December 9, 2010

To the PCPI Dementia Work Group:

We are writing pursuant to your call for public comment regarding the Dementia performance measurement set.

First, we applaud the efforts of the work group toward increasing the awareness of medical practitioners regarding dementia risk among our aging population and improving outcomes in the care of elderly individuals being seen in general clinical practice. As you point out, the increasing prevalence of dementia in the US constitutes an extraordinary challenge to our health care system in terms of both the quality of life for tens of millions of our citizens and economic pressure on our medical resources and infrastructure.

Although the integration of routine screening measures in standard medical care is a laudable step toward improved identification of early cases, these measures possess relatively weak sensitivity and specificity, particularly when used in individuals of high premorbid baseline intellectual ability, individuals from divergent ethnic/linguistic backgrounds, patients in the earliest phases of illness, and in cases of atypical degenerative disease (de Jager CA, et al. 2009; 2006; Hanna-Pladdy et al, 2010; Hoops et al, 2009).

Because of their psychometric properties, standardized development, and availability of demographically-based normative data, most neuropsychological tests have superior positive predictive value and are therefore of greater utility in the clinical context (Smith et al, 2008). Neuropsychological evaluation can distinguish among normal aging, depression, MCI, and various dementia subtypes (Ferman et al 2006; Gavett et al, 2009; Gavett et al, 2010; Libon et al, 2007; Petersen et al, 2001; Wright and Persad, 2007) and accurately predicts conversion to Alzheimer's disease in large epidemiologic samples after 5 and 10 years (Tierney et al, 2005).

We believe that inclusion of the option for more in-depth neuropsychological evaluation is important in the overall approach to the aging population. Referral for neuropsychological evaluation should be considered for screen-negative individuals in whom clinical suspicion remains high due to behavioral/functional symptoms or convincing concerns voiced by family members (O'Bryant et al, 2008).

Finally, we encourage the AMA and constituent members of the PCPI work group to include clinical neuropsychology as a partner in future endeavors of this type.

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Neuropsychologists are uniquely prepared to contribute to projects entailing diagnostic screening, assessment of mental state, quantitative and qualitative appraisal of functional behaviors, and the design and/or selection of measurement instruments and strategies. Most of the test measures in use today were designed and developed within our field. We are confident that early inclusion of neuropsychological expertise in projects such as this would lead to an enhanced approach and final product.

On behalf of the American Academy of Clinical Neuropsychology,

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