Normative data for healthy adult performance on the Egyptian-Arabic Addenbrooke's Cognitive Examination III

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Introduction

The Addenbrooke's Cognitive Examination III (ACE-III) (2012) is a brief cognitive battery that assesses various aspects of cognition. Its five subdomains (attention and orientation, memory, verbal fluency, language and visuospatial abilities) are commonly impaired in Alzheimer's disease and frontotemporal dementia.

Objective

The aim of the study was to provide normative data for healthy adult performance on Egyptian-Arabic ACE-III.

Participants and methods

We adapted the ACE-III (2012) to the Egyptian population. We evaluated this version on 139 cognitively healthy volunteers aged 20 years or older (54.7% male and 45.3% female). We stratified the participants both by age (< 60 years and >60 years) and by degree of education (basic, secondary or university education). None of the participants had any complaints of cognitive decline.

Results

We established normative data for healthy Egyptian adults below 60 years and above 60 years on each of the subdomains of the ACE-III. The data generated from the performance was assigned according to percentiles. We found a significant difference (P<0.001) between the performance of older and younger adults on the category task of the verbal fluency test.

Conclusion

By adapting the ACE-III to the Egyptian-Arabic population, we were able to establish normative data for healthy Egyptian adults.

Keywords:

Addenbrooke's Cognitive Examination, Addenbrooke, aging, Arabic, cognitive, dementia, Egypt, memory, neuropsychology, normative

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Introduction

The Addenbrooke's Cognitive Examination III (ACE-III) (2012) is a brief cognitive battery that assesses various aspects of cognition and is one of the most widely used assessment tools used in routine clinical practice in the UK [1]. It examines five subdomains of cognition: attention and orientation, memory, verbal fluency, language and visuospatial abilities. The total score is out of 100 with higher scores indicating better cognitive functioning. ACE-III takes about 15-20 min to complete and can be easily applied, scored and interpreted by the nonspecialist. The ACE-III replaced the previous Addenbrooke's Cognitive Examination-Revised (ACE-R) (2005). This was due to copyright restrictions on the Mini-Mental State Examination (MMSE), which was originally incorporated verbatim into the ACE-R and therefore had to be substituted [2].

The previous version ACE-R is available in many languages, including English [3], German [4], Greek [5],

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Korean [6], Portuguese [7], Spanish [8] and Arabic for Saudi Arabia [9].

Many of the neuropsychological tests used for cognitive assessment were developed in the USA and Europe. Hence, the use of these tests in a different cultural context could lead to inaccurate interpretation when applying the norms to other cultures, especially as the interpretation of neuropsychological tests requires setting reference points that constitute the normal performance in a population. These normative data provide a numerical frame of reference [10].

Arabic is the fourth most commonly spoken language in the world. There are an estimated 221 million native Arabic speakers, who comprise 3.7% of the world's population [11]. Moreover, Egypt's population alone makes up 23.6% of the total Arabic-speaking population [12].

The aim of the current study was to provide normative data for healthy adult performance on the Egyptian–Arabic ACE-III.

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Participants and methods

Adaptation of Addenbrooke's Cognitive Examination III

After obtaining permission from the author to translate and culturally adapt the ACE-III to the Egyptian population, we used the Delphi method to survey each item of the scale to examine which of the items had to be adapted to the Egyptian culture. Forward translation into Egyptian-Arabic was done for the following items of the ACE-III: orientation, registration, concentration, recall, language comprehension, writing and visuospatial tasks. Other items of the test used the Delphi method to arrive at a culturally equivalent replacement. The Egyptian translated and adapted version was then back-translated into English. The expert group then rated the degree of agreement between the back-translated version and the original version. As a final step to ensure the equivalence of the translated ACE-III, we sought the author's opinion on the back-translated version.

Participants

Data from 139 cognitively healthy participants were collected. We included individuals who were 18 years or older from both sexes and who were apparently healthy. We excluded any person who had a history of major neurological or psychiatric disorder, those with a history of stroke or head injury, those who had been hospitalized for any reason in the 2 years before recruitment and those who were illiterate. People who were illiterate were excluded because several items of the ACE-III require literacy skills.

Participants were recruited from a community-based sample from cultural centres and elderly clubs as well as from volunteers who were relatives and friends of patients, or from the general public. These included individuals attending the Outpatient Clinic at the Neurology and Gerontology Departments at Ain Shams University, Cairo, Egypt, with relatives and friends. The tests were carried out over a single session. Ethical approval for the study was granted by the Ain Shams Faculty of Medicine Ethical Committee. The purpose of the test was fully explained to all participants, who gave informed consent to take part in the study. In explaining the purpose of the test to the participants we decided to use the term Major Neurocognitive Disorder [13] in our translation instead of the term 'dementia' because of the negative connotation of the Arabic translation of the word dementia. Data for the study were collected from July 2013 until April 2014.

Statistical analysis

Before displaying the percentiles for the various subscales of the ACE-III, we had to transform verbal fluency raw responses into standardized scores according to percentiles, but because of the wide age range of the participants we had to examine the effect of age on letter and category fluency. We compared the performance on both letter and category fluency between the two groups according to age: a younger group who were less than 60 years old and an older group who were 60 years or older. We used the Mann-Whitney *U*-test to compare between the two groups.

Table 1 Demographics

	Younger group (n=83)	Older group (n=56)
Age (years)		_
Minimum-maximum	20-59	60-93
Median (IQR)	36 (15)	71 (13.75)
Sex (%)		
Male	53	57.1
Female	47	42.9
Education (%)		
Basic	8.4	25
Secondary	41	28.6
University	50.6	46.4

Table 2 Letter and category fluency between the older and younger groups

Groups	Ν	Mean rank	Mann-Whitney <i>U</i> -test	Z	P (2-tailed)
Letter fluen	су				
Younger	83	73.84	612005	- 1.378	0.17
Older	56	64.30			
Category flu	iency				
Younger	83	82.27	1306	-4.385	< 0.001
Older	56	51.82			

With the other subscales of ACE-III, we did not examine the effect of age because performance was based on standardized scores and not on raw data. Statistical analysis was carried out using SPSS (v22; SPSS Inc., Chicago, Illinois, USA) on OS X 10.9.

Results

We recruited a total of 139 apparently healthy community dwellers. Their demographic characteristics are outlined in Table 1.

Table 2 shows the results of a comparison between the two groups (<60 years and ≥60 years) on letter and category verbal fluency performance, demonstrating a statistically significant difference between the two groups in the category fluency subscale.

Table 3 shows the number of words generated in the category fluency task in those individuals below 60 years of age according to percentiles and the score assigned to each percentile.

Table 4 shows the number of words generated in the category fluency task in those individuals aged 60 years or older according to percentiles and the score assigned to each percentile.

Table 5 shows the number of words generated in the letter fluency task in all individuals according to percentiles and the score assigned to each percentile.

Table 6 shows the percentiles of the performance on Egyptian ACE-III total score as well as ACE-III subscales.

Discussion

The ACE-III is a valuable add-on to the armamentarium of cognitive tests available to practitioners in Arabic-speaking

Table 3 Category fluency for the younger group

	Percentile								
	<5	5–10	10-25	25-50	50-75	75–90	90-95	>95	
Number of words generate Score	<9 0	9 1	10-11 2	12-15 3	16–19 4	20-23 5	24-26 6	> 26 7	

Table 4 Category fluency for the older group

	Percentile							
	<5	5–10	10-25	25-50	50-75	75-90	90-95	>95
Number of words generated Score	<9 0	9 1	10 2	11 3	12–13 4	14–15 5	16–18 6	>18

Table 5 Age inclusive letter fluency performance

		Percentile							
	<5	5-10	10-25	25-50	50-75	75-90	90-95	>95	
Number of words generated Score	<4 0	4 1	5 2	6–7 3	8–10 4	11–12 5	13–14 6	>14	

Table 6 Performance percentiles of Addenbrooke's Cognitive **Examination III subscales**

	Percentile						
	5	10	25	50	75	90	95
Attention subscale Memory subscale Language subscale Visuospatial subscale ACE total score	15 20 21 12 74	15 21 22 13 77	17 23 24 14 83	18 24 25 15 88	18 25 26 16 92	18 26 26 16 95	18 26 26 16 96

ACE-III, Addenbrooke's Cognitive Examination III.

nations. The availability of normative data for healthy adults across all age groups is important to subsequently use this tool across different patient populations. Other available tools include a validated version of the Montreal Cognitive Assessment (MoCA) tool [14] and the Test Your Memory (TYM) test [15]; both were validated in an Egyptian elderly population. The MMSE [16] was validated in a small Saudi sample of young adults.

With regard to the benefits of these tests, there are differential advantages for the MoCA and ACE when compared with the MMSE, as they both offer higher sensitivity, specificity and positive and negative predictive values. In contract, the TYM test does not offer better diagnostic accuracy over MMSE [17]. MMSE lacks the sensitivity to identify frontotemporal dementias [18], whereas both MoCA and ACE have been validated on patients with frontotemporal dementia [18,19]. Yet, out of the two tools, the literature indicates that ACE is able to differentiate between frontotemporal dementia and Alzheimer's disease [18,19]. In addition, ACE has been validated in language variants of frontotemporal dementia [20]. We report normative data for healthy individuals aged 20 years and above, dividing them into two subgroups. We chose the cutoff age according to the age of retirement in Egypt, which is 60 years. This is the cutoff age suggested by the UN to define 'elderly' in Africa [21].

In our study, age influenced only the performance on the category fluency task and not on letter fluency. Being 60 years or older was a predictor of fewer number of words generated on the category fluency task. It is suggested that the greater effect of age on category fluency may be a reflection of the fact that performance on verbal fluency tasks is a function of the size of the set being searched, with category sets tending to be larger than letter sets, thus requiring more effort to perform and thus being more vulnerable to the slowdown in search processes that occurs with ageing [22]. Several studies have also demonstrated that performance on the category fluency test declined with age [23-30].

The main contribution of our study is to adapt a brief and comprehensive bedside cognitive assessment tool for an Egyptian population that can be used in routine clinical practice in the assessment of various cognitive disorders. Our study also provides norms for the performance of Egyptian-Arabic speakers on the ACE-III, which will provide clinicians with a reference that will enable them to determine to what degree an individual's performance reflects cognitive impairment.

Our study provides normative data for individuals aged between 20 and 93 years. This will help in the assessment of a variety of cognitive disorders in different age groups. These range from dementia in the elderly to traumatic brain injury and multiple sclerosis in younger adults. Validation of the Egyptian-Arabic ACE-III in dementia and mild cognitive impairment has been completed by our group, and its validation in other cognitive disorders is also underway.

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Conflicts of interest

There are no conflicts of interest.

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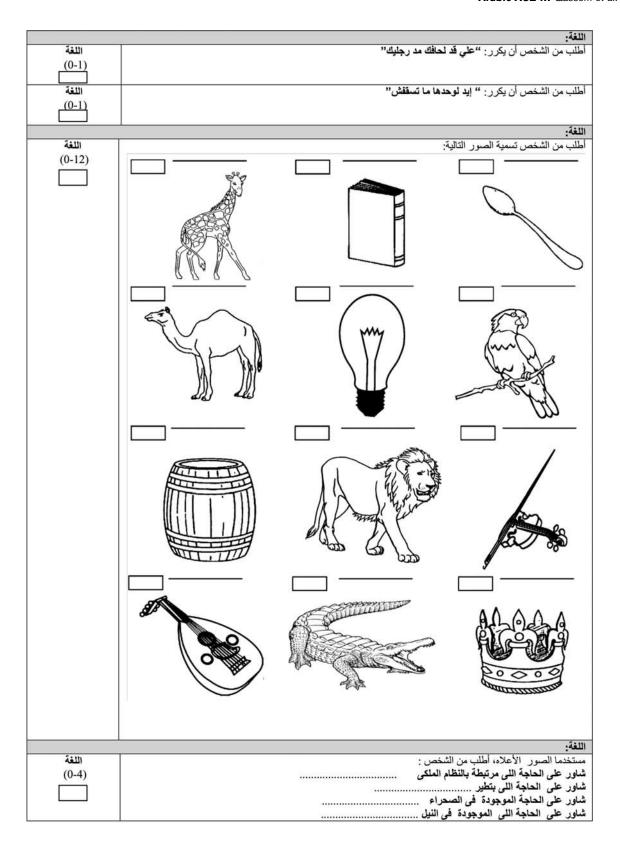
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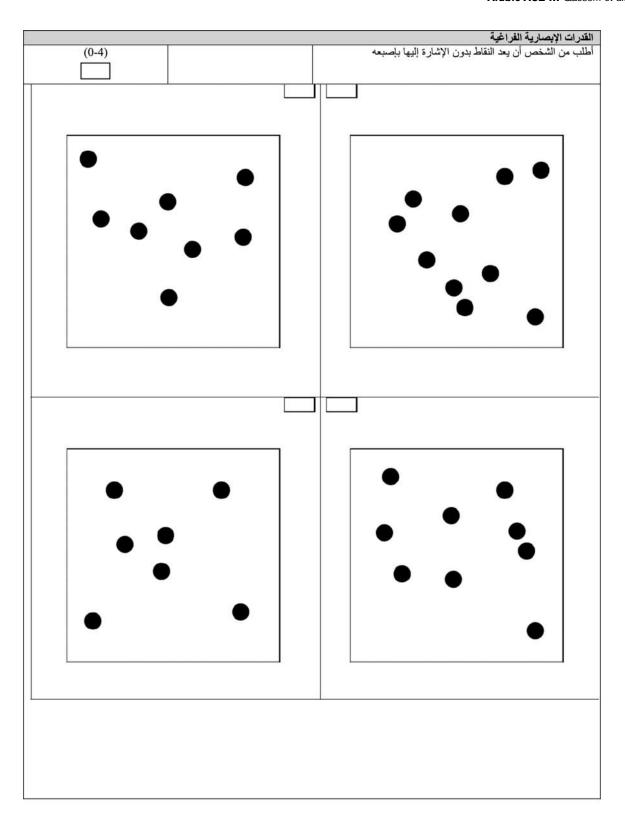
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				أعط الدرجة للمحاولة الثالثة فقط.
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				عادل إبراهيم
				42 سكة الفضل
		***********	3	طنطا
				الغربية
		900 M 100 1400	0.0000000000000000000000000000000000000	5,000
				الذاكرة
الذاكرة:				مين رنيس الجمهورية الحالي؟
(0-4)				مين رئيس الوزراء الحالي؟
				إسم الرئيس الأمريكي الحالي؟
				الرئيس المصري اللي أتقتل في الثمانينات؟
				اللغة:
اللغة	بعدين خد الورقة "! إذا	القلم من على الترابيزة و	التجربة ، أطلب منه " خد	ضع قلما وورقة أمام الشخص. على سبيل
(0-3)				فشل، أعطه صفرا ولا تكمل الاختبار.
			لية.	إذا نجح في التجربة أكمل الثلاث أو أمر التا
				أطلب من الشخص " حط الورقة على القلم
			, قَهُ"	أطلب من الشخص " شيل القلم و سبب الو
				أطلب من الشخص " إديني القلم بعد ما تله
				ملحظة: ضع القلم والورقة أمام الشخص ق
			.,,	اللغة:
اللغة	ملة و ما تتستخدمش	ر عدد قضیته اکتب حمل کا	تما (أه فسحة رحتما) أه أخ	 اكتبلي جملتين أو اكتر علي أخر أجازة أخد
(0-2)	J		- 3 (4-3 3) 4-	اختصارات.
(0-2)	ن تر كرب الحملة سلاما	د، واعط درجة أخرى إذا كا	(أه أكثر) عن موضوع واح	أعط درجة واحدة إذا كتب جملتين كاملتين
	ى برسيب سيد		(او اسر) عن الوسوح والم	رب رب رسان درب بسیل سیل
				اللغة:
اللغة			ه بندر"، "استشفاء"	كرر ورايا "سلسبيل"، "خزعبلات"، "شا
(0-2)	عط صفر ا إذا كرر كلمتين	3 كلمات بشكل صحيح، وأ		أعط درجتين إذا كرر كل الكلمات بشكل ص
			. , , ,	أو أقل بشكل صحيح.
				٠.٠٠ .

المقياس تأليف جون هودجز ترجمة و تحقيق: طارق قاسم ، محمد خاطر ، كريم عبد العزيز ، تامر عماره، ضحى رشيدي، أحمد محمدين، هبة توفيق، محمد طلبة جميع الحقوق محفوظة @ طارق قاسم 2014

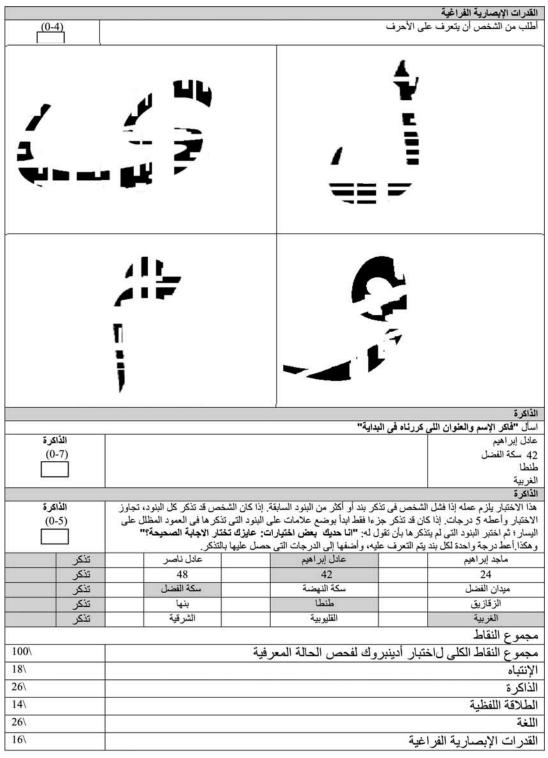


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القيم المعيارية لنسخة كبار السن مبنية على عينة ضابطة مكونة من 56 شخصاً بين سن 60 و 93 أما عينة مرضى الإضطراب المعرفي الجسيم فكانت مكونة من 37 شخصا تتراوح أعمارهم من 61 إلى

عند الدرجة الفاصلة <75 كان معدل حساسية المقياس %91 و معدل التمييز %96

المقياس تأليف جون هودجز ترجمة و تحقيق: طارق قاسم ، محمد خاطر ، كريم عبد العزيز ، تامر عماره، ضحى رشيدي، أحمد محمدين، هبة توفيق، محمد طلبة جميع الحقوق محفوظة @ طارق قاسم 2014