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Abstract

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Featured Article

TOMMORROW neuropsychological battery: German language validation and normative study

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Introduction: Assessment of preclinical Alzheimer's disease (AD) requires reliable and validated methods to detect subtle cognitive changes. The battery of standardized cognitive assessments that is used for diagnostic criteria for mild cognitive impairment due to AD in the TOMMORROW study have only been fully validated in English-speaking countries. We conducted a validation and normative study of the German language version of the TOMMORROW neuropsychological test battery, which tests episodic memory, language, visuospatial ability, executive function, and attention.
Methods: German-speaking cognitively healthy controls (NCs) and subjects with AD were recruited from a memory clinic at a Swiss medical center. Construct validity, test–retest, and alternate form reliability were assessed in NCs. Criterion and discriminant validities of the cognitive measures

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were tested using logistic regression and discriminant analysis. Cross-cultural equivalency of performance of the German language tests was compared with English language tests. Results: A total of 198 NCs and 25 subjects with AD (aged 65-88 years) were analyzed. All German language tests discriminated NCs from persons with AD. Episodic memory tests had the highest potential to discriminate with almost twice the predictive power of any other domain. Test-retest reliability of the test battery was adequate, and alternate form reliability for episodic memory tests was supported. For most tests, age was a significant predictor of group effect sizes; therefore, normative data were stratified by age. Validity and reliability results were similar to those in the published US cognitive testing literature. Discussion: This study establishes the reliability and validity of the German language TOMMORROW test battery, which performed similarly to the English language tests. Some variations in test performance underscore the importance of regional normative values. The German language battery and normative data will improve the precision of measuring cognition and diagnosing incident mild cognitive impairment due to AD in clinical settings in German-speaking countries. © 2018 Published by Elsevier Inc. on behalf of the Alzheimer's Association. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/). Alzheimer's disease; Randomized clinical trial; Neuropsychology; Cross-cultural; Validation

1. Background

Keywords:

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Measurement of cognitive change in Alzheimer's disease (AD) trials has typically relied on well-validated metrics, such as the Alzheimer's Disease Assessment Scale-Cognitive Subscale test, a composite measure that detects treatment response across different trial settings and cultures [1]. However, as more research started focusing on the preclinical stages of AD, more sensitive metrics are required for the detection of very subtle cognitive changes that occur in the very early stages of incident mild cognitive impairment due to AD (MCI-AD). An increasing number of secondary prevention studies are now underway that are designed to test therapeutic agents that may either delay or prevent the onset of early clinical symptoms of AD [2]. These studies have selected composite end points capable of detecting cognitive decline in older adults at risk of developing AD, based on neuropsychological data from longitudinal studies of clinically healthy populations [3,4].

The TOMMORROW study is among these secondary 152 prevention studies and examines the efficacy of medicines 153 to delay the onset of diagnosable MCI-AD [5,6]. Unlike 154 the other secondary prevention trials, the primary outcome 155 is a clinically definable event, MCI, rather than a cognitive 156 157 composite. The trial uses a time-to-event design, with the 158 primary end point event defined as an adjudicated clinical 159 diagnosis of MCI-AD based on the National Institute on 160 Aging–Alzheimer's Association criteria [7]. This end point 161 choice has advantages in being a clinically meaningful 162 outcome but also presents some complexities when applied 163 across different languages and cultures. First, the MCI-AD 164 criteria had not yet been used as an end point in clinical 165 trials, and the criteria needed to be operationalized to 166 allow diagnostic standardization across multiple sites and 167 clinicians. Second, because the diagnostic criteria are to be 168 169 used in a global context, cross-cultural validation and 170 standardization of the metrics is essential to ensure that they capture the cognitive and functional features of earlystage AD across all the cultural settings. 171

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In the TOMMORROW study, the core clinical criteria for MCI-AD were operationalized. These criteria were made available for public review before study launch [6] and are defined as a sustained decline in both function and neuropsychological performances. Functional decline is operationalized as a change in the Clinical Dementia Rating Scale (CDR) score from 0 to 0.5, and neuropsychological performance is measured by two domains of cognition (one of which must have been episodic memory) falling below baseline performance (to at least 1.3 standard deviation [SD] below the age-adjusted normative mean) or an isolated decline from baseline in episodic memory (i.e., to at least 1.5 SD below the age-adjusted normative mean). To meet the operationalized definition of MCI-AD, these criteria are expected to be met at two consecutive study visits, approximately 6 months apart.

Criteria for MCI-AD can be applied readily in Englishspeaking countries using standardized cognitive assessments that are normed for the population and well validated for clinical use in cognitively healthy older adults. However, the use of these tools for diagnostic purposes in other cultures requires establishing their test reliability, validity, and normative ranges appropriate to the applicable culture. The purpose of the present study was to psychometrically validate the German language adaptation of the cognitive tests for the TOMMORROW study for application among German-speaking adult populations aged 65–88 years (the target age range for the TOMMORROW study) and to develop normative data for the battery of tests.

2. Methods

We conducted a validation and normative study of the German language version of the TOMMORROW study's neuropsychological test battery. The primary objectives of Download English Version:

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