Houston Neuropsychology Associates, PLLC

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Neuropsychological Evaluation

Name: Madeline Najera **Referral Source:** Angelica Miller, FNP-C

Date of Birth: 8/14/40 **Date of Evaluation:** 7/9/26

Reason for Referral: Ms. Najera'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
Wechsler Adult Intelligence Scale – IV (portions)
Language
Complex Ideational Material (BDAE)
NAB Naming Test
Verbal Fluency (FAS)
Semantic Fluency (Animal Naming)
Word Reading (WRAT-5)
Visuospatial/Constructional
Judgment of Line Orientation
Rey Complex Figure Test
Attention
Digit Span (WAIS-IV)
Symbol Search (WAIS-IV)
Learning and Memory
Hopkins Verbal Learning Test – Revised
Logical Memory (WMS-IV)
Visual Reproduction (WMS-IV)
Executive Functions
Trail Making Test
Color-Word Interference Test (D-KEFS)
Modified Wisconsin Card Sorting Test
Motor Functions
Finger Tapping Test
Mood/Behavior
Dementia Severity Rating Scale
Activities of Daily Living Questionnaire
Neuropsychiatric Inventory – Questionnaire
Perceived Deficits Questionnaire
Patient Health Questionnaire – 9
Generalized Anxiety Disorder Questionnaire – 7

Identifying Information:

The following information comes from a clinical interview with Ms. Najera and her son, as well as a review of available medical records. Ms. Najera is an 85-year-old, right-handed, married Caucasian female with 12 years of education.

Presenting Problems: Ms. Najera reported having short-term memory problems. "I forget a lot of things," she said. She indicated that she often forgets names of familiar people, such as church members, locations of items, and appointments. She also struggles to keep up with variations of the poker games she plays with friends. Her son concurred with her self-report and added that she occasionally forgets information told to her and needs reminders. He indicated that she is also somewhat disorganized and tends to misplace important notes. Her medical records also noted an episode of forgetting to turn off her vehicle at a nail salon. These problems developed one year ago and have gradually worsened over time.

Ms. Najera acknowledged feeling mildly anxious and becoming annoyed easily. Her son noted that she is more "emotional," such that she cries more easily than before. Her appetite is reduced. She has lost approximately 50 pounds within the past year due to dietary changes (e.g., lower sodium foods). She falls asleep without difficulty but has trouble maintaining it. Her energy level

is reduced. She denied suicidal ideation. There have been no apparent personality changes or psychotic features.

She reported three instances in which she became lost when driving to familiar destinations, though she was able to reorient herself independently. She denied any recent auto accidents. She manages medications independently for both her and her husband, reportedly without error. Regarding her finances, she acknowledged a history of missed and incorrect bill payments, prompting her to transition primarily to cash payments. Her ability to perform activities of daily living is otherwise reportedly unchanged from her baseline.

Medical History: She has coronary artery disease, hypertension, hyperlipidemia, obesity, COPD, osteoarthrosis, and GERD. She has a history of right breast cancer that was treated with chemotherapy, radiation, and surgery.

Surgeries: right partial mastectomy and lymph node biopsy, hemorrhoidectomy, bilateral knee replacement, right shoulder replacement, right rotator cuff repair, bilateral cataract removal, and colonoscopy.

Current medications: carvedilol, furosemide, atorvastatin, low-dose aspirin, donepezil, and polyethylene glycol.

Substance use: She smoked 2-3 cigarettes daily until quitting over 40 years ago. She previously consumed alcohol in moderation but no longer drinks. She denied a history of recreational drug use.

Family history: Her mother had Alzheimer's disease and hypertension; she died at 94. Her father died in his 20s in a work-related accident. She has two sisters. One of her sisters died from a myocardial infarction. Her other sister has heart disease.

Mental Health History: She denied a history of mental health diagnosis and treatment.

Educational History: Ms. Najera is a high school graduate. She reported earning average grades in school. She denied a history of grade retention and specific learning disorder.

Occupational History: She worked as a bank teller and eventually became a supervisor. She retired in 2004.

Social History: Ms. Najera was born in St. Landry Parish, LA. She has been married for 20 years and lives with her husband. She was widowed once previously and has two sons and two daughters.

Behavioral Observations:
Ms. Najera presented as a nicely dressed, well-groomed woman. Mood was pleasant, though somewhat depressed and anxious. Affect was restricted. She became tearful several times during the clinical interview and test session. Speech was fluent. She occasionally repeated herself without realizing it. She knew the current president but could not recall the previous one. In

contrast, she knew the current year, 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 occasional elaboration, simplification, and repetition of test instructions. With such support, Ms. Najera understood all test instructions adequately. She was cooperative. Evaluation results appear to provide an accurate representation of her current level of neuropsychological functioning.

Results:

Intellectual: Ms. Najera obtained a Full Scale IQ of 95, which falls within the average range. Across ability domains, Verbal Comprehension (98) and Perceptual Reasoning (92) both fell within the average range. On specific subtests, oral expression of word meanings was average. Abstract verbal reasoning was average as well. Construction of abstract block designs was average. Visual pattern analysis was average as well.

Language: Auditory comprehension of sentences and short paragraphs was high average. In contrast, visual object naming was low average. Controlled oral verbal fluency was average to both phonemic and semantic criteria. Oral word reading was low average.

Visuospatial/Constructional: Judgment of angular line relations was low average. Her copy of a complex geometric design fell within normal limits.

Attention: Immediate recall of orally presented number sequences was average in forward order and high average in reverse order. Speed of visuoperceptual scanning and discrimination was average.

Learning and Memory: Immediate recall of unstructured verbal material (12-word list) was exceptionally low for total word recall across three trials (0, 4, and 4 words, respectively). After a 25-minute delay, she was unable to recall any words from the list, which is exceptionally low as well. Delayed word recognition was also exceptionally low (5 hits, 2 false positives).

Immediate recall of structured verbal material (stories) was average. Delayed (30-minute) recall of the same material was average as well. Delayed recognition of story elements was low average.

Immediate recall of geometric figures was below average. Delayed (30-minute) recall of the same figures was nil. Delayed figural recognition was low average.

Executive Functions: Speed of visual-graphomotor tracking was average for a simple (numerical order) sequence and a complex (alternating number-letter) sequence. She completed both sequences without error. Response inhibition was average for speed and high average for accuracy. Her ability to alternate between response inhibition and release (cognitive flexibility) was low average for both speed and accuracy.

Motor: Fine motor speed (index finger tapping) was average bilaterally.

Mood/Behavior: Ms. Najera's self-report of depressive symptoms fell within the mild range. Her self-report of anxiety symptoms also fell within the mild range.

Impression: Dementia of the Alzheimer's Type, Mild Severity

Ms. Najera's neuropsychological evaluation revealed moderate to severe impairments in rote verbal learning and memory, as well as visual memory. Mild impairments were evident in object naming, visuospatial judgment, and cognitive flexibility. During the test session, the examiner had to provide occasional elaboration, simplification, and repetition of test instructions.

In contrast, she demonstrated strengths in auditory comprehension and response inhibition. Her intellectual functioning, verbal fluency, semantic fluency, word reading, visuoconstructional skills, working memory, processing speed, story memory, complex sequencing, and fine motor speed (bilaterally) all fell within broad normal limits. Orientation to person and situation was intact.

Her self-report of depressive and anxiety symptoms fell within the mild range. Her son noted that he has observed mildly heightened irritability and agitation, as well as emotionality, such that she cries more easily.

Ms. Najera'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 several instrumental activities of daily living independently. A diagnosis of mild dementia is warranted. Impairments in rote verbal learning and memory and visual memory are the most salient aspects of her profile. Unfortunately, Alzheimer's disease appears to be the most likely etiology.

Recommendations:

1. Ms. Najera appears to be a good candidate for ongoing pharmacologic treatment of her mild dementia. She would also likely benefit from pharmacologic treatment of her mild mood disturbance.

2. Regular physical exercise is recommended for its beneficial effects on brain health, mood, and cognitive maintenance.

3. Oversight of her medications and finances would be prudent. The probable progressive nature of her dementia implies a need to plan in terms of her living situation and future health care needs. Her family members may wish to begin considering in-home healthcare services or assisted living options for the future.

4. Important information should be communicated only in the presence of a family member or trusted associate. Her recall of information should not be assumed in any conversation or other communication. A family member or trusted associate should accompany her to all doctor visits and other important meetings. 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.

5. Her impairments in visual memory, as well as instances of becoming lost when driving, raise serious concerns about her driving safety. At a minimum, we would recommend that she limit her driving to short distances and familiar destinations under favorable conditions. She should keep a cell phone with her at all times in case she becomes lost or needs assistance. Cessation of driving would be the safest course of action. Further details may be obtained through a driving evaluation. One is available from Strowmatt Rehabilitation Services (713-722-0667).

6. It will be important for the patient to have opportunities to socialize with others and sufficient stimulation. She may also enjoy nostalgia-oriented materials for recreational purposes (e.g., old movies and music). Although she will probably have difficulty following new movies and programs, she may enjoy listening to or viewing those with which she is already familiar.

7. The Alzheimer's Association (https://alz.org/texas) provides useful information and resources for AD patients and their family members. Her family members may benefit from enrollment in a support group for caregivers of persons with dementia.

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: 7/14/26.