

**Correspondence:** Munira Z. Urmi,  
muniraurmi@gmail.com.

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#### 45 Family Members' Perceptions of the Benefits of the Neuropsychological Evaluation

Ryley Skinner, Phillip K Martin, Amy Bauman, Makenna Snodgrass, Ryan W Schroeder  
University of Kansas School of Medicine - Wichita, Wichita, Kansas, USA

**Objective:** The objectives of this study were to investigate family members' perception of the impact of the neuropsychological evaluation and subsequent feedback session on (1) caregiver understanding of the patient's diagnosis and symptoms and (2) treatment planning, patient well-being, caregiver stress, and support utilization.

**Participants and Methods:** Participants included family members of patients undergoing a neuropsychological dementia evaluation and subsequent oral feedback session at a midwestern university medical center by one of five neuropsychology providers. The average age of patients undergoing dementia evaluation was 73.4 (range = 52 - 92). Patients in the sample were categorized as having dementia (67%), mild cognitive impairment (24%), or no cognitive disorder (9%), with 46% of the sample suspected to have Alzheimer's disease or mixed Alzheimer's and vascular disease. Immediately following the feedback session, family members were provided a brief survey, \$10 prepaid gift card to keep regardless of survey completion, and a stamped, pre-addressed envelope to return the survey anonymously by mail. A total of 200 surveys were disseminated and 127 (64%) were completed and returned. Family members completing the survey were most often the spouse (60.6%) or the child (29.1%) of the patient. Eighty-two percent of respondents identified as being the patient's primary caregiver.

**Results:** Family members were asked to rate their agreement to perceptions held both prior to and following the neuropsychological evaluation. Ninety-seven percent strongly agreed (81%) or agreed (16%) that the neuropsychological evaluation was helpful, and 95% strongly agreed (62%) or agreed (33%) that the neuropsychological evaluation would help the

patient get better or more targeted care. Comparison using Wilcoxon signed-rank tests indicated that family members were significantly more likely to agree ( $p < .001$ ) with the following beliefs after, as opposed to preceding, the neuropsychological evaluation: (1) the patient's symptoms had been well addressed ( $z = -7.95$ ), (2) I was explained the diagnosis ( $z = -8.12$ ), (3) I am confident in my family member's diagnosis ( $z = -7.88$ ), and (4) I am more likely to use dementia-related community resources ( $z = -5.78$ ). Additionally, family members nearly unanimously agreed or strongly agreed that, following the neuropsychological evaluation, their family member's symptoms had been well addressed (98%), they were explained the patient's diagnosis (98%), and they were confident in the diagnosis (97%). In instances where dementia was diagnosed, 91% of family members agreed/strongly agreed that they planned to use dementia-related community resources. Furthermore, a majority of family members reported that the neuropsychological evaluation positively impacted the patient's psychological wellbeing (82%), caregiver stress (74%), caregiver interactions with the patient (76%), treatment plan (82%), and overall patient care (79%).

**Conclusions:** Results indicate that family members of patients undergoing neuropsychological evaluation for suspected dementia perceive the neuropsychological evaluation as improving diagnostic understanding and confidence. Additionally, family members nearly unanimously agreed that the neuropsychological evaluation had a positive impact on treatment planning, patient well-being, caregiver stress, and utilization of supports.

**Categories:** Dementia (Alzheimer's Disease)

**Keyword 1:** neuropsychological assessment

**Keyword 2:** dementia - Alzheimer's disease

**Correspondence:** Ryley Skinner, University of Kansas School of Medicine - Wichita,  
rskinner5@kumc.edu

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#### 46 The Neuropsychological Evaluation Provides Incremental Value When Compared to Services Rendered by Other Providers

Ryley Skinner, Phillip K Martin, Makenna Snodgrass, Amy Bauman, Ryan W Schroeder

University of Kansas School of Medicine -  
Wichita, Wichita, Kansas, USA

**Objective:** Medical providers often express difficulty in detecting dementia (Bradford et al., 2009), feel ill-equipped to address issues related to dementia care, or neglect to communicate dementia diagnoses and treatment recommendations (Alzheimer's Association, 2015). Despite this, neuropsychologists, who are specifically trained in dementia diagnosis and treatment planning, are not always utilized in the dementia care process. The objective of this study was to investigate family members' perceptions regarding the incremental benefit of the neuropsychological evaluation, relative to previously rendered services, in addressing patient diagnosis/symptoms and in discussing future care plans.

**Participants and Methods:** A survey questionnaire was distributed to family members of patients who had undergone a neuropsychological dementia workup at a university medical center in the Midwest by one of five neuropsychology providers. Immediately following the neuropsychological feedback session, family members were provided a \$10 gift card and a stamped, pre-addressed envelope to return the survey anonymously by mail. Respondents were typically spouses (60.6%) or adult children (29.1%), with 82.4% identifying themselves as the primary caregiver. Patient age ranged from 52 to 92 years (M=73.4). Sixty-seven percent of patients were diagnosed with dementia and 24% with mild cognitive impairment; 9% were not diagnosed with a cognitive disorder. The most commonly suspected etiology for cognitive impairment was Alzheimer's disease or mixed Alzheimer's and vascular disease (46%). Providers noted as previously having been involved in the care of the patients' cognitive symptoms included primary care providers (88%), neurologists (60%), psychiatrists (13%), and psychologists (9%).

**Results:** Two-hundred surveys were disseminated with a response rate of 64% (n=127). Family members were asked to compare the benefit of the neuropsychological evaluation in addressing the patients' symptoms as compared with services rendered by previous providers using a Likert scale ranging from 1 (not beneficial) to 5 (extremely beneficial). The average benefit rating was 4.6/5.0 (SD=0.7) for the neuropsychological evaluation as compared

with 3.0/5.0 (SD=1.1) for previous services, a statistically significant difference ( $p < .001$ ). Family members were also asked to rate the helpfulness of both the neuropsychologist and previous providers in discussing aspects of the patient's diagnosis and care plan using a Likert scale ranging from 1 (not helpful) to 5 (extremely helpful). Comparison using Wilcoxon signed-rank tests indicated neuropsychologists were rated as significantly more helpful than previous providers ( $p < .001$ ) in discussing the cause or diagnosis for their family member's symptoms (M=4.6/5.0 vs. M=3.0/5.0), strategies for providing care to their family members (M=4.5/5.0 vs. M=2.8/5.0), a comprehensive treatment and care plan (M=4.3/5.0 vs. M=2.6/5.0), symptom impact on activities of daily living (M=4.4/5.0 vs. M=2.9/5.0), and symptom impact on current and future functioning (M=4.4/5.0 vs. M=2.8/5.0).

**Conclusions:** Overall, family members reported the neuropsychological evaluation and feedback session to be significantly more helpful in addressing patient cognitive diagnoses, symptoms, and care plan as compared to previously rendered services by non-neuropsychologists. The results underscore the unique and incremental benefit of the neuropsychological evaluation, not only in diagnosis, but also in assisting family in understanding symptom nature, functional impact, and resultant care needs.

**Categories:** Dementia (Alzheimer's Disease)

**Keyword 1:** neuropsychological assessment

**Keyword 2:** dementia - Alzheimer's disease

**Correspondence:** Ryley Skinner, University of Kansas School of Medicine - Wichita, rskinner5@kumc.edu

## 47 Amyloid/Tau Ratio and Early Predictors of Alzheimer's Disease

Shant Rising<sup>1,2</sup>, Sung Kim<sup>1</sup>, Anne Nolty<sup>1,2</sup>, Xianghong Arakaki<sup>2</sup>

<sup>1</sup>Fuller Graduate School of Psychology, Pasadena, CA, USA. <sup>2</sup>Huntington Medical Research Institutes, Pasadena, CA, USA

**Objective:** Early cognitive signs of Alzheimer's disease are often subtle and go unnoticed until they become more prominent and debilitating. Thus, symptoms begin long before an actual