## What Is A <br> Neuropsychological Assessment?

- Can identify the onset and type of mild cognitive impairment and dementia so that early intervention can occur
- Can identify cognitive deficits, predict functional outcomes, and monitor patient recovery after acquired brain injuries
- Can assist in the diagnosis and management of neurodevelopmental conditions
- Can provide therapeutic interventions in the form of cognitive rehabilitation, cognitive remediation and counselling/psychoeducation
- Useful in determining decision-making capacity


Common Goals of Neuropsychological Evaluations

- Characterise cognitive and behavioral function
- Prioritise differential diagnoses
- Plan and monitor treatment
- Address legal, functional, or other issues
- Provide specialised cognitive rehabilitation

Wonder-facts!

| Fact 1. | Fact 2. | Fact 3. |
| :--- | :---: | :---: |
| Neuropsychological <br> Assessments can <br> detect early cognitive <br> changes with a 90\% <br> accuracy | $>80 \%$ of primary care <br> physicians reported <br> that referral questions <br> were satisfactorily <br> answered | Approximately 90\% <br> agreed with the |
| $\mathbf{9 0 \%}$ |  | $\mathbf{8 0 \%}$ |

## And what about cognitive screens?

- Neuropsychological tests are different in purpose and scope from cognitive screening tests
- Screening tests usually take a short time to complete and are designed to screen for general cognitive impairment that may warrant a more comprehensive workup
- Although screening tests can indicate problems in general cognitive functioning, they have poor ability to assess for deficits in specific cognitive domains and are not diagnostic
- Research shows that screening test items weakly correlate with scores in the same cognitive domains on neuropsychological testing
- Neuropsychological testing comprehensively examines multiple cognitive domains to provide a detailed assessment of the nature and severity of cognitive impairments
- This information contributes significantly when determining primary and secondary diagnoses and planning an individualised rehabilitation/treatment plan


## Most frequently referred clinical conditions

- Attention-deficit/hyperactivity disorder

Brain tumor

- Dementia

Neurodevelopmental disorders
Seizure disorder

- Stroke
- Traumatic brain injury
- Other medical or neurologic condition


## Common primary care

 referral questions- Document functional limitations
- Establish baseline cognitive functioning
- Establish or confirm diagnosis
- Examine competency or other issues that have legal complications
- Provide second opinion - Provide treatment recommendations
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