

Houston Neuropsychology Associates, PLLC

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NEUROPSYCHOLOGICAL EVALUATION

Name: Erskine Ayers	Education: 15
Date of Birth (Age): 6/10/1954 (72)	Handedness: Right
Ethnicity/Race: African American/Black	Occupation: Retired
Date of Evaluation: 6/25/2026	Marital Status: Married

This evaluation was conducted for clinical treatment planning and may not be valid for other purposes.

History and Presenting Problem: The following background information was gathered from an interview with the patient and review of available medical records. Mr. Erskine Ayers is a 72-year-old, right-handed, African American/Black male referred for neuropsychological evaluation by Chintan Shah, MD, secondary to concern about cognitive decline. MMSE was 16/30 on 4/15/2026.

Cognitively, Mr. Ayers presented with concerns about recalling information, particularly noting short-term memory gaps, though he feels his long-term memory remains intact. His wife observed a gradual onset of mild memory changes that began over five years ago but have become more noticeable over the past three to four years following the passing of his siblings. She reports that he misplaces items frequently, such as tools, which can take him 30 to 40 minutes to locate. He repeats himself often and engages in repetitive checking behaviors, such as repeatedly verifying that the garage and truck doors are locked. However, she provided photographs showing multiple recent instances where he left the truck door or trunk open overnight. Additionally, during the evaluation, he initially stated he was 52 years old before attempting to correct his age to 72 with his wife's intervention.

Notably, Mr. Erskine was hospitalized overnight on 3/26/2026 after his wife suspected a stroke; his wife indicated that he showed notable confusion when trying to take his medications; he subsequently attempted to put two pairs of pants on as she prepared to take him to the hospital. Mr. Ayers does not recall these events, and hospital testing was reportedly negative.

Functionally, Mr. Ayers stated that he is still driving to familiar locations, such as a storage yard two miles away, without problems. However, his wife noted recent episodes of confusion while driving, including getting lost on the way home from church four months ago and another instance over the last few months in which he wanted to turn in the wrong direction, against GPS instructions. About two months ago, she reported that he ran a red light because he was distracted by gas station prices. Regarding chores, he continues to manage outdoor tasks like cutting grass, cleaning gutters, and working on vehicles. However, his wife indicated that car repairs now take him two to three days longer than in the past, and he recently required assistance from a neighbor to complete a repair. His wife manages the finances and cooking. He takes his medications independently.

Physically, Mr. Ayers denied any recent falls or major changes to movement and balance, though he noted he may have stumbled while working outside. He denied any recent changes to his vision. He feels his hearing is fine, though his wife suspects it has decreased. He has not had a recent vision or hearing test.

Regarding health habits, Mr. Ayers has a good appetite. He reported falling asleep easily and sleeping through the night. However, he described experiencing a dream-like state or “nightmare” about once a week where he wakes up, sees an unfamiliar person in the room, quickly realizes no one is there, and returns to sleep. He has never regularly used nicotine or alcohol, though he noted past use of recreational drugs (nature of this is unclear).

Emotionally, he described his mood as “feeling fine,” and he denied feelings of sadness or anxiety. He denied unusual experiences, such as hallucinations or delusions, during wakefulness. Notably, Mr. Ayers’ wife reported that frequent misunderstandings during communication lead to some contention between them.

Medical & Psychiatric History: Medical history is remarkable for hypertension, hyperlipidemia, diabetes, and a prior transient ischemic attack. He previously played collegiate football, during which he sustained concussions, though reportedly without loss of consciousness.

Surgical history is unremarkable.

Psychiatric history is unremarkable. He denied a history of psychiatric hospitalization, suicide attempts, or psychiatric medications.

Imaging (MRI Brain without contrast performed on 3/27/2026) was read to show, “Trace T2 FLAIR signal changes in the cerebral white matter again noted and likely reflect chronic small vessel ischemic change. Age-appropriate involutational changes of the brain are present... No evidence of recent infarct or other acute intracranial abnormality.”

Family medical history is notable for dementia in his mother, who died at age 96 or 97. His father’s medical history is unknown. His sister and brother passed away from cancer.

Medications: amlodipine/benazepril, atorvastatin, glimepiride, and aspirin.

Psychosocial History: Mr. Ayers was born and raised in Texas. He denied any formal learning problems but noted a childhood speech impediment that he mostly outgrew during his career. He attended four years of college at the University of Texas at Arlington but did not earn a degree.

Vocationally, he worked on an assembly line and drove truck. He also owned and operated a small underground utility construction business alongside his wife until retiring three to four years ago.

He has been married for over 40 years. He has three children and six grandchildren.

Behavioral Observations: Mr. Ayers presented to the appointment accompanied by his wife. He was casually dressed and well-groomed. He ambulated independently, with an appropriate gait and normal motor activity. Interpersonally, he was appropriate and friendly. Comprehension was grossly intact. Spontaneous speech was fluent, though largely empty of content, characterized by circumlocutions, and tangential. He was alert and adequately oriented to the month, year, and current president. He correctly identified his birthdate and age during testing, despite having incorrectly identified his age as 52 during the interview session. Mr. Ayers exhibited good eye contact and his affect was full and appropriate to the setting. Rapport was established with ease.

With regard to test-taking style, Mr. Ayers exhibited a relaxed demeanor but was easily distractible and demonstrated rapid forgetting of instructions throughout the testing session. He was inquisitive about the process, repeatedly asking questions like, “What is this short-term memory testing?” He exhibited partial insight into weaknesses. Overall, he worked slowly but was cooperative and attempted all activities asked of him.

Results: Mr. Ayers scored within expected limits on measures of task engagement/performance validity. Cognitive results are considered valid.

Performance descriptors follow the American Academy of Clinical Neuropsychology consensus statement on uniform labeling of test scores.

Domain	Test Name	Raw Score	Descriptor
Auditory Attention	WAIS-IV DSF	11	High Average
	WAIS-IV DSB	4	Below Average
	WAIS-IV DSS	1	Exceptionally Low
Visual Attention & Processing Speed	WAIS-IV Coding	15	Exceptionally Low
	WAIS-IV Symbol Search	1; 1 error	Exceptionally Low
	Trail Making Test- A	88 seconds; 1 error	Below Average
Language	WRAT-5 Word Reading	45	Below Average
	NAB Naming	15	Exceptionally Low
	Animal Naming	6	Exceptionally Low
Verbal Memory	HVLT-R Total (1-4-4)	9	Exceptionally Low
	HVLT-R Delayed Recall	0	Exceptionally Low
	HVLT-R % Retained	0%	Exceptionally Low
	Recognition Hits	4	---
	False Positives	4	---
	Recognition discrimination	---	Exceptionally Low
WMS-IV	Logical Memory I	15	Below Average
	Logical Memory II	0	Exceptionally Low
	Retention	---	Exceptionally Low

	Recognition	12	Below Average to Exceptionally Low
Visual Memory			
WMS-IV	Visual Reproduction I	14	Exceptionally Low
	Visual Reproduction II	0	Exceptionally Low
	Retention	---	Below Average
	Recognition	1	Below Average
Visuospatial	WAIS-IV Matrix Reasoning	3	Exceptionally Low
	RCFT Copy	16	Exceptionally Low
	CLOX-2	10	Exceptionally Low
Executive Functioning	FAS	9	Exceptionally Low
	Trail Making Test- B	Unable to complete sample despite teaching	---
	WAIS-IV Similarities	11	Below Average
	CLOX-1	7	Exceptionally Low
Motor	Grooved Pegboard- DH	137 seconds	Below Average
	Grooved Pegboard- NDH	210 seconds	Exceptionally Low
Self-Report	GDS-SF	1	Within Normal Limits
	GAD-7	0	Denied symptoms of anxiety

Impressions & Summary: Performance on the current neuropsychological evaluation is interpreted within the context of premorbid ability, which is estimated to be within the average range based upon reported academic/vocational achievement and performance indicators.

Mr. Ayers' neurocognitive profile is significant for global cognitive decline, which represents a prominent decline from his estimated premorbid status and the performance of same-age peers. While he performed within expectation on a task of basic auditory attention (digit repetition), his performance across all other cognitive measures was well below expectation. Specifically, Mr. Ayers' performances on measures of auditory working memory, visual attention and processing speed, and language (e.g., single word reading, confrontation naming, and verbal fluency) were within the below average to exceptionally low range.

On measures of verbal and visual learning and memory, acquisition of information was significantly reduced and characterized by rapid forgetting of learned information and poor recognition.

His performances were also reduced on tasks of nonverbal reasoning, visuospatial planning and construction, and executive functioning. In fact, select tasks were discontinued, as he was unable to demonstrate understanding of task instructions despite additional teaching.

Bilateral fine motor speed/dexterity was reduced.

Functionally, these objective cognitive deficits correspond closely with collateral reports of a progressive decline over the past five years, as well as significant real-world safety concerns reported by his spouse, spatial disorientation while driving home from familiar locations, ignoring GPS routing, and running a red light due to environmental distraction. Furthermore, severe temporary disorientation was evidenced during the evaluation when he misidentified his current age by twenty years.

Integration of all available clinical data, a diagnosis of mild to moderate dementia is warranted at this time. Although Mr. Ayers reportedly maintains independence with multiple activities, his objective test performances raise concern about his ability to continue performing many of these activities in the same manner. The objective neurocognitive presentation and overall trajectory are highly consistent with an underlying Alzheimer's disease process. Additionally, his longstanding metabolic and cardiovascular risk factors—specifically hypertension, hyperlipidemia, diabetes, and a prior transient ischemic attack—are likely acting as compounding vascular drivers of his overall cognitive and functional decline.

Diagnosis: Dementia, Due to Multiple Etiologies (Suspected Alzheimer's disease with additional contribution from vascular disease), Mild to Moderate Severity, Without Behavioral Disturbance

Recommendations:

Safety and Daily Functioning

- *Driving Cessation:* Objective testing reveals severe, global cognitive impairments. Combined with real-world navigation errors and a recent incident of running a red light due to environmental distraction, complete driving cessation is strictly recommended to ensure patient and public safety.
- *Supervision and Functional Oversight:* Due to his severe memory vulnerabilities, decline in judgment, and rapid forgetting of instructions, Mr. Ayers should receive continuous support and oversight with basic and instrumental activities of daily living to optimize safety. His spouse should continue to manage all household finances and directly administer all medications.
- *Appliance and Task Monitoring:* Close supervision is advised when Mr. Ayers is executing mechanical repairs or outdoor chores. Tasks that historically took hours now require multiple days and outside neighbor intervention, highlighting an inability to safely or efficiently sequence complex, multi-step actions without assistance.

Medical and Psychiatric Management

- *Vascular and Metabolic Optimization:* Aggressive pharmacological and lifestyle management of his longstanding vascular risk factors is critical to reduce further chronic microvascular ischemic contributions to his neurocognitive decline. Adherence to his current prescribed pharmacological regimen should be carefully maintained under medical direction.
- *Sensory Evaluations (Vision and Hearing):* Mr. Ayers is recommended to undergo updated vision and hearing evaluations to ensure optimal sensory functioning.

Behavioral and Communication Strategies

- *Communication Modifications:* To accommodate his severe short-term memory loss and reduce related interpersonal frustrations, communication should consist of brief, simple instructions with frequent repetition. Since he demonstrates rapid forgetting of information, caregivers should patiently repeat information without expecting his retention across delays.
- *Environmental Cues and Routines:* Implement a highly structured, predictable daily routine incorporating safe, meaningful activities to reduce confusion and provide predictability. Caregivers should display a large calendar or white board in a prominent, central location with the day, date, and schedule. Clearly labeling tool cabinets or standard garage storage containers may also mitigate the friction associated with multi-minute searching loops for misplaced items.
- *Gentle Redirection over Reality Testing:* When Mr. Ayers manifests defensive posturing, repetitive conversations, or sequential checking behaviors (e.g., repeatedly verifying locked doors), caregivers should utilize redirection, distraction, and validation techniques rather than direct confrontation or attempting to correct his reality.

Future Planning and Caregiver Support

- *Advance Directives:* The current findings should serve as an impetus for the family to ensure that all legal, financial, and medical advance directives are in order and up to date. Designation of a durable power of attorney (DPOA) for healthcare and financial execution, alongside an advanced care plan, would be prudent while Mr. Ayers can still participate in discussions about his preferences.
- *Caregiver Resources and Burnout Prevention:* Caring for a loved one with a progressive neurocognitive disorder places an exceptional burden on family caregivers. Mrs. Ayers is strongly encouraged to engage in routine self-care and seek out support networks to prevent burnout. Engaging with the Alzheimer's Association (www.alz.org or 713-314-1313) is highly recommended for education, care planning, and emotional support.

Thank you for the opportunity to participate in this patient's care.

Aimee Giammittorio, Ph.D.

Licensed Psychologist

Electronically signed: 6/29/2026.