Midwest Geriatrics – Palliative Fellowships Consortium

GERIATRICS TWITTER JOURNAL CLUB

#GeriJC

Sensitivity and specificity of the Bamberg Dementia Screening Test's (BDST) full and short versions: brief screening instruments for geriatric patients that are suitable for infectious environments

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Dr. Nehme Christian, Geriatrics Fellow from University of Illinois leads discussion on this study (see video)

T1. What are the most interesting aspects of the paper?

@allysonkpalmer: I like the adaptive application algorithm proposed by the authors – if gross abnormalities are present, can halt testing. Gives the test clinical versatility. #GeriJC

@BERosensteinMD: A1) The specifically did the testing and validation with an inpatient population, one we often carefully select for testing of dementia due to many confounders. #GeriJC

@Antharamphani: The clinical setting and pragmatic approach to testing and validation #GeriJC

T2. Were the analytical approaches used in the study appropriate?

@UNDGeriatrics: This was a good article. Our stat faculty was impressed by the methods used #GeriJC

@UND Geriatrics: Methodology and statistical analysis were very appropriate for their research questions. Their validation was well done. The comparison of the NPV to prevalence was an interesting approach #GeriJC

@BERosensteinMD: A2) Really great to see an article using NPV and PPV to determine a test cut-off, as opposed to Sn/Sp alone. #GeriJC

@Antharamphani: The statistical approach appears to be appropriate for this study #GeriJC

T3. Does the study add new knowledge to established foundations?

@Arussell065: This study demonstrates the correlation between scores for different subtests across the BDST and CERAD-Plus despite how differently they are administered, providing evidence for the construct validity that these tests are measuring their purported cognitive domains #GeriJC

@BERosensteinMD: A3) Yes & No. On one hand, feel like we have plenty of cognitive tests (MMSE, MoCa, SLUMS, MiniCog, RUDAS, plus multiple cog batteries). However this did add a novel method of testing which may have uses such as decrease literacy. #GeriJC

@Antharamphani: It does add a more approachable and practical tool for the patients in the specific setting described and that tis comparable to the existing and standard tools #GeriJC

T4. What are the weaknesses of the study (design)?

@UNDGeriatrics: Study design-wise, I saw no weaknesses in the study that would lead to inaccurate interpretations. The authors were careful not to over generalize their results and conclusions #GeriJC

@VanessaOgundip1: The study selected for patients who were able to complete a battery of neuropsychiatric testing. In my mind this represents patients who are likely more "well" than the average geriatric internal medicine patient #GeriJC

@KahliGoBlue: Excellent point! Population seems highly educated (mean years of education 12+ in all groups). Would be interesting to look at other SDH within the study population that may limit generalizability #GeriJC

@vpwalson: I wonder if confounding factors such as delirium, pain, lack of sleep, which are common in hospitalized older adults could have affected results. #GeriJC

@LaurenMCarlson: Experienced neuropsychologists trained by the first author administered the test. This may limit the ability to generalize the results, as I often see hospitalists or OT colleagues administer cognitive tests #GeriJC

@NDgeriDocDahl: My biggest concern would be delirium confounding results #GeriJC

@curcumin: Homogeneous population. Preselected patients. Lots of hand waving. No executive function assessment #GeriJC

@BERosensteinMD: A4) Would've been interesting if they kept those with higher GDS and did a priori sub-group analysis. Because this was inpt, feel a neg 4AT or CAM should've been a first step. Limitation of comparing against MMSE -> MoCA and SLUMS were developed to catch MCI #GeriJC

@BERosensteinMD: A4.2) Additionally, even the authors brought up that participants who are bedridden and too ill to perform tasks from f.e. MoCA, consider the BDST. Wonder about cognitive reserve and decrease per #GeriJC

@Antharamphani: No appreciable weaknesses in study design but gernalizability due to the study population and other confounders such as delirium to which this population is more prone #GeriJC

@Daniela56730371: Patients preselection #GeriJC

T5. How would you introduce the findings in your practice?

@allysonkpalmer: As the authors point out, the BDST has promise as a useful tool for virtual visits to which we and out patients have become more accustomed during COVID-19 #GeriJC

@ClarkSocl: One of the main selling points of the BDST is that it is faster to administer. But the most time consuming part of diagnosing dementia is explaining what it means to the family and how it changes pt care. Doing the actual screening test is a small part of the process #GeriJC

@ClarkSocl: (2 of 2) The authors of the paper suggest that the barrier to screening for dementia in the inpatient setting is how long the test takes. If you implement wider testing in the hospital, but then don't have appropriate counseling or f/u, I am not sure you would the pt gets benefit #GeriJC

@KahliGoBlue: Important point! Also important to emphasize that quick screening tests can never replace diagnosis, which also must take into account functional status, duration of sx, etc #GeriJC

@curcumin: Roo much emphasis on verbal and semantic memory. Does not address change in executive fxn which is the key basis of diagnosis of dementia! #GeriJC

@BERosensteinMD: A5) Can see where the BDST could be useful and provides more tools. However, still prefer f.e. the MoCa with more executive testing that can further guide conversations (trails test -> driving) or he RUDAS for language and educationally diverse populations #GeriJC

@Anharamphani: Tool to help refer and follow up in the geriatric clinic in our current clinical setting as inpatient hospital system does not provide much emphasis on dementia #GeriJC

@Daniela56730371: To use BDST the same way we use SLUMS or MoCa #GeriJC