

WMS[®]-IV Flexible Approach Case Study I



Dementia-Related Disorders |

Dementia-Related Disorders

Brief Evaluation Using LMVR Configuration

Mr. L. is an 85-year-old married white male currently living in a residential nursing home. Mr. L. has been living in the partial-assisted nursing home for 6 months following his wife's placement in a nursing home. The nursing home staff observed that Mr. L. becomes agitated and uncooperative at times, which is a relatively recent change in his behavior. Previously, Mr. L. would come out of his room and converse with other residents and staff, but he has become increasingly reclusive and seems to have difficulty communicating. The staff physician requested a psychological evaluation to determine if Mr. L. was experiencing an episode of depression or was showing signs of dementia.

Given Mr. L.'s agitated state and difficulties with sustaining effort, the psychologist required a short assessment of cognitive functioning that included the LM and VR subtests from the WMS-IV. Mr. L. did not have any significant motor issues. In addition to the WMS-IV Flexible Approach LMVR, the psychologist administered the WMS-IV Brief Cognitive Status Exam (BCSE) and the Wechsler Abbreviated Scale of Intelligence® (WASI®). The results of the assessment indicated that Mr. L. was functioning in the low-average range of general intellectual functioning (WASI Estimated FSIQ = 86). His memory scores were LM I = 6, LM II = 2, VR I = 4, and VR II = 3. The index score for IMI (LMVR) was 72, and DMI (LMVR) was 53. These scores are significantly different at the $p < .05$ level (e.g., $IMI - DMI = -19$; cutoff = 10.99). Only 3.6% of the standardization sample had a difference of 19 points ($IMI > DMI$) or larger. The BCSE results indicated that Mr. L.'s general cognitive functioning was in the low range. Mr. L. also completed several measures of depression. The results suggested a mild degree of depression.

The psychologist reported to the treating physician that there was a high probability that Mr. L. was suffering from dementia. He shows significant deficits in memory functioning compared to his general intellectual functioning, with particularly significant deficits in delayed memory. Also, his mental status is compromised. In addition to the dementia, the psychologist noted mild symptoms of depression. Mr. L. was subsequently treated with medications to help maintain his memory functioning and antidepressant medications to address his mood disturbance.

Brief Evaluation Using LMDE Configuration

Mr. J. is a 57-year-old married African-American male who was diagnosed with Parkinson's disease 10 years ago. Mr. J. has been receiving dopamine agonist therapy to help control his symptoms. Within the past 6 months, the medication treatments have been less efficacious. His wife has noted a decline in his cognitive functioning as well as increased motor symptoms. Mr. J.'s treating neurologist ordered a neuropsychological evaluation to determine if Mr. J. has experienced a decline in cognitive functioning.

The neuropsychologist noted that Mr. J.'s motor difficulties may interfere with his ability to perform some of the cognitive tests. He decided to use the WMS-IV Flexible Approach LMDE configuration to limit the impact of motor control issues on the memory assessment. In addition to the LMDE, the neuropsychologist administered the WASI and other measures of working memory, language, and executive functioning.

The neuropsychologist noted significantly slowed cognitive processing during the course of the evaluation. Otherwise, Mr. J. was alert, oriented, focused, and able to sustain cognitive effort for brief periods of time. On the WASI, Mr. J. performed in the average range for Verbal (Similarities $T = 48$) and Visual-Perceptual (Matrix Reasoning $T = 45$) problem solving. On the WMS-IV, he achieved the following scores: LM I = 8, LM II = 10, DE I = 7, and DE II = 8. The overall index scores were as follows: IMI (LMDE) = 85, DMI (LMDE) = 94, AMI (LM) = 95, VMI (DE) = 87. Neither the IMI versus DMI nor the AMI versus VMI scores were statistically significant at the $p = .05$ level. On other measures, the neuropsychologist observed difficulties on any task requiring processing speed, cognitive flexibility, or behavioral productivity.

The results of the evaluation indicated that Mr. J. was having some cognitive difficulties related to slowing of cognitive functions and difficulty with cognitive flexibility and behavioral productivity. There was no evidence of significant memory impairment or general cognitive decline. The observed cognitive difficulties are consistent with cognitive problems associated with Parkinson's disease and his current level of symptomatology rather than indicating the onset of dementia.