

What is a Neuropsychological Evaluation? What does it tell us?

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Disclosures

- No disclosures



Questions we will answer today

- What is a neuropsychological evaluation?
- Why have I been referred for a neuropsychological evaluation?
- What should I know/do before the exam?
- **How does it help in Parkinson's disease?**



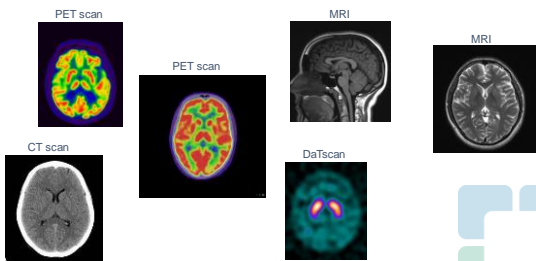
What is a neuropsychological examination

- A diagnostic evaluation of thinking and memory
 - Brain-behavior relationship
 - How does our brain relate to other parts of the body
- It is one piece of the complex puzzle
- Two parts:
 - Clinical interview
 - Cognitive testing

Broad Goal: Identify strengths and weaknesses in thinking and memory



How does it fit with other tests?



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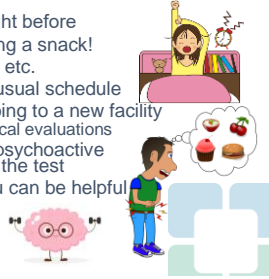
Why has a neuropsychological evaluation been recommended?

- You or others around you have experienced a change in thinking and memory skills
- Your healthcare provider sees a change on a screening measure
- To establish a cognitive baseline

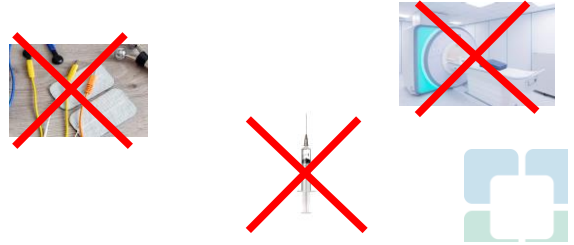


What should I do before the exam?

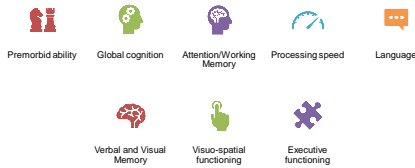
- Get a good night's sleep the night before
- Eat before the appointment; bring a snack!
- Use your hearing aids, glasses, etc.
- Take your medication per your usual schedule
- Bring your medical records if going to a new facility
 - Bring any prior neuropsychological evaluations
- Avoid alcohol/non-prescription psychoactive substances for 24 hours before the test
- Having someone come with you can be helpful
- **Bring your cognitive A-game!!**



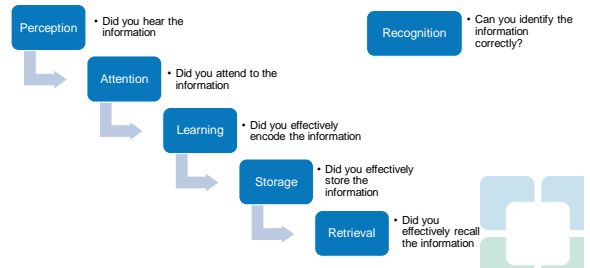
What does "cognitive testing" mean?



Cognitive Domains Assessed



How does memory work?



Neuropsychological assessment in PD

- Some cognitive variation is typical in PD
 - Are there weaknesses over and above that?
- Establish a cognitive "baseline"
- PD specific weaknesses
 - Impact on daily life
- Guides treatment efforts
- Help improve functioning in tasks of daily life
 - Use areas of strength

Neuropsychological assessment for Neuromodulation Procedures (e.g. DBS)

- Obtain a cognitive baseline.
- Impairment in excess of typical variations in movement disorders which might raise concerns for DBS (i.e. dementia).
- Are cognitive weaknesses or variations suggestive of another process (e.g. other dementia processes, mood disorders, etc.)?
- Can the patient cooperate with pre-, peri-, and post-operative demands?
- Are there ways to ameliorate these cognitive weaknesses in order to improve post surgical outcomes?



How do I get my results?

- Your neuropsychologist may arrange a repeat visit with you to discuss findings
 - Typically a much shorter visit
- The provider who referred you for a neuropsychological evaluation may go through the findings and recommendations with you.
- You may request/receive a copy of the report.



Thank you!!!

