

# Clinical Task Force (CTF) Cognitive Working Group Update

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# Outline

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

# Cognitive Working Group

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- 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

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- 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)

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- 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)

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- 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

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- 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

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- 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!

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Suzanne Craft, PhD



Steve Rapp, PhD



Bonnie Sachs, PhD

# COVID-19 Questionnaire

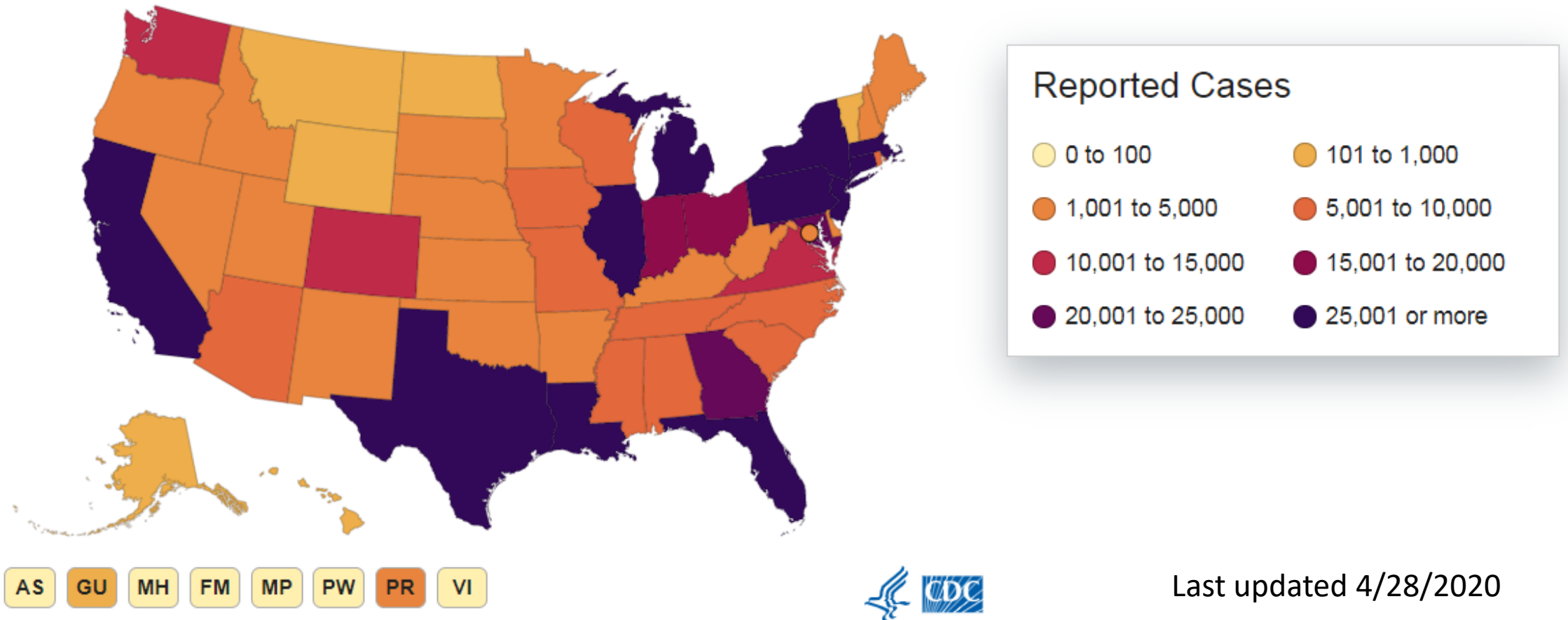
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- Rush COVID-19 questionnaire developed by Dr. Patricia Boyle with input from Rush Executive Committee
- 2 versions – Rush MAP cohort and shorter one for diverse cohorts (Clinical Core, Latino Core, MARS)
- Designed to be administered as part of wellness 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

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- 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

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- 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  $\geq$  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

