Houston Neuropsychology Associates, PLLC

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# NEUROPSYCHOLOGICAL EVALUATION

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| Name: | Donald Drennan | Education: | 13 years |
| Date of birth: | 1/4/1947 (79) | Handedness: | Left |
| Date of exam: | 7/9/2026 | Marital status: | Married |
| Ethnicity: | White | Occupation: | Retired |

Referral source: Leslie Juarez, PA-C

Mr. Drennan's neurologist referred him for a repeat neuropsychological evaluation. Results will elucidate his current level of functioning to inform diagnostic decision-making and treatment planning; this evaluation is not intended for other purposes. Information was obtained from a clinical interview and a review of available medical records. He was seen with his wife.

## PRESENTING PROBLEMS

Mr. Drennan was seen in our office and evaluated on 8/3/2020 and 3/22/2022. Both evaluations were consistent with a diagnosis of mild cognitive impairment, amnestic multiple domain type. Please refer to his prior reports for complete details and background information.

His medical history includes hypertension, hyperlipidemia, abdominal aortic aneurysm, atrial fibrillation, cerebrovascular accident, hypothyroidism, and mild sleep apnea (he did not tolerate PAP use). His family history includes Alzheimer's disease in his father and sister.

## INTERIM HISTORY & REVIEW OF SYMPTOMS

Mr. Drennan reported an interim cognitive decline, which he described as forgetting names, forgetting intentions, and word-finding difficulties. He joked that he cannot remember the names of patrons at the golf course he works at, so he told them he is going to call all of them 'Bob'. Per his wife, he has exhibited a notable memory decline since the fall of 2025. They took a trip to the casino at that time, and she noted that he has lost his phone multiple times and had trouble using the machines, requiring supervision. She stated, "He can't follow directions at all." He also frequently repeats questions about his appointments, and there was an instance where he forgot his zip code.

Mr. Drennan's wife primarily manages his appointments now, due to his memory decline. His wife has always managed their finances. However, she stated, "He can't make financial decisions at all." He does not do much shopping or cooking, but this is not a change. Regarding basic self-care activities, his wife must prompt him to change clothes and shower, as he will wear dirty clothes for several days. He is otherwise functionally independent. He only drives locally. He works at a golf course on Thursdays, which is going well.

Mr. Drennan endorsed mild anxiety and depressive symptoms. He denied suicidal ideation. His wife stated, "He panics real easy now." He also gets "defensive" and "argues" when told what to do. She noted that he is more "immature and childish" and has had episodes of agitation. His appetite and weight are stable. He had unintentionally lost weight a few years ago, but this has since stabilized. He denied sleeping difficulties and reported a stable energy level. However, he spends more time watching television and walks less often. He consumes 1-2 beers and smokes a small cigar several times a week. He denied other substance use.

Mr. Drennan's interim medical history includes two brief instances of left vision lost, which he is having further evaluated, trigger finger surgery, and a cardiac ablation. The following symptoms were denied: hallucinations, sensory changes, Parkinsonian symptoms, frank incontinence, and REM sleep behavior disorder.

Current medications: irbesartan, atorvastatin, apixaban, levothyroxine, memantine, escitalopram, and cetirizine.

**BEHAVIORAL OBSERVATIONS**

Mr. Drennan arrived on time and was accompanied by his wife. He was appropriately dressed and groomed. He ambulated independently. His conversational language comprehension and expressive speech were unremarkable. His thought process was normal. He was affable, presenting with a positive mood and an appropriate affect.

He was oriented to concepts other than the date (off by one day) and the previous President. During testing, he exhibited occasional word-finding difficulties, exhibited a set-loss error on digit sequencing, and required repetition of test instruction. He was mildly self-critical.

**TESTS ADMINISTERED**

Wide Range Achievement Test-5, Word Reading
Wechsler Adult Intelligence Scale-IV, portions
Wechsler Memory Scale-IV, portions
Hopkins Verbal Learning Test-Revised
Neuropsychological Assessment Battery, Naming
Phonemic Fluency (FAS)
Animal Naming Test
RBANS Line Orientation
Rey Complex Figure Copy
Trail Making Test
D-KEFS Color-Word Interference Test
Patient Health Questionnaire-9
Generalized Anxiety Disorder-7

**RESULTS SUMMARY**

This evaluation is considered a valid assessment of Mr. Drennan's current neuropsychological functioning. Performance descriptors follow the AACN consensus conference statement on uniform labeling of performance test scores.

Sensory/Motor: Gross fine motor dexterity was intact bilaterally. Gross grip strength was poor but equal bilaterally.

Academic: Word reading was low average.

Attention & Processing Speed: Digit span was low average; repetition was average, reversal was average, and sequencing was low average. Processing speed was low average for digit/symbol transcription and below average for symbol identification.

Executive Functioning: Speeded number/letter set-shifting was exceptionally low but error-free. He committed 7 errors before response inhibition was discontinued due to time. Combined response inhibition/set-shifting was exceptionally low for speed and below average for accuracy. Verbal abstract reasoning was low average (age-adjusted only was average).

Language: Object naming was exceptionally low (19/31 words). Phonemic verbal fluency was average. Semantic verbal fluency was exceptionally low.

Visuospatial: Judgment of line orientation was low average. Complex visuospatial reproduction was within normal expectations.

Learning & Memory: Word list learning was below average, and delayed recall was exceptionally low. Recognition of list words was exceptionally low. Narrative acquisition was exceptionally low, and delayed recall was exceptionally low. Recognition of story elements was below average. Figure acquisition was exceptionally low, and delayed recall was below average. He identified 4/7 figures on a recognition format (within normal expectations).

Mood/Behavior: He endorsed a moderate level of depressive symptoms, primarily driven by cognitive and physical symptoms, and a mild level of anxiety symptoms on self-report questionnaires.

**CLINICAL IMPRESSIONS**

Mr. Drennan exhibited markedly diminished set-shifting speed, response inhibition, mental flexibility, object naming, semantic fluency, word list recall, narrative registration and recall, and figure registration. He exhibited mildly diminished symbol searching speed, word list learning, and figure recall. His other assessed cognitive skills were relatively preserved. He endorsed depressive and anxiety symptoms on questionnaires, and his wife described occasional agitation.

He performed significantly worse on measures of digit sequencing, symbol searching speed, set-shifting, response inhibition, mental flexibility, object naming, semantic fluency, word list recall and recognition, narrative registration and recall, and figure registration and recall relative to his neuropsychological evaluation in March 2022.

In summary, Mr. Drennan's cognitive profile was characterized by executive dysfunction, language deficits (i.e., object naming and semantic fluency), and amnestic memory impairment. Notably, he exhibited significant objective decline in these domains relative to his neuropsychological evaluation in March 2022. The report of symptoms and current results now warrant a dementia diagnosis, and Alzheimer's disease is the primary etiology of consideration. He requires prompting to change his clothes and bathe. However, his results were not profoundly impaired, he remains independent for some instrumental activities of daily living, and he still works part-time. Therefore, a 'mild' severity designation currently appears most appropriate.

**DIAGNOSTIC IMPRESSIONS**

Dementia Due to Alzheimer's Disease, Mild Severity, with Agitation, Mood Disturbance, and Anxiety

**RECOMMENDATIONS**

1. Direct oversight over his management of his medications, finances, and daily affairs is recommended to ensure safety and accuracy over time.

2. Given the evidence of executive dysfunction and his prognosis, driving cessation is considered the safest course of action. If he wishes to continue driving, a formal driving evaluation is recommended, which is available through Strowmatt Rehabilitation Services (https://www.driverrehabservices.com/) or the Texas Department of Public Safety.

3. A trusted associate should accompany him to appointments and be involved in decisions concerning his welfare. His recall of information should not be assumed, and he should be provided with important information in writing.

4. Documentation, such as a durable financial power of attorney, medical power of attorney, and an advanced care plan, should be in order and up to date.

5. Ongoing physical activity and engagement in enjoyable activities will remain important for optimizing his functioning.

6. He and his family may benefit from the following resources:

    a. *The 36-Hour Day: A Family Guide to Caring for Persons with Alzheimer's Disease, Related Dementing Illness, and Memory Loss Later in Life* by Nancy L. Mace and Peter V. Rabins.

    b. The Alzheimer's Association (http://www.alz.org).

    c. The Caregiver Action Network, which provides educational videos about Alzheimer's disease, life as a caregiver, and finding support (https://www.caregiveraction.org/alzheimers-videos/).

    d. The Family Caregiver Alliance (www.caregiver.org).

    e. Amazing Place in Houston, TX, which is a day program and resource for further education, engaging activities, and caregiver support (https://www.amazingplacehouston.org/).

Thank you for this kind referral. Please do not hesitate to contact me if I can further assist.

*Jesse Passler*
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