Houston Neuropsychology Associates, PLLC

Phone: 713-893-7105 • Fax: 713-893-7145 • Email: office@houston-npa.com • Web: houston-npa.com

Neuropsychological Evaluation

NAME:	Irma Pren	**GENDER:**	Female
DATE OF BIRTH:	12/05/1946 (79)	**HANDEDNESS:**	Right
DATE OF EXAM:	07/07/2026	**ETHNICITY:**	Hispanic
EDUCATION:	9	**MARITAL STATUS:**	Married
OCCUPATION:	Homemaker	**REFERRED BY:**	Beatriz Casas, PA-C

REASON FOR REFERRAL

Ms. Pren was referred for re-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.

PRESENTING PROBLEMS

Ms. Pren previously underwent a neuropsychological evaluation on July 14, 2025. Results revealed a neurocognitive profile consistent with Mild Cognitive Impairment - Amnestic, Multiple Domain Type. Compared to demographically adjusted peers, she demonstrated notable deficits in memory (including rote verbal, contextual verbal, and visual learning and recall), executive functioning (set-shifting, sequencing, and visual fluency), naming, aspects of processing speed, and bilateral hand strength. Conversely, her visuospatial and constructional skills, basic attention, verbal fluency, working memory, and graphomotor speed remained intact. Self-report inventories administered at that time were unremarkable for significant symptoms of depression or anxiety. Please see her previous report for additional information.

During today's evaluation, Ms. Pren denied experiencing problems with her memory. She reported that she cares for her young grandson two to three times per week, which she feels helps keep her mentally engaged. She mentioned this caregiving routine several times throughout the testing session. In contrast to her subjective report, her husband reported ongoing cognitive decline, noting that she frequently forgets conversations and repeats questions within a few minutes. On family rating scales, he indicated she exhibits moderate memory loss, particularly for recent events, frequently forgets and asks if his siblings are alive or dead, becomes disoriented in new places, and has difficulty making decisions.

Emotionally, Ms. Pren denied significant symptoms of depression or anxiety, maintaining that she feels calm. She reported having adequate sleep, appetite, and energy levels, which her husband corroborated.

Functionally, Ms. Pren remains independent for basic activities of daily living, a point agreed upon by her husband. As previously documented, the patient stopped driving in 1995 after moving to the United States. Her daughter assumed management of her finances in 2022 following the patient's hysterectomy. While recent neurology clinic notes indicated that she and her daughter managed finances together, her husband clarified today that she is no longer able to manage any financial transactions independently. Regarding medication management, Ms. Pren denied experiencing difficulties. However, her husband reported providing necessary oversight, noting that he had to set alarms and create a new pillbox routine, as she sometimes attempts to access her old, larger box of medications out of habit. Finally, her husband reported that he has assumed all cooking responsibilities. He noted that she requires supervision if she attempts to use the stove, as there have been two to three instances where she left the stove on while warming up food and forgot about it.

MEDICAL HISTORY
Conditions: hypertension, diabetes, hyperlipidemia and osteoporosis.

Surgeries: hysterectomy.

Imaging: A CT of the brain without contrast performed on July 19, 2024, showed no acute abnormality or evidence of infarct.

Current medications: Eliquis, niacin, alendronate, donepezil, lovastatin, amlodipine, glimepiride, losartan, pioglitazone, vitamin D, metformin, and dapagliflozin.

Substance use: She denied a history of nicotine, alcohol, or recreational drug use.

Family history: maternal uncle (Alzheimer's disease; onset in his late 70s), diabetes (mother and father), hyperlipidemia (mother), and hypertension (mother).

MENTAL HEALTH HISTORY
Unremarkable.

EDUCATIONAL HISTORY
She completed nine years of education. She denied a history of learning problems or grade retention. Ms. Pren completed four years of secretarial school in Mexico.

OCCUPATIONAL HISTORY
She worked as a secretary for about seven years before getting married. She then became a homemaker.

SOCIAL HISTORY
The patient was born and raised in Mexico and immigrated to the United States in 1995.

She has been married since 1971 and has two sons and two daughters. Ms. Pren lives in Houston, Texas, with her husband and one of her daughters.

BEHAVIORAL OBSERVATIONS
Ms. Pren presented as an adequately groomed woman. She was alert but demonstrated significant orientation deficits; when formally assessed, she was only able to correctly identify her current city. She was unable to identify the day, month, year, time, or street, and she provided an incorrect age. Her unassisted gait and gross motor functions were unremarkable. Vision (with glasses) and hearing were normal and appeared adequate for testing purposes. Expressive and receptive speech was within normal limits, and her basic attention and concentration appeared intact. Her mood was noted to be pleasant.

Throughout the evaluation, the examiner noted that Ms. Pren exhibited notable memory difficulties during conversation, specifically repeating herself numerous times. The examiner documented that she repeated the exact same story multiple times during today's session—which was notably the same story she shared during her previous evaluation in 2025—and she was observed repeating several other stories multiple times as well. Overall, Ms. Pren demonstrated full cooperation and appeared to put forth her best effort throughout the session. Thus, the evaluation results appear to provide an accurate representation of her current level of neuropsychological functioning.

TESTS ADMINISTERED

Clinical Interview
Escala de Inteligencia de Wechsler para Adultos-IV (select subtests)
NEUROPSI Atención y Memoria (select subtests)
Line Orientation
Ponton-Satz Boston Naming Test
Reproducción Visual (WMS-IV Spanish)
Color Trail Making Test
Finger Tapping Test
Patient Health Questionnaire (PHQ-9) (Spanish)
Generalized Anxiety Disorder (GAD-7) (Spanish)
Activities of Daily Living Scale
Neuropsychiatric Inventory Questionnaire
Dementia Severity Rating Scale

TEST RESULTS

The patient was interviewed in Spanish by a bilingual Neuropsychologist. A bilingual technician administered all objective tests in Spanish. The patient's cultural background (e.g., Spanish first language, born and raised in Mexico, and level of educational attainment) was taken into consideration in interpreting her performance on the neuropsychological evaluation. Whenever possible, measures that have been developed and normed for Spanish-speaking individuals were utilized. If not available, the best available norms were used. With this caveat in mind, the major findings with respect to Ms. Pren's neurocognitive functioning are summarized below.

Attention/Processing Speed: Immediate recall of an orally presented number sequence in forward and reverse order was within expectations. Overall processing speed abilities were average. Specifically, a task that assesses graphomotor speed was high average. In contrast, a task that assessed visual symbol identification and discrimination was low average. A serial addition task was within expectations. Speeded visual detection of symbols was within normal limits. Auditory digit perception was unable to be assessed as she did not comprehend the task's demands and the test was discontinued halfway.

Language: Semantic fluency was within normal limits. Lexical fluency was also within expectations. Visual object naming was average.

Visuospatial/Constructional: Her copy of a geometric design was within normal limits. Visuoconstructional skills were average. A task that assesses visuospatial judgment was within normal limits.

Learning and Memory: Immediate recall of unstructured verbal material (12-word list) was within normal limits (4, 5, and 6/12 words after three consecutive trials). After a 20-minute delay, she recalled zero words, which is below expectations. She recalled zero words with the aid of cues, which is below expectations. She recognized 2/12 target words and endorsed 3 false-positive errors, which is abnormal.

Immediate recall of structured verbal material (stories) was below expectations. Delayed recall of the same material was nil and below expectations.

Immediate recall and reproduction of geometric designs was in the high average range. After a delay, her recall was nil and below average. Her discrimination accuracy was nil and in the below average range.

Recall of a figure copied earlier on was nil and exceptionally low.

Executive Functions: A task that assesses visual speeded sequencing of numbers was low average and error free. A task that assesses set-shifting abilities was also low average and error free. A visual fluency task was within expectations for total designs produced and she only made one repetition error. A task of cognitive inhibition was within normal limits for speed and also for accuracy.

Motor: The patient is right hand dominant. Fine motor speed was high average bilaterally.

Mood/Behavioral Functioning: Ms. Pren denied significant symptoms of depression and anxiety on two separate self-report inventories of mood.

SUMMARY

Ms. Irma Pren is a 79-year-old, right-handed Hispanic female with nine years of formal education who was referred for a follow-up neuropsychological evaluation by Beatriz Casas, PA-C. The patient presented for re-evaluation of memory loss and cognitive decline, which her family initially observed around 2023. While Ms. Pren subjectively denied any cognitive difficulties during the clinical interview, her husband reported ongoing memory impairments, specifically noting that she frequently repeats questions and forgets recent conversations.

Regarding areas of cognitive strength and stability, Ms. Pren demonstrated intact abilities across several domains when compared to her prior evaluation. Her basic attention and working memory remained within expectations, as did her overall processing speed and graphomotor speed. Her language abilities represent a relative strength, with her performance on tasks of semantic fluency, lexical fluency, and visual object naming falling within average limits. Additionally, her visuospatial and constructional skills remained preserved, evidenced by intact geometric design copy and visuospatial judgment. Aspects of executive functioning, including cognitive inhibition and visual fluency, were also performed within expectations, and her bilateral motor speed was high average.

In contrast to these strengths, Ms. Pren demonstrated profound and pervasive deficits in learning and memory, representing her most prominent area of cognitive dysfunction. While her immediate recall of unstructured verbal material and geometric designs was initially adequate, she exhibited rapid forgetting across both verbal and visual domains. Following a delay, her free recall of word lists, contextual stories, and visual figures was completely absent and fell well below expectations. Furthermore, her recognition memory was markedly abnormal and characterized by the endorsement of multiple false-positive errors. She also exhibited mild vulnerabilities in complex attention and specific aspects of executive functioning, with her performance on tasks of visual symbol discrimination, sequencing, and set-shifting falling into the low average range.

Emotionally, Ms. Pren denied experiencing any significant symptoms of depression or anxiety, which was corroborated by her performance on objective self-report mood inventories. Her husband similarly agreed that she does not exhibit signs of mood disturbance, and her affect remained pleasant throughout the evaluation. Behaviorally, however, she demonstrated notable conversational repetition, sharing the exact same stories regarding her caregiving routines multiple times during the session, which notably mirrored her behavioral presentation from her previous evaluation in 2025. Additionally, she presented with significant orientation deficits, as she was unable to correctly identify the current date, time, street, or her own age.

Functionally, Ms. Pren remains independent in her basic activities of daily living, but she requires substantial and increasing assistance with instrumental activities. She does not drive, having ceased doing so several decades ago. Her daughter completely manages her financial affairs, a transition that occurred following a surgery in 2022. While Ms. Pren believes she manages her medications independently, her husband reported the need to provide consistent oversight and redirection to her new pillbox routine to prevent errors. Furthermore, her husband has assumed all cooking responsibilities due to safety concerns, as Ms. Pren has left the stove unattended on multiple occasions while attempting to warm up food.

In synthesis, Ms. Pren's neurocognitive profile is characterized by a primary, profound amnestic syndrome involving rapid forgetting and impaired recognition across both verbal and visual modalities, alongside severe orientation deficits and mild executive vulnerabilities. When compared to her 2025 evaluation, her memory impairments remain severely depressed, while her instrumental functional abilities have clearly declined, necessitating increased familial supervision for safety, financial management, and medication adherence. This pattern of intact primary sensory, motor, and visuospatial functions coupled with an isolated, progressive amnestic syndrome is highly characteristic of an underlying progressive neurodegenerative etiology. Given the objective memory impairment and the newly corroborated decline in her functional independence with complex daily tasks, her clinical presentation is consistent with a diagnosis of mild dementia - possibly due to Alzheimer's disease.

IMPRESSION: Mild Dementia – possibly due to Alzheimer's disease

RECOMMENDATIONS:
To ensure accessibility and support patient adherence, a Spanish-language version of these recommendations is provided at the conclusion of this report. This section has been culturally and linguistically adapted into a user-friendly format for Ms. Pren; as such, the phrasing differs from the technical English recommendations intended for the clinical team.

Medical & Psychiatric Management

1. **Neurological Follow-Up:** It is recommended that Ms. Pren and her family follow up with her referring provider, Beatriz Casas, PA-C, to discuss the results of this evaluation and her updated diagnostic impression of mild dementia, possibly due to Alzheimer's disease.
2. **Medication Review:** Ms. Pren is currently prescribed donepezil for memory. The family should discuss this trajectory of cognitive and functional decline with her prescribing provider to determine if any dosage adjustments or the addition of other neuroprotective medications (e.g., memantine) are clinically indicated at this stage.
3. **Vascular Risk Management:** Given her history of hypertension, Type 2 diabetes, and hyperlipidemia, continued strict adherence to her metabolic and cardiovascular treatment regimens is critical. Optimizing her vascular health will help prevent compounded cerebrovascular damage that could further accelerate her cognitive decline.

Safety & Supervision

1. **Medication Administration:** Due to her profound amnestic deficits and observed confusion between her new pillbox routine and her old medication boxes, Ms. Pren should no longer have independent access to her medications. Her husband must maintain complete control over the loading, dispensing, and administration of all daily doses to prevent accidental omissions or double-dosing. It is recommended that all bulk medication bottles be kept out of sight.
2. **Appliance and Cooking Safety:** Ms. Pren's husband reported instances where she has left the stove on while attempting to warm up food. Because her severe rapid forgetting poses a significant safety and fire hazard, she must not cook or operate the stove unsupervised. If she attempts to use the stove independently, the family should consider removing the stove knobs or installing an automatic shut-off device when the kitchen is unmonitored.
3. **Transportation and Navigational Safety:** Ms. Pren appropriately ceased driving in 1995, and this restriction must remain in place permanently. Furthermore, because of her severe orientation deficits (inability to identify the current date, time, or city), she must be accompanied by family members during all appointments, errands, and excursions to prevent her from becoming lost.

4. **Wandering Precautions:** As disorientation progresses in mild dementia, the risk of wandering increases. The family is encouraged to enroll Ms. Pren in a safe return program (such as the Alzheimer's Association's MedicAlert® + Alzheimer's Association Safe Return® program) and consider utilizing GPS tracking technology (e.g., a GPS-enabled watch or smartphone tracking) whenever she leaves the house.

Functional & Legal Planning

1. **Financial Management:** Ms. Pren's daughter must continue to maintain total control over all financial transactions, bill payments, and account management, as Ms. Pren's cognitive profile precludes her from safely managing these instrumental activities of daily living.
2. **Advance Directives and Proxy Planning:** If the family has not already done so, it is strongly recommended that they establish or update a Durable Medical Power of Attorney, a Financial Power of Attorney, and an Advance Directive. Taking these legal steps now ensures that Ms. Pren's care preferences are documented and that her family has the legal authority to make necessary medical and financial decisions on her behalf as her dementia progresses.

Cognitive & Behavioral Strategies

1. **Compensatory Memory Aids:** Because Ms. Pren exhibits rapid forgetting and impaired recognition, attempting to teach her new information or routines will lead to frustration for both the patient and the family. Instead of relying on her internal memory, the family should utilize passive external aids. Examples include placing a large, highly visible calendar or whiteboard in a common area outlining the day's events, and clearly labeling cupboards or drawers to help her navigate the home.
2. **Meaningful Engagement:** Ms. Pren expressed great pride and joy in helping care for her young grandson, which she subjectively feels keeps her mind active. Supervised engagement in this role should be encouraged, as it provides a strong sense of purpose and emotional well-being.
3. **Capitalizing on Cognitive Strengths:** Ms. Pren's language abilities, basic attention, and visuospatial skills remain relatively intact. Her family is encouraged to keep her engaged in structured, low-risk activities that utilize these strengths without overwhelming her executive or memory capacities. Examples include folding laundry, sorting items, listening to familiar music, or completing simple puzzles alongside a family member.
4. **Caregiver Support:** Caring for a loved one with progressive dementia is emotionally and physically taxing. Her husband and children are strongly encouraged to seek out local caregiver support groups or resources through the Alzheimer's Association (www.alz.org) to obtain education, emotional support, and strategies for navigating future behavioral and functional changes.

Thank you for this kind referral.

Claudia V. Resendiz

Claudia V. Resendiz, Ph.D., ABPP
Board Certified, American Board of Clinical Neuropsychology

Electronically signed: 07/07/2026

Recomendaciones para la Sra. Irma Pren y su Familia

1. Cuidado Médico y de Salud

- **Cita de seguimiento:** Les recomendamos programar una cita con su proveedora médica, Beatriz Casas, PA-C, para platicar sobre los resultados de esta evaluación y el diagnóstico de demencia leve.
- **Revisión de sus medicinas:** Platiquen con su médico sobre el donepezilo (su medicina para la memoria). El doctor podrá decirles si es necesario ajustar la dosis o agregar algún otro medicamento que ayude a proteger su cerebro.
- **Cuidar su salud general:** Es muy importante que la señora Irma siga controlando su presión arterial, su diabetes y su colesterol. Mantener su cuerpo sano es una de las mejores formas de ayudar a su cerebro.

2. Seguridad en Casa y Supervisión

- **Ayuda con las medicinas:** Para evitar confusiones con los pastilleros nuevos y viejos, sugerimos que su esposo se encargue completamente de darle sus medicinas todos los días. Es mejor guardar los frascos grandes de pastillas fuera de la vista para que no haya riesgo de tomar una dosis doble por accidente.
- **Seguridad en la cocina:** Como a veces se le ha olvidado apagar la estufa, es importante que la señora Irma no cocine ni caliente comida sin supervisión. Para mayor tranquilidad, la familia puede considerar quitar las perillas de la estufa cuando no haya nadie con ella en la cocina.
- **Salir de casa de manera segura:** Nos alegra saber que dejó de manejar hace tiempo; por favor, continúen con esta medida. Además, para evitar que se desoriente o se pierda, es importante que siempre salga acompañada de un familiar para ir a sus citas, hacer mandados o pasear.
- **Prevención adicional:** Sugerimos usar un brazalete de identificación médica o un reloj/teléfono con GPS cuando salgan. Esto le dará mucha tranquilidad a toda la familia.

3. Organización Legal y Finanzas

- **Manejo del dinero:** Su hija está ayudando con las finanzas. Es importante que ella siga encargándose totalmente de los pagos y las cuentas del hogar.
- **Documentos importantes:** Si aún no lo han hecho, es un muy buen momento para organizar documentos legales, como el Poder Médico y el Poder Financiero. Hacer esto ahora asegura que la familia pueda tomar decisiones importantes por la señora Irma en el futuro para cuidarla de la mejor manera.

4. Estrategias para la Memoria y el Bienestar Diario

- **Ayudas visuales para la memoria:** No se frustren tratando de memorizar información nueva. Es mucho más útil usar recordatorios visuales en casa. Por ejemplo, tener un calendario grande en la pared con las actividades del día o poner etiquetas en los cajones para encontrar las cosas fácilmente.
- **Disfrutar el tiempo en familia:** Cuidar a su nieto le da a la señora Irma mucha alegría y un gran propósito. ¡Siga disfrutando de esos momentos bajo la supervisión de su familia! Sentirse útil y amada es excelente para su bienestar emocional.
- **Aprovechar sus habilidades:** La señora Irma todavía tiene muchas habilidades fuertes. Manténgala participando en actividades seguras y tranquilas en casa, como doblar la ropa, ordenar cosas, escuchar su música favorita o hacer rompecabezas sencillos junto a un familiar.

- **Apoyo para la familia:** Cuidar de un ser querido es un acto de amor hermoso, pero a veces puede ser cansado. Recomendamos mucho a su esposo e hijos acercarse a la **Alzheimer's Association** (www.alz.org) o a grupos de apoyo locales. Allí encontrarán consejos, educación y apoyo emocional para toda la familia.