Clinical Task Force (CTF) Cognitive Working Group Update

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Outline

• Mission of cognitive working group
  • Short term and long term
• UDS-3 telephone cognitive battery (UDS3 T-Cog)
• COVID-19 questionnaire
Cognitive Working Group

- CTF Neuropsychology Subcommittee
  - Andy Saykin (co-chair)
  - Lisa Barnes (co-chair)
  - Rhoda Au
  - Suzanne Craft
  - Mary Sano
  - Sandy Weintraub

- Plan for UDS4 (longer term goal)
- Short term: Given COVID-19, focused on consensus
  UDS3 Telephone Cognitive Battery (UDS3 T-Cog)
Charge for UDS4 planning

• Review existing UDS3 measures to reduce battery length to allow room for more sensitive measures for pre-clinical stages
  • Digital/computerized tests
  • Wearables
• Identify optimal measures to incorporate that align with paper/pencil tests; paired novel and conventional tests for each domain; consideration of costs, technology, compliance & special populations

• Principles to consider
  • Close coordination with Clinical WG (feedback encouraged and welcomed)
  • Allow redundancy and economy of scale
  • Importance of capturing item-level data for analysis and harmonization
UDS3 T-Cog Battery (Core Battery)  
(approx. 30 minutes)

• Craft Story – Immediate Recall  
• Blind/Telephone MoCA (Wittich et al., 2010)  
• Number Span – Forward & Backward  
• Category Fluency – Animals & Vegetables  
• Craft Story – Delayed Recall (20 min)  
• Verbal Fluency – F & L  
• Geriatric Depression Scale (GDS)

• See detailed Introduction and Manual of Operations (April 27)  
  • Specific questions and feedback on T-Cog to Dr. Suzanne Craft (WFU)
Supplemental Tests
(recommended but optional)  (approx. 20-30 minutes)

• Rey AVLT (Schmidt, 1996)
  • Other AVLT options are acceptable (HLVT, CVLT, CERAD)
  • Inclusion of an AVLT strongly recommended

• Oral Trail Making Test (Ricker & Axelrod, 1994)
  • Part A - participant counts from 1 to 25 as fast as possible
  • Part B - participant counts upwards from 1 to 13 alternating with letters from the alphabet (1-A-2-B-3-C ... )

• Verbal Naming Test (Yochim et al., 2015)
  • or similar alternative
Considerations for Administration

• Technology
  • Videoconference preferred; telephone is acceptable; headset for tester
  • Record method of collection
  • Under-resourced participants

• Screening for hearing impairment

• Digital recording (recommended by CTF and NIA)
  • Informed consent
  • Quality assurance

• Preserve item-level data
  • Critical for validation, optimization & crosswalk studies

• Recommended order of administration (Core & Supplemental)
• Spanish translation
Considerations for GDS

- Model protocol to address elevated depression scores (>8)
  - Brief suicidality assessment
  - Availability of support and professional care
  - Clinician referral
Special Thanks to the Wake Forest T-Cog Team!

Suzanne Craft, PhD
Steve Rapp, PhD
Bonnie Sachs, PhD
COVID-19 Questionnaire

• Rush COVID-19 questionnaire developed by Dr. Patricia Boyle with input from Rush Executive Committee

• 2 versions – Rush MAP cohort and shorter one for diverse cohorts (Clinical Core, Latino Core, MARS)

• Designed to be administered as part of wellness check
  • Community-dwelling elders
  • Most cognitively unimpaired
  • Correlate with range of psychosocial & decision making variables

• Measures psychological and financial impacts of pandemic
Cases & Deaths by State

This map shows COVID-19 cases and deaths reported by U.S. states, the District of Columbia, and other U.S.-affiliated jurisdictions. Each jurisdiction's health department reports how much the virus has spread in their community.

18 states report more than 10,000 cases of COVID-19.
Vetting and feedback process

• Shared 16-item version with CTF
• Revisions
  • Shorter battery
  • Questions that could be asked of co-participant/caregiver
  • Exposure/symptoms questions
    • Assess biologic impact
    • Measure impact on cognition and/or biomarkers
Content and Administration

• Revised 16-item questionnaire for ADCs
  Questions include: symptoms, exposure, testing, psychological & financial impact, technology access

• Administration
  • participants (if CDR= 0 or 0.5)
  • Co-participant/caregiver (CDR > 1)

• Strongly recommended by the CTF

• Will be translated into Spanish

• Final form will be distributed to all Centers
COVID-19 will exacerbate the effects of SDOH

SOCIAL DETERMINANTS OF HEALTH

- Healthcare system
- Economic stability
- Community and social context
- Neighborhood and physical environment
- Food
- Education