Relation between performance in neuropsychological memory tests and observed memory functioning in daily activities

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The goal of this study is to examine the relation between a standardized observation scale by nurses with the formal results of neuropsychological tests by a neuropsychologist.

Ethical review	Approved WMO
Status	Pending
Health condition type	Dementia and amnestic conditions
Study type	Observational non invasive

Summary

ID

NL-OMON31289

Source
ToetsingOnline

Brief title
Memory problems in geriatric patients

Condition

- Dementia and amnestic conditions

Synonym
memory deficit, memory dysfunction

Research involving
Human

Sponsors and support

Primary sponsor: Universitair Medisch Centrum Sint Radboud
Source(s) of monetary or material Support: Ministerie van OC&W

Intervention

Keyword: diagnostics, geriatrics, memory, nursing

Outcome measures

Primary outcome

The variables concern 1) observation of memory problems and 2) neuropsychological memory tests.

ad 1) observation of memory problems: two subscales from the Behavior Rating Scale for Psychogeriatric Inpatients (GIP): Memory and Orientation. Together 11 items, on a 4 point LIkert type scale. To be filled out by nurses, twice a day, during three days.

ad 2) neuropsychological tests:

- Visual Association Test/VAT (lindeboom & Schmand). Recognizing of anterograde anamnesia. Score 0-12.
- Rivermead Behavioural Memory Test/RMBT - newspaper (Wilson ea, 1989). Score 0-42.
- Rivermead Behavioural Memory Test/RBMT - route (Wilson ea, 1989). Score 0-12.
- Eight Word Test, Amsterdams' Dementia Screening/ADS6-8WT (Lindeboom & Jonkers 1989, 2003). Score 0-6.

Secondary outcome

The influence of depression and cognition will be examined by using the Geriatric Depression Scale (GDS; 15 items) and the Mini Mental State

Examination (MMSE/11 items). Duration: 10 minutes.

Study description

Background summary

Geriatric nurses observe patients during 24 hours per day on different complaints like depression, pain, cognitive problems. The idea behind the observation of cognitive problems is that it gives an indication for cognitive disorders like demeitia, depression or delirium. However, there are no studies to support this theory (Foreman et al 2003). In the last 5 years several studies appeared on the subject of the predictive value of cognitive disorders through neuropsychological tests on the overall functioning of patients (for example Owsley et al 2002). The question whether observations during ADL also predict cognitive disorders is yet to be answered.
The importance of recognotion of memory-problems through observation is reinforced by the fact that geriatric patients in the hospital are scarcely indentified (Inouye et al 2001). This means that patients will be adressed as if there are no memory problems. This could give problems in informing patients and patient support. Also it might lead to under-diagnosis with a possible extension of the time spend in hospital (Yound & Inouye 2007). It would be very useful if in future there would be a simple instrument without much burden for the presence of memoryproblems in patients during hospitalization.

Study objective

The goal of this study is to examine the relation between a standardized observation scale by nurses with the formal results of neuropsychological tests by a neuropsychologist.

Study design

Prospective, non-invasive observational study.

Study burden and risks

The risks are minimal. The measurement instruments are all very common, developed for the older and vunerable patient and giving little burden.
Patients on the geriatric ward are always observed in relation to different complaints and symptoms. Thes observations are diagnosis and never experienced by the patients as a burden..
The neuropsychological testing is standard procedure and takes up to 60 minutes. It is possible that some patients experience the testing as unpleasant as result of fatique, lack of concentration or the confrontation with their

disability. The neuropsychologists and their assistants are experienced in testing old and vunerable patients and are very capable in adapting to the needs of the patients.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adults (18-64 years)
Elderly (65 years and older)

Inclusion criteria

INCLUSION
- speaking Dutch language

Exclusion criteria

EXCLUSION
- patient is bedridden;
- hearing and vison problems in such way that neuropsychological testing is impossible;
- severe Disease of Alzheimer (CDR=3);
- fluctuating cognitive functiong in such wat that neuropsychological testing is not reliable, for example: delirium (DOS greater or equal to 4), hallucinations, pychiatric behaviour. When situation is stable again (f.e. DOS<4), patients are included after all.

Study design

Design

Study type: Observational non invasive

Masking:	Open (masking not used)
Control:	Uncontrolled
Primary purpose:	Diagnostic

Recruitment

NL

Recruitment status:	Pending
Start date (anticipated):	01-08-2007
Enrollment:	50
Type:	Anticipated

Ethics review

Approved WMO

Application type:	First submission
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
CCMO	NL18367.091.07