Chinese Version of UDS3.0

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INITIAL VISIT PACKET

Form Z1: Form Checklist
Form A1: Subject Demographics
Form A2: Informant Demographics
Form A3: Subject Family History
Form A4: Subject Medications
Form A5: Subject Health History
Form B1: Evaluation Form – Physical
Form B2: Evaluation Form – HIS and CVD
Form B3: Evaluation Form – Unified Parkinson's Disease Rating Scale (UPDRS) – Motor Exam
Form B4: Global Staging – Clinical Dementia Rating (CDR): Standard and Supplemental
Form B5: Behavioral Assessment – Neuropsychiatric Inventory Questionnaire (NPI-Q)
Form B6: Behavioral Assessment – Geriatric Depression Scale (GDS)
Form B7: Functional Assessment – Functional Assessment Questionnaire (FAQ)
Form B8: Evaluation – Physical/Neurological Exam Findings
Form B9: Clinician Judgment of Symptoms
Form C2: Neuropsychological Battery
Form D1: Clinician Diagnosis – Cognitive Status and Dementia
Form E1: Imaging/Labs

初始访视包

表Z1：表格清单
表A1：患者人口学特征
表A2：知情者人口学特征
表A3：患者家族史
表A4：患者用药史
表A5：患者健康史
表B1：评估表 - 体格检查（身高、体重、血压、心率）
表B2：评估表 - Hachinski缺血评分（Hachinski Ischemic Score，HIS）和脑血管疾病（Cerebrovascular Disease，CVD）
表B3：评估表 - 统一帕金森病评定量表（Unified Parkinson's Disease Rating Scale，UPDRS）-肢体活动测试
表B4：临床痴呆评定量表（Clinical Dementia Rating，CDR）：标准和补充量表
表B5：行为评估-神经精神量表问卷（Neuropsychiatric Inventory Questionnaire，NPI-Q）
表B6：行为评估-老年抑郁量表（Geriatric Depression Scale，GDS）
表B7：功能性评价-功能评估问卷（Functional Assessment Questionnaire，FAQ）
表B8：体格/神经功能检查结果
表B9：症状的临床医生判断
表C2：神经心理成套测验（Neuropsychological Battery）
表D1：临床医生诊断 - 认知状况和老年痴呆
表E1：影像学/实验室检查

NACC UNIFORM DATA SET

Initial Visit Packet

Version 3.0, March 2015

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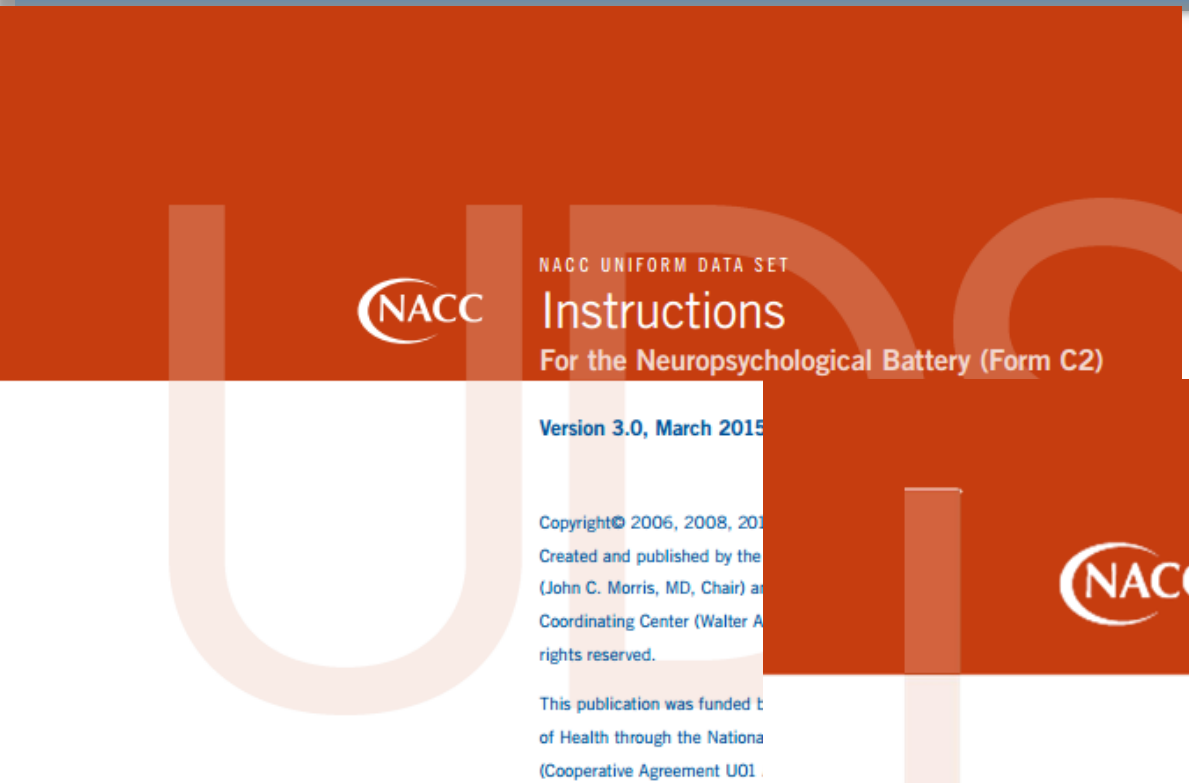
UDS 3.0 Form Instructions



NACC UNIFORM DATA SET

Instructions

For the Neuropsychological Battery (Form C2)

Version 3.0, March 2015

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统一数据集

说明

适用于神经心理学系列量表 (表 C2)

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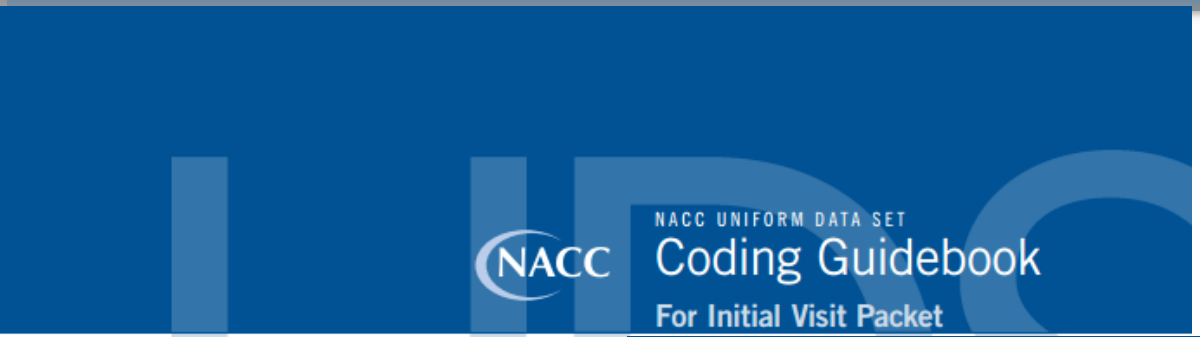
UDS 3.0 Coding Guidebook

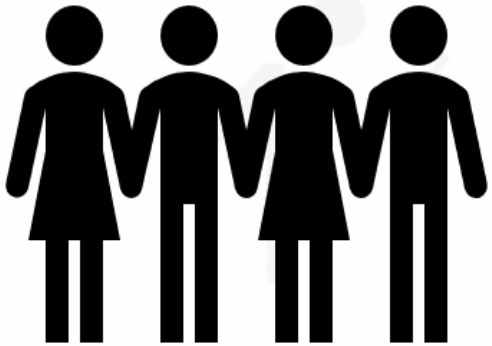


Translation Guideline

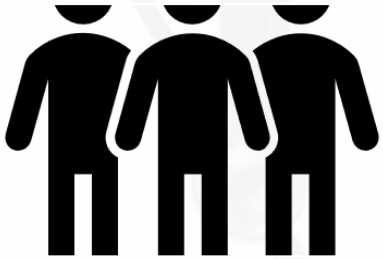
Follow the guideline for cross-cultural Translation of Instruments (Sousa et al. (2010, Journal of Evaluation in Clinical Practice)

Translation Process

Neurology Residents



Professional Translators in China



Chinese American Psychologists and Professional Translators in US

Finalized by a Panel of Experts

We invited some well-known cognitive experts in China, such as Peng Dantao (Neurologist), Wei Cuibai (Neurologist and Neuropsychologist), Li Juan (Clinical Psychologist), to review the content of the translated UDS 3.0, reaching consensus on the content, and finalizing the Chinese version of UDS 3.0 Initial Visit Package.

Presented to Chinese Society of Neurology

The Chinese Version of UDS 3.0 was presented to the neurology experts in China at their *Annual Meeting of Dementia Section of Chinese Society of Neurology of Chinese Medical Association in 2016.*

Publication

China Academic Publishing House plans to publish "*Chinese Version of UDS 3.0" in China*.

We are in the process of obtaining necessary copyright agreements with the authors of neuropsychological tests.

Construction of the Database

Based on “the Management Information Cooperation Platform for Chronic Disease Prevention and Treatment in Affiliated Hospital of Changchun University of Chinese Medicine”, we have implemented the Chinese version of UDS 3.0 Initial Visit Package in the database, following the same data structure as the one implemented at the NACC.

In addition to the web version, Android and IOS clients were also developed.

Database


慢病防治管理信息协作
登录
用户名
密码
登录


慢病防治管理信息协作平台——长春
信息管理
人群管理
慢病库管理
量表&模版管理
错误核查
同步到冻结库
主页
人群管理
温萍
隐藏
个人信息档案
中医体质辨识
中方信息库
AD库
访视1
IVP-A1.受试者个人信息
IVP-A2.共同参与者个人信息
IVP-A3.家族史
IVP-A4.受试者用药情况
IVP-A5.受试者健康史
IVP-B1.一般状况
IVP-B4.整体评估-临床痴呆评定
IVP-B5.简明神经精神科调查问卷
IVP-B6.老年抑郁量表(GDS)
IVP-B7.社会活动功能量表（FAC
IVP-B8.神经系统检查结果
IVP-B9.临床医生症状判断
IVP-C2.神经心理学测验评分
IVP-D1.临床诊断
IVP-D2.临床医生评估医疗情况
IVP-Z1.表单清单

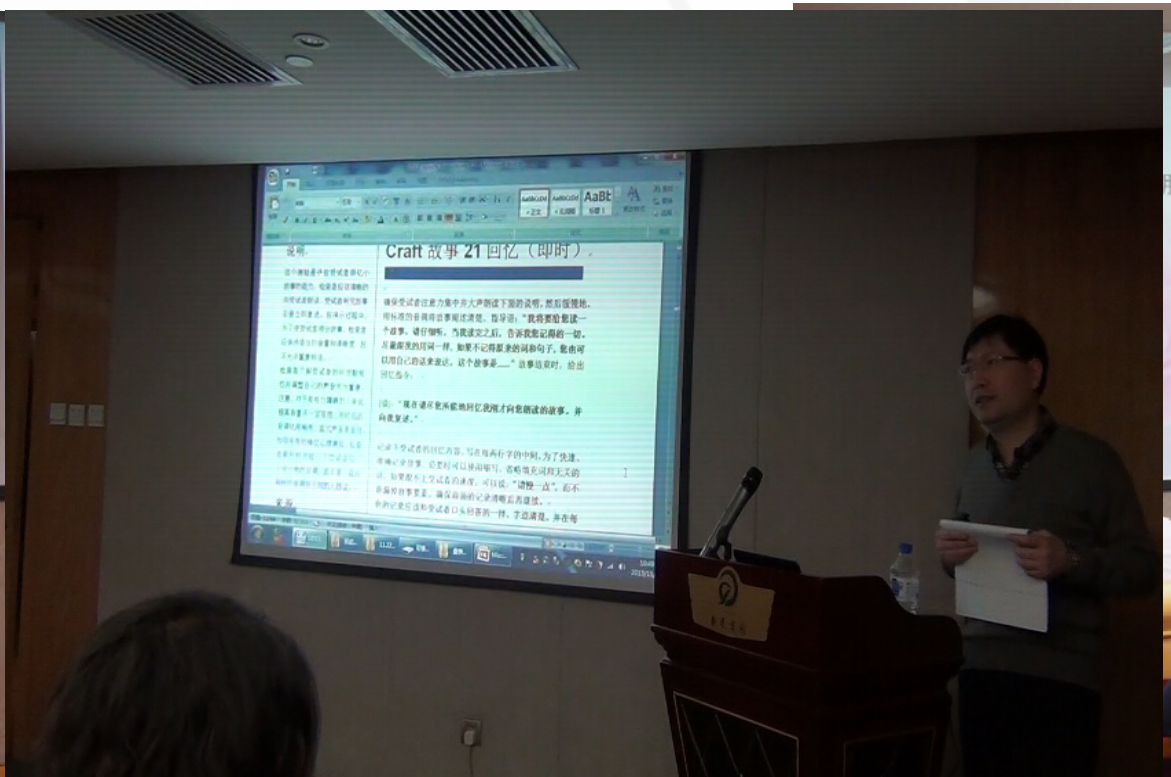
Small Pilot Study at Changchun

Small pilot study was conducted in Changchun University of Chinese Medicine Affiliated Hospital to collect all forms except B1-B9 and D1 forms.

Data collection and quality control

Training：

Before collecting the data, several experts were invited from relevant fields to conduct multiple training on how to use the neuropsychological tests.



Data collection and quality control

Double recording system ：

The platform has used two ipads to collect and verify input for every subject.

After the information is collected, the differences on the information are reminded.

It cannot be stored and uploaded to the cloud until the information is recorded the same.

5. Data collection and quality control

Data collection：

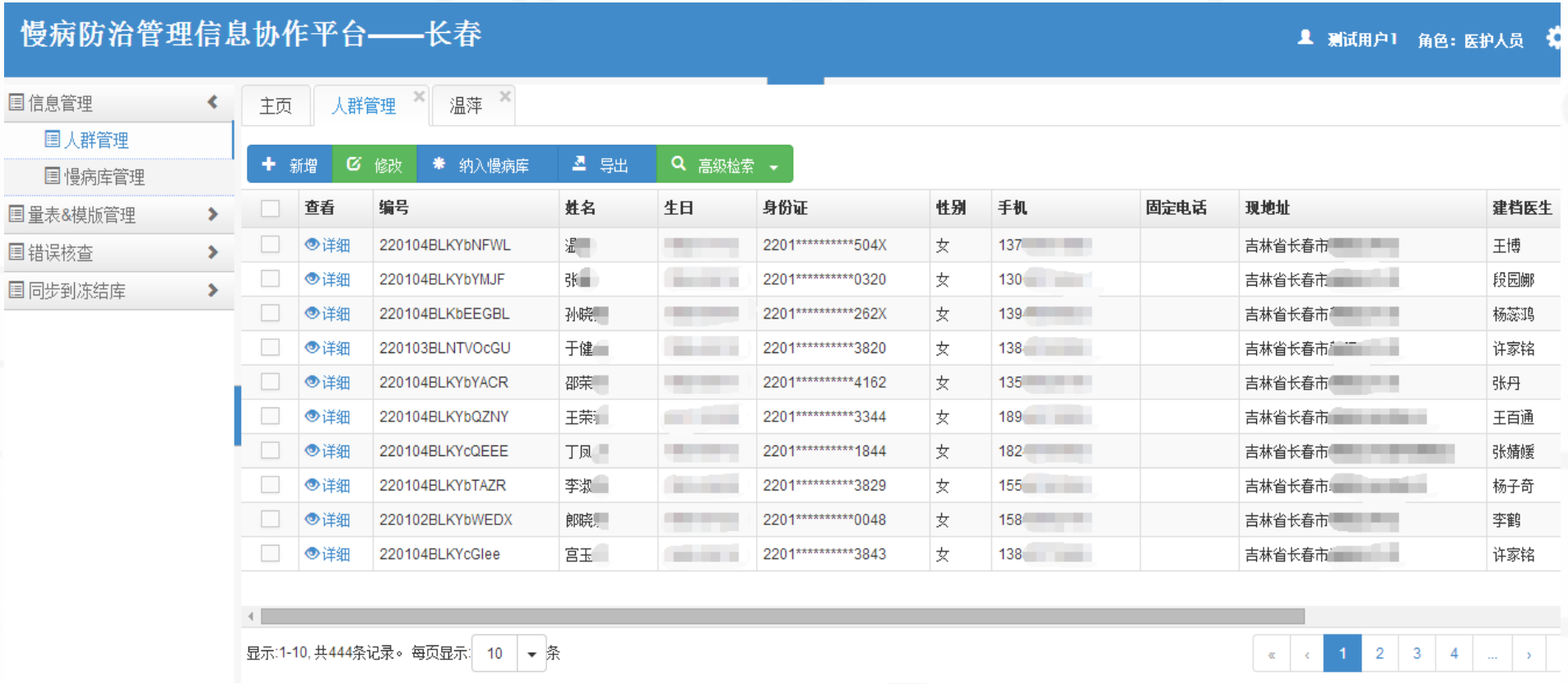
In order to prevent and control the risk of data loss due to the unstable factors in the initial establishment of the network platform, we collected data through paper version at first. Then according to the paper version, we input the data into the platform by using the double recording system to improve the accuracy of data entry.

Data Collection and Quality Control

5. Data Collection and Quality control

Data collection：

We have completed the first phase of data collection. A total of 435 subjects were included.



Result

Original Cohort = 435 case.

17 cases do not have MOCA tests

Final Cohort = 418 cases

Divide the sample into two groups, Cognitive Normal Group (MOCA =>26), and Cognitive Impaired (MOCA<26)

UDS subject demographics by cognitive status

Var	N	Cognition Impairment N=332	Normal Cognition N=86	p.overall
Sex:	**417**			0.219
Male		221 (66.77%)	64 (74.42%)	
Female		110 (33.23%)	22 (25.58%)	
Race:	**418**			0.451
Korean		4 (1.20%)	0 (0.00%)	
Han		318 (95.78%)	84 (97.67%)	
Hui		6 (1.81%)	0 (0.00%)	
Manchu		4 (1.20%)	2 (2.33%)	
Age	**369**	63.00 [59.00,67.00]	60.00 [55.00,64.00]	<0.001
Age segmentation:	**369**			0.089
<65		188 (63.95%)	58 (77.33%)	
65-84		104 (35.37%)	17 (22.67%)	
>=85		2 (0.68%)	0 (0.00%)	
Years of education	**397**	12.00 [12.00,14.00]	12.00 [12.00,13.00]	0.348
Years segmentation of education:	**397**			0.508
<=12		219 (69.75%)	56 (67.47%)	
13-16		90 (28.66%)	24 (28.92%)	
>=17		5 (1.59%)	3 (3.61%)	
Waist to hip ratio	**413**	0.87 [0.84,0.91]	0.85 [0.81,0.89]	0.002
Smoking:	**406**			0.275
Never		261 (80.80%)	70 (84.34%)	
Usually		25 (7.74%)	2 (2.41%)	
Everyday		30 (9.29%)	8 (9.64%)	
Seldom		7 (2.17%)	3 (3.61%)	
Drinking:	**412**			0.428
Never		226 (69.11%)	61 (71.76%)	
Usually		15 (4.59%)	7 (8.24%)	
Everyday		17 (5.20%)	2 (2.53%)	

UDS subject demographics by cognitive status

Var	N	Cognition Impairment N=332	Normal Cognition N=86	p.overall
Marital status:	409			0.228
Married		275 (84.62%)	73 (86.90%)	
Never Married		8 (2.46%)	1 (1.19%)	
Widowed		39 (12.00%)	7 (8.33%)	
Divorced		3 (0.92%)	3 (3.57%)	
Living situation:	418			0.346
Unknown		3 (0.90%)	2 (2.33%)	
Lives alone		38 (11.45%)	11 (12.79%)	
Others		1 (0.30%)	0 (0.00%)	
Lives with parents		1 (0.30%)	0 (0.00%)	
Lives with spouse		249 (75.00%)	69 (80.23%)	
Lives with spouse and children		6 (1.81%)	1 (1.16%)	
Lives with children		34 (10.24%)	3 (3.49%)	
Sports:	413			0.566
Everyday		132 (40.12%)	38 (45.24%)	
Over once every week		56 (17.02%)	15 (17.86%)	
Seldom		41 (12.46%)	12 (14.29%)	
Never		100 (30.40%)	19 (22.62%)	
Hypertension:	348			0.208
No		159 (57.61%)	48 (66.67%)	
Yes		117 (42.39%)	24 (33.33%)	
Diabetes:	262			0.081
No		165 (78.20%)	46 (90.20%)	
Yes		46 (21.80%)	5 (9.80%)	
Coronary heart disease:	256			0.496
No		147 (70.33%)	36 (76.60%)	
Yes		62 (29.67%)	11 (23.40%)	

Work in Progress

Theme One
Based on Benson complex graphical replication test to explore the association between delayed memory and “kidney administrate memory” in the traditional Chinese Medicine
Based on Craft Story test to explore the relationship between immediate memory and “spleen management impression” in the traditional Chinese Medicine

Theme Two
Carotid atherosclerotic plaque generation ’s effection on cognition based on traditional Chinese medicine constitution
Correlation analysis of cognitive function and quality of life and TCM Syndrome
Correlation between dyslipidemia and cognitive impairment based on traditional Chinese medicine constitution

Theme Three
Characteristics of memory impairment in patients with cognitive impairment and its correlation with TCM Syndromes
Study Of cognitive domain impairment in different areas of TCM

Work in Progress

Supported by a Supplement Grant to NACC, we are working on a muti-center trial with at least 4 major hospitals in China to collect clinical data using the Chinese version of UDS 3.0 .

THANK You !