

NINDS CDE Notice of Copyright

Penn State Screen of Frontal and Temporal Dysfunction Syndromes (PSS-FTDS)

Availability:	*Parts of the PSS-FTDS are Copyrighted and must be obtained separately
Classification:	Supplemental
Short Description of Instrument:	<p>Background: The PSS-FTDS was piloted in a large multidisciplinary ALS clinic and is now undergoing use by multiple sites in the US via collaboration with Penn State. 145 subjects enrolled so far in this multicenter study. One publication on regional and gender differences has been accepted for the June 2012 issue of Neurodegen Dis Manag</p> <p>Construct measured: Letter fluency, judgment, attention, repetition, category fluency, similarities, reading comprehension, constructional praxis, naming, orientation, mental calculations, premorbid intelligence, and behavior.</p> <p>Generic vs. disease specific: FTD specific and tailored for ALS. Administration is controlled for motor weakness and allows for spoken or written word responses to verbal measures.</p> <p>Means of administration: By trained personnel, usually a nurse or other non-neuropsychologist trained to administer.</p> <p>Administration time: 20 minutes</p> <p>Intended respondent: Patient except for the FBI, which is administered to the caregiver.</p> <p># of items : Multiple sub-parts as listed below, many with several items.</p> <p># of subscales and names of sub-scales : There are 6 subscales:</p> <ol style="list-style-type: none"> 1. Letter Fluency Part of Delis Kaplan Executive Functioning System (D-KEFS) 2. Category Fluency Part of Delis Kaplan Executive Functioning System (D-KEFS) 3. American National Adult Reading Test (AMNART) 4. Neurobehavior Cognitive Status Examination (COGNISAT) 5. Oral Reading via the Boston Diagnostic Aphasia Exam (BDAE) 6. The Frontal Behavior Inventory (FBI)

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<p>Short Description of Instrument:</p>	<p>Strengths: 1) ALS-tailored 2) More information than very brief (5 minute) screens 3) modifications available for motor weakness 4) relatively quick to administer 5) published material available with ALS patients to support its use 6) FBI can be administered to caregiver while PSFTS is being administered to patient 7) has been used successfully in a large multidisciplinary ALS clinic 8) is now undergoing use at multiple sites in the USA.</p> <p>Weaknesses: 1) At 20 minutes for administration, this is longer than some brief exams 2) cannot be self-administered 3) some parts (NART and BDAE) not administered to those with insufficient intelligibility of speech 4) scoring requires multiple normative databases.</p>
<p>Scoring:</p>	<p>Letter Fluency and Category Fluency are assessed and scored as per Gladsjo et al (Gladsjo JA, Schuman CC, Evans JD, Peavy GM, Miller SW, Heaton RK. Norms for letter and category fluency: Demographic corrections for age, education and ethnicity. Assessment 1999; 6: 147-178.).</p> <p>For those with motor weakness, a fluency ratio is used as per Abrahams et al (Abrahams S, Leigh PN, Harvey A, Vythelingum GN, Grise D, Goldstein YH. Verbal fluency and executive dysfunction in amyotrophic lateral sclerosis. Neuropsychologia 2000;38:734-747.).</p> <p>NART, COGNISAT and BDAE per published guidelines:</p> <p>FBI consists of 24 questions, each scored 0-3, with 3 indicating the highest level of frontal dysfunction. Scores range from 0 (normal) to 72 (behavior consistent with severe frontotemporal dementia). A score of 27 or higher is considered to be consistent with frontal lobe dementia. Kertesz A, Davidson W and Fox H. Frontal Behavioral Inventory: Diagnostic criteria for Frontal Lobe Dementia. The Canadian Journal of Neurological Sciences 1997,24(1):29-35.</p> <p>Feasibility: Able to be administered in a large multidisciplinary ALS clinic.</p> <p>Reliability: Good studies for component parts.</p> <p>Validity: No validity studies on overall instrument for use in ALS. Excellent validity studies available for component parts.</p> <p>Sensitivity to Change: Not assessed for overall instrument.</p> <p>Relationships to other variables: Strong sensitivity and specificity when compared to comprehensive neuropsychological test battery.</p>

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<p>References:</p>	<p>Key Reference:</p> <p>Flaherty-Craig C, Eslinger P, Stephens B, Simmons Z. A rapid screening battery to identify frontal dysfunction in patients with ALS. <i>Neuro</i>. 2006; 67: 2070-2.</p> <p>Other References:</p> <p>Flaherty-Craig C, Brothers A, Dearman B, Eslinger P, Simmons Z. Penn State screen exam for the detection of frontal and temporal dysfunction syndromes: application to ALS. <i>Amyotr Lat Scler</i> 2009; 10: 107-112.</p> <p>Flaherty-Craig C, Brothers A, Yang C, Svoboda R, Simmons Z. Declines in problem solving and anosognosia in Amyotrophic Lateral Sclerosis: Application</p> <p>The Delis-Kaplan Executive Functioning System (D-KEFS)</p>
<p>Availability</p>	<p>Please visit this website for more information about the instrument: PLEASE CLICK HERE FOR MORE INFORMATION</p>
<p>Short Description of Instrument:</p>	<p>Subtests:</p> <p>Color Word Interference</p> <p>Sorting Test</p> <p>Verbal Fluency Test</p> <p>Trail Making Test</p> <p>The Delis-Kaplan Executive Function System (D-KEFS) is the first nationally standardized set of tests to evaluate higher level cognitive functions in both children and adults.</p> <p>With nine stand-alone tests, comprehensively assess the key components of executive functions believed to be mediated primarily by the frontal lobe.</p> <p>Engaging Materials: Its game-like format is engaging for examinees, encouraging optimal performance without providing “right/wrong” feedback that can create frustration in some children and adults.</p>

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<p>Short Description of Instrument:</p>	<p>Multiple Uses:</p> <p>Assess the integrity of the frontal system of the brain</p> <p>Determine how deficits in abstract, creative thinking may impact daily life</p> <p>Plan coping strategies and rehabilitation programs tailored to each patient’s profile of executive-function strengths and weaknesses</p> <p>Two Forms:</p> <p>D-KEFS offers two forms: Standard Record Forms include all nine D-KEFS tests, while the Alternate Record Forms include alternate versions of D-KEFS Sorting, Verbal Fluency, and 20 Questions Tests. An alternate set of Sorting Cards is also available.</p> <p>Correlates with CVLT–II:</p> <p>D-KEFS is correlated with the CVLT®–II, providing information concerning the role of memory on D-KEFS performance.</p> <p>The American National Adult Reading Test (AmNART)</p>
<p>Availability:</p>	<p>This instrument is not currently available on the NINDS CDE website; however, copyright permission has been granted. If you wish to obtain a copy of the instrument, please submit your request to NINDSCDE@EMMES.com</p>
<p>Short Description of Instrument:</p>	<p>Purpose: To characterize level of general cognitive function and provide a frame of reference from which to interpret other tests if any are administered.</p> <p>Comment: This is an oral reading test containing words with atypical grapheme to phoneme associations making it difficult to pronounce words phonetically. AMNART is selected over other similar measures (i.e., WRAT Reading, WTAR) since it is in the public domain.</p> <p>Time Estimate: 5 minutes</p> <p>Primary Dependent Measure: Regression-based IQ Estimate</p>

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References:	<p>Grober E, Sliwinski M. Development and validation of a model for estimating premorbid verbal intelligence in the elderly. J Clin Exp Neuropsychol. 1991; 13: 933-949.</p> <p>Strauss E, Sherman EMS, Spreen O. A compendium of neuropsychological tests: administration, norms, and commentary, 3rd ed. New York: Oxford University Press; 2006, p. 189-200.</p> <p>The Boston Diagnostic Aphasia Exam-3rd Edition (BDAE-3)</p>
Availability:	<p>Please visit this website for more information about the instrument: PLEASE CLICK HERE FOR MORE INFORMATION</p>
Short Description of Instrument:	<p>The Boston Diagnostic Aphasia Examination helps to distinguish between disorders of language and disorders of apahasic syndromes. The test is organized into five major sections: Conservational and Expository Speech; Auditory Comprehension; Oral Expression; Understanding Written Language; and Writing.</p>
Scoring:	<p>Scoring is based upon the severity rating scale, the rating scale profile of speech characteristics, and the pattern of performance across subtests and modalities after raw scores have been converted to z-scores. 2</p>
References:	<p>Clinical measures of dysarthria in Friedreich Ataxia. Singh A, Epstein E, Myers LM, Farmer JM, Lynch DR. Mov Disord. 2010 Jan 15;25(1):108-11.</p> <p>Aphasia Assessment Neuropsychology Central, Copyright 2001 Telepsychology Solutions/ J. N. Browndyke, Ph.D.</p> <p>www.neuropsychologycentral.com</p> <p>Frontal Behavioral Inventory (FBI)</p>
Availability:	<p>Please visit this website for more information about the instrument: PLEASE CLICK HERE FOR MORE INFORMATION</p>

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<p>Short Description of Instrument:</p>	<p>Background: This original version of the FBI has one or two questions for each item, to clarify the question, and it is conducted as a staff-led interview. It does not distinguish between MND symptoms and behavioral changes due to FTD.</p> <p>Construct measured : FTD-Type Behavioral and Personality Change</p> <p>Generic vs. disease specific: Specific with regards to FTD dementia, but generic with regards to the presence of MND</p> <p>Means of administration: Caregiver interview by research staff, by phone or in person, without patient present</p> <p>Intended respondent: Caregiver</p> <p># of items: 24</p> <p># of subscales and names of sub-scales: Two subscales: Negative Behavior and Disinhibition</p> <p># of items per sub-scale: 12 each</p> <p>Administration time: 15-25 minutes</p> <p>Strengths: Good reliability and validity. Widely used.</p> <p>Weaknesses: Not ALS specific. At least 15 items have overlap with MND symptoms, making it difficult to disentangle MND changes from behavioral changes due to frontotemporal deterioration. It is more time consuming than the FBI-mod, which is a self-administered questionnaire given to caregivers without requiring staff involvement.</p> <p>The Copyright for the FBI belongs to Andrew Kertesz</p>
<p>Scoring:</p>	<p>Scoring: Items are scored according to the extent of the behavioral change: 0 = None/never; 1 = Mild, occasional; 2 = Moderate/often; 3 = Severe, most of the time.</p>