



A RAPID 'Brief Core' Attention Deficit Assessment Capability

MEASURING, MONITORING, and MANAGING cognitive function into a normative range can be a part of a clinician's systematic and objective AD/HD evaluation and management activities with a tool such as CNS Vital Signs.

CNS Vital Signs enables the clinician to MEASURE a patient's neurocognitive function with a valid and reliable assessment platform which consists of a large age-matched normative database. The CNS Vital Signs computerized battery can measure minute differences in drug treatment and provide valuable feedback for MONITORING medication effect. MANAGING AD/HD relative to one's peers or bringing patient functioning into a normative range has always been a goal not easily assessed. CNS Vital Signs along with valid scales provides a reliable way for the clinician to know if patients have improved functioning.

By testing and retesting, clinicians can establish a baseline level of impairment before starting a patient on therapy. Once a baseline has been determined a therapy can be prescribed that has been shown to improve AD/HD impairments.

A Systematic Objective Measure

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AMERICAN ACADEMY OF PEDIATRICS:

Clinical Practice Guideline: Diagnosis and Evaluation of the Child With Attention-Deficit/Hyperactivity Disorder

Committee on Quality Improvement, Subcommittee on Attention-Deficit/Hyperactivity Disorder

Furthermore, ...the *DSM-IV*, **despite efforts to standardize them, remain subjective scales**...Further, given the prominence of impairment in the current diagnostic requirements, it is imperative to develop and assess better measurements of impairment that can be applied practically." **AREAS FOR FUTURE RESEARCH:** Further research using **normative or community-based samples** to develop more valid and precise diagnostic criteria is essential ...further research should examine the **utility of existing methods, with the goal of developing a more definitive process.**

Source: www.guideline.gov

The FUTURE is Available NOW!



At one time, problems with sustained attention were thought to be central to AD/HD ... the neurocognitive basis of AD/HD is more diffuse and resides in the broader domains of attentional and executive control functions... Behavioral studies support the basic idea that ADHD is a deficit in executive control and regulation that extends to emotional and cognitive processes (Barkley, 1998). **Five of the nine clinical domains measured by CNS Vital Signs gives the clinician a VIEW of their patient's Executive Control Status.**

Give your CLIENTS and PATIENTS the Ability to have a Standardized Report that Measures Cognitive Function and Monitors Medication Effect.

One of the hallmarks of CNS Vital Signs is its ease of use. The CNS Vital Signs neurocognitive assessment tool platform automatically scores the selected tests and immediately produces a clinical report. The clinical report contains a Domain Dashboard which gives the clinician a **standardized view** of a patient's neurocognitive function compared to 1700+ age-matched norms, from ages 6 to 90, and a dashboard of the individual test raw scores (over). CNS Vital Signs yields a millisecond precision stimulus response timing allowing for consistent and accurate measurement of minute cognitive changes, such as those associated with drug effects and cognitive impairments such as AD/HD. Ultimately, the data accumulated from administering CNS Vital Signs can be used as a treatment outcome measure or for generating clinical insights that improve future treatments.

Assessing ATTENTION DEFICIT CONDITIONS with CNS Vital Signs

Pre-Dose:

CNS Vital Signs computerized assessment of neurocognition offers the clinician a useful tool for making attention deficit disorder assessments and for evaluating and managing the effects of drug treatment.

The following is a case study from an actual single test dose clinical experience.

A sixteen year old male with AD/HD was given CNS Vital Signs VS7 "Brief Core" Battery in which he scored below average in 5 of 9 cognitive domains (pre-dose). He was then given a stimulant test dose and sent to lunch. One to two hours later, the test was administered again (post-dose).

Patient Profile:	Percentile Range			> 74	25 - 74	9 - 24	2 - 8	< 2
	Standard Score Range			> 109	90 - 109	80 - 89	70 - 79	< 70
Domain Scores	Subject Score	Standard Score	Percentile	Above	Average	Low Average	Low	Very Low
Neurocognition Index (NCI)	NA	66	1					x
Composite Memory	101	100	50		x			
Verbal Memory	52	102	51		x			
Visual Memory	49	98	49		x			
Processing Speed	34	73	4				x	
Executive Function	21	68	2					x
Psychomotor Speed	148	81	10			x		
Reaction Time*	896	64	1					x
Complex Attention*	24	48	1					x
Cognitive Flexibility	22	69	2					x
Total Test Time (min: secs)	29:12			Total time taken to complete the tests shown.				

Post-Dose:

Patient Profile:	Percentile Range			> 74	25 - 74	9 - 24	2 - 8	< 2
	Standard Score Range			> 109	90 - 109	80 - 89	70 - 79	< 70
Domain Scores	Subject Score	Standard Score	Percentile	Above	Average	Low Average	Low	Very Low
Neurocognition Index (NCI)	NA	105	63		x			
Composite Memory	104	106	50		x			
Verbal Memory	53	105	50		x			
Visual Memory	51	101	50		x			
Processing Speed	45	90	26		x			
Executive Function	49	111	75		x			
Psychomotor Speed	194	109	74		x			
Reaction Time*	731	78	7				x	
Complex Attention*	4	118	88	x				
Cognitive Flexibility	46	109	74		x			
Total Test Time (minsecs)	26:02			Total time taken to complete the tests shown.				



= Domains most sensitive to attention deficit conditions.



For a free trial go to www.CNSVS.com or call 888.750.6941.

"For the first time I am able to show my son that his mind functions better when he is on his medication than when he is not..." **AD/HD Parent**

"Our relatives are always giving us a hard time about giving our boys AD/HD medicine. For the first time I have proof that they need their medicine." **AD/HD Parent**