

**NINDS CDE Notice of Copyright  
Neuropsychiatric Rating Schedule**

<b>Availability:</b>	<b>If you wish to obtain a copy of the instrument, please submit your request to <a href="mailto:NINDSCDE@EMMES.com">NINDSCDE@EMMES.com</a>.</b>
<b>Classification:</b>	<b>Supplemental:</b> Traumatic Brain Injury (TBI)
<b>Short Description of Instrument:</b>	The NPRS is a semi-structured psychiatric interview specifically developed to permit the recording of the presence or absence of the psychiatric diagnosis, personality change due to traumatic brain injury (formerly termed organic personality syndrome) and its subtypes. It was designed to complement the KSADS which is similarly administered to diagnose most other psychiatric disorders in the general population of children and adolescents.
<b>Permissible Values</b>	Categorical scores indicating the presence or absence of the diagnosis of personality change due to TBI are recorded. In addition, categorical scores indicating the presence or absence of specific subtypes of personality change due to TBI are recorded. These subtypes are the labile, aggressive, disinhibited, apathetic, and paranoid subtypes.
<b>Procedure</b>	The instrument is generally administered by a clinician or research assistant with sequential interviews of one parent of the pediatric patient and then with the child himself or herself. The final diagnostic ratings are the clinician's summary diagnoses derived by integrating the data from available sources. Depending on the design of the study or in clinical practice, this may or may not involve information from a school teacher and medical data.
<b>Comments</b>	The interview is appropriate to capture the diagnosis of personality change due to TBI in children and adolescents. There is no reason the instrument could not be applied to the study of adults, but this has not yet occurred.
<b>Rationale</b>	A reliability and validity study demonstrated that lability, aggression, and disinhibition were moderately to highly correlated, but apathy and paranoia could be discriminated from each of these subtypes. Interrater agreement for NPRS items was fair to excellent for all but one item (paranoia). Test-retest reliability was fair to good, and sensitivity to change was demonstrated.

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<b>References</b>	<p>Max, J. E., Castillo, C. S., Lindgren, S. D. &amp; Arndt, S. (1998). The Neuropsychiatric Rating Schedule: reliability and validity. <i>Journal of the American Academy of Child and Adolescent Psychiatry</i> 37, 297-304.</p> <p>Max, J. E., Koele, S. L., Castillo, C. C., Lindgren, S. D., Arndt, S., Bokura, H., Robin, D. A., Smith, W. L., Jr. &amp; Sato, Y. (2000). Personality change disorder in children and adolescents following traumatic brain injury. <i>Journal of the International Neuropsychological Society</i> 6, 279-289.</p> <p>Max, J. E., Levin, H. S., Landis, J., Schachar, R., Saunders, A., Ewing-Cobbs, L., Chapman, S. B. &amp; Dennis, M. (2005). Predictors of personality change due to traumatic brain injury in children and adolescents in the first six months after injury. <i>J Am Acad Child Adolesc Psychiatry</i> 44, 434-42.</p> <p>Max, J. E., Levin, H. S., Schachar, R. J., Landis, J., Saunders, A. E., Ewing-Cobbs, L., Chapman, S. B. &amp; Dennis, M. (2006). Predictors of personality change due to traumatic brain injury in children and adolescents six to twenty-four months after injury. <i>J Neuropsychiatry Clin Neurosci</i> 18, 21-32.</p> <p>Max, J. E., Robertson, B. A. M. &amp; Lansing, A. E. (2001). The phenomenology of personality change due to traumatic brain injury in children and adolescents. <i>Journal of Neuropsychiatry &amp; Clinical Neurosciences</i> 13, 161-170.</p>
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