Houston Neuropsychology Associates, PLLC

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Neuropsychological Evaluation

Name: Mable Simmons

Referral Source: Barbara Robinson, NP

Date of Birth: 9/3/35

Date of Evaluation: 6/1/26

Reason for Referral: Ms. Simmons's neurology nurse practitioner referred her for evaluation due to suspected cognitive decline. Results will elucidate her current level of cognitive, emotional, and behavioral functioning to inform diagnostic decision-making and treatment planning.

Functions Assessed and Instruments Employed:

Background
Clinical Interview
Medical History Questionnaire
Intellectual
Test of Nonverbal Intelligence – 4 (TONI – 4)
Language
Token Test (MAE)
NAB Naming Test
Word Reading (WRAT-5)
Visuospatial/Constructional
Construction (DRS-2)
Attention
Attention (DRS-2)
Coding (WAIS-IV)
Learning and Memory
Memory (DRS-2)
Hopkins Verbal Learning Test – Revised
Executive Functions
Initiation/Perseveration (DRS-2)
Conceptualization (DRS-2)
Modified Wisconsin Card Sorting Test
Motor Functions
Not assessed due to fractured right forearm
Mood/Behavior
Dementia Severity Rating Scale
Activities of Daily Living Questionnaire
Neuropsychiatric Inventory – Questionnaire
Geriatric Rating Scale

Identifying Information:
The following information comes from a clinical interview with Ms. Simmons and her son, as well as a review of available medical records. Ms. Simmons is a 90-year-old, right-handed, married African American female with 10 years of education.

Presenting Problems: Ms. Simmons denied having cognitive problems. According to her son, however, she has exhibited progressive cognitive decline over the last year. He said that she quickly forgets information told to her and needs reminders. She often repeats herself without realizing it. She often misplaces items as well. She becomes confused easily when plans change, or matters increase in complexity.

Ms. Simmons acknowledged feeling mildly sad. Her son indicated that she has exhibited heightened anxiety and irritability, as well as proneness to anger and argumentativeness. "She gets angry really quickly," he said. At the same time, however, she has frequent crying spells. He noted that she used to have a strong relationship with her daughter but now argues with her daily. Her appetite is reduced with an associated 50-60-pound weight decrease over the last 10 years. Her sleep and energy level are adequate. She denied suicidal ideation. Her son noted that she often accuses her daughter of stealing from her, suggesting delusions of theft.

She depends on others for nearly all instrumental activities of daily living and physical self-maintenance tasks. She stopped driving after having a myocardial infarction about 12 years

ago. Her daughter manages her medications and finances. She needs assistance with telephone usage, shopping, meal preparation, housekeeping, laundry, toilet usage, dressing, hair grooming, dental hygiene, nail care, and bathing. She is independent for eating.

Medical History: She has coronary artery disease, atrial fibrillation, diabetes, hypertension, hyperlipidemia, kidney disease, chronic obstructive pulmonary disease, asthma, and arthritis. She uses supplemental oxygen nightly. She has fallen four times within the last year. With one fall, she fractured her right ankle, which required surgical repair. With the most recent fall, she fractured her right forearm. She denied experiencing any other serious injuries or head trauma.

In 2025, she developed slurred speech and had difficulty walking. She was taken to a hospital, where a right thalamic stroke was discovered. She then participated in inpatient rehabilitation for 6-8 weeks. She denied experiencing persistent sequelae.

<u>Surgeries</u>: cardiac stent insertion, coronary artery bypass grafting x 2, atrial fibrillation procedure, tonsillectomy, hysterectomy, right ankle repair, and bilateral cataract removal.

<u>Current medications</u>: carvedilol, clopidogrel, nitroglycerin, Lantus, furosemide, atorvastatin, allopurinol, escitalopram, clonazepam, prednisone, tramadol HCl, hydrocodone, gabapentin, lacosamide, ondansetron, famotidine, pantoprazole, albuterol, montelukast, folic acid, and magnesium.

<u>Substance use</u>: She smoked half a pack of cigarettes daily until quitting 40 years ago. She previously consumed alcohol in moderation but no longer drinks. She denied a history of recreational drug use.

<u>Family history</u>: Her mother died at 62 from pancreatic cancer. She does not know her biological father's medical history. She has six half-sisters and one half-brother. One of her half-sisters had dementia (unknown type). Two of her sisters died from cancer (unknown type). The remainder of her siblings died from causes unknown to her.

Mental Health History: She reported a longstanding history of depression and anxiety. In the 1980s she was hospitalized for severe depression and anxiety for one week and received pharmacologic treatment for an unknown length of time. For the last two years, she has taken escitalopram and clonazepam. She has never attempted suicide.

Educational History: Ms. Simmons completed the tenth grade. She reported earning a C-D average in school. She commented, "I had my mind on boys." She denied a history of grade retention and known specific learning disorder.

Occupational History: She worked for a catering business and in housekeeping. She retired 30 years ago.

Social History: Ms. Simmons was born in Baton Rouge, LA. She has been married for 31 years. She was married and divorced twice previously. She has three daughters and one son. She lives with one of her daughters, son-in-law, and husband.

<u>Behavioral Observations</u>:
Ms. Simmons presented as a casually dressed, well-groomed woman in a wheelchair. She wore reading glasses and a brace on her right arm due to a recent fracture. Mood ranged from pleasant to mildly irritable. Affect ranged from broad to restricted. Speech was fluent. She stated the year as "1926" and could not recall the current president. In contrast, she knew the current month, day of the month, and day of the week. She knew the city but not the testing location. Orientation to person and situation was intact. During the test session, the examiner had to provide frequent elaboration, simplification, and repetition of test instructions. With such support, Ms. Simmons understood all test instructions adequately. She was cooperative. Evaluation results appear to provide an accurate representation of her current level of neuropsychological functioning.

<u>Results</u>:
Intellectual: Ms. Simmons obtained a TONI-4 score of (82), which falls within the low average range.

Language: Auditory comprehension of commands varying in syntactic complexity was low average. In contrast, visual object naming was exceptionally low. Oral word reading was exceptionally low as well.

Visuospatial/Constructional: Her ability to copy simple geometric figures was below average.

Attention: Immediate recall of orally presented number sequences was adequate in forward order but below average in reverse order. Speed of digit-symbol association and transcription was below average.

Learning and Memory: Recall of a sentence that she read moments earlier was exceptionally low. Recall of a sentence that she made up moments earlier was nil. In contrast, immediate forced choice recognition memory for words was intact. Immediate forced-choice recognition memory for designs was below average, however.

Immediate recall of unstructured verbal material (12-word list) was low average for total word recall across three trials (4, 6, and 7 words, respectively). After a 25-minute delay, she was able to recall 5 words from the list, which is average in relation to her level of immediate recall (71% savings). Delayed word recognition was low average (12 hits, 3 false positives).

Executive Functions: Complex verbal initiation and perseveration was low average. In contrast, she was unable to perform double alternating movements reliably. Her copy of an alternating square-triangle sequence was flawed. Her copy of an alternating X-O sequence was intact, however. Abstract reasoning about simple conceptual similarities and differences was low average. Performance on a novel card sorting test requiring rule learning and strategy modification in response to feedback was low average for the ability to establish set and average for the ability to shift set.

Motor: Motor functions were not assessed due to Ms. Simmons having a fractured right forearm.

Mood/Behavior: Ms. Simmons's self-report of depressive symptoms fell within normal limits.

<u>Impression</u>: Mixed Dementia, Moderate Severity, with Behavioral Disturbance

Ms. Simmons's neuropsychological evaluation revealed mild to moderate impairments in auditory comprehension, object naming, processing speed, rote verbal learning, basic constructional skills, and the ability to establish set. During the test session, the examiner had to provide frequent elaboration simplification, and repetition of test instructions.

In contrast, she demonstrated relatively well-preserved intellectual functioning, delayed recall of a word list, basic attention skills, and the ability to shift set. She stated the year as "1926" and could not recall the current president but was otherwise oriented to time. She knew the city but not the testing location. Orientation to person and situation was intact.

Her self-report of depressive symptoms fell within normal limits. According to her son, she has exhibited heightened irritability and anxiety, as well as proneness to anger and argumentativeness. She also has delusions of theft.

Ms. Simmons's history and current test data reveal multiple cognitive impairments that represent a significant decline from her estimated premorbid level, which correlate with difficulty performing numerous instrumental activities of daily living independently. A diagnosis of moderate dementia is warranted. Impairments in object naming, episodic memory, and aspects of executive functioning are the most salient aspects of her profile. She demonstrated no insight into the presence and extent of her cognitive impairment. Such a pattern suggests a combination of cortical and subcortical systems dysfunction. Given her advanced age, medical history that includes a stroke and several additional vascular risk factors, as well as her current test data, it is likely that both Alzheimer's disease and cerebrovascular disease are significant contributors. As such, a diagnosis of mixed dementia appears to best encapsulate the totality of the data. Her irritability and delusions appear to be symptomatic of her dementia.

<u>Recommendations</u>:

1. Ms. Simmons appears to be a good candidate for pharmacologic treatment of her moderate dementia and associated neuropsychiatric symptoms.

2. Regular physical exercise, such as using stationary fitness equipment with supervision, is recommended for its beneficial effects on brain health, mood, and cognitive maintenance.

3. Important information should be communicated only in the presence of a family member or trusted associate. Her comprehension and retention of information should not be assumed in any conversation or other communication. Someone should accompany her to all medical appointments and meetings at which important decisions will be made. She would benefit from assistance with complex decision-making. Information should be presented to her in written form when possible so that she may refer to it later.

4. Her current living arrangements appear to be appropriate. She will need ongoing assistance with managing her finances, medications, and all personal affairs. She should continue not to drive.

5. She should be encouraged to remain socially, cognitively, and recreationally active. Such behavior is important to help her maintain her cognitive abilities to the extent possible.

6. Her family members might benefit from enrollment in a support group for caregivers of persons with dementia. The Family Caregiver Alliance (www.caregiver.org) is a recommended resource.

Thank you for this kind referral. If we may be of further assistance, please do not hesitate to contact us.

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Electronically signed: 6/8/26.