Firinciogullari S: Reliability and validity of the Apathy Evaluation Scale. <i>Psychiatry Research</i> 1991; 38:143–162.</p> <p>Marin RS: Differential diagnosis and classification of apathy. <i>Am J Psychiatry</i>. 1990; 147(1):22–30.</p>