Psychogeriatric Assessment
Scale (PAS)

The **full version** of the Psychogeriatric Assessment Scale (PAS) comes with no 'sample' watermark.

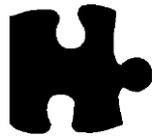The full complete 60 page version includes –

- User guide manual
- Scale/ Questionnaire

What the PAS Aims To Do

The PAS is designed to gather information on the major psychogeriatric disorders: dementia and depression. It differs from conventional approaches to psychogeriatric assessment in a number of important ways.

- **The PAS aims to assist a wider range of people to carry out psychogeriatric assessment.**

Psychogeriatric assessment is generally the province of people with extensive specialist training in geriatrics or psychiatry. The PAS provides a straightforward method of gathering and interpreting the relevant information without the necessity for prolonged training.

- **The PAS assesses psychogeriatric disorders on scales rather than as categories.**

In conventional thinking, people suffering from dementia or depression are in a distinct category from 'normal' people. It is true that when people with psychogeriatric disorders are seen by health care workers they appear to be categorically distinct from other people. However, when the whole elderly population is looked at, dementia and depression are seen as part of a continuum. For example, there is a continuum ranging from successful cognitive ageing at one end to severe dementia at the other. There is another continuum ranging from positive well-being in old age to severe depression. The PAS aims to place people along a number of relevant continua.

While the PAS provides a method of assessing psychogeriatric disorders, **it does not tell the user what action to take if problems are found.** The PAS helps by gathering information in a systematic way. It gives guidance on how this information should be interpreted by comparing the results to the normal range found in the community.

It is up to the user to decide on the appropriate use of this information to determine options for care. Although the PAS can be competently given after brief training, use of the information to guide care decisions must be based on the user's professional expertise.
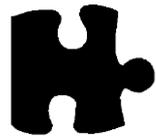
Overview of the PAS

The PAS consists of two sections: an interview with the subject who may be a client or patient and an interview with an informant who may be a relative, carer or other person who knows the subject well. These sections are referred to as the **Subject Interview** and the **Informant Interview** respectively. The two interviews are designed to provide different perspectives on the subject's functioning.

A number of scales are derived from the interviews. A scale is a set of questions which are scored to give a summary of how the subject is functioning in a particular area. The following scales are derived from the PAS:

Subject Interview	
Stroke	This scale assesses 6 symptoms of cerebrovascular disease. It gives an indication of whether cognitive impairment might be due to vascular dementia or to Alzheimer's disease.
Depression	This scale assesses 12 symptoms of depression over the previous 2 weeks.
Cognitive Impairment	This scale consists of 9 questions to test the subject's memory and other cognitive functions.

| Informant Interview	
Stroke	This scale is identical to the Stroke scale given to the subject. It gives an independent source of information on cerebrovascular disease.
Cognitive Decline	This scale asks the informant 10 questions about changes in the subject's everyday cognitive functioning.
Behaviour Change	This scale has 15 questions which assess changes in personality and disturbances in behaviour which may occur in dementia.

Relationship to other tests and questionnaires

Many other tests and questionnaires are available for psychogeriatric assessment. They vary in terms of the skills needed to use them and the information they provide. The PAS scales provide similar information to some well-known scales as described below:

Subject Interview	
Stroke	A simple alternative to the Hachinski Ischemic Score.
Depression	Provides similar information to the Geriatric Depression Scale (GDS).
Cognitive Impairment	Provides similar information to other brief cognitive tests such as the Mini-Mental State Examination (MMSE) and the Abbreviated Mental Test Score (AMTS).

Informant Interview	
Stroke	As for the Subject Stroke scale.
Cognitive Decline	Provides similar information to the Informant Questionnaire on Cognitive Decline in the Elderly (IQCODE).
Behaviour Change	There are no other scales in wide use which are similar to this scale.
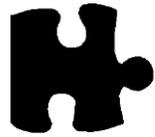
How to Administer the PAS

At this point it is a good idea to browse through the PAS to get a general idea of the content of each scale. The PAS is given in the second part of this Users' Guide. After browsing, return to this point in the Guide.

Necessary preliminaries

Before administering the PAS it is important to establish a relationship with the subject and the informant. In most instances, the interviewer will not have met the subject or informant before, so they need to feel at ease before they can comfortably answer the PAS questions, many of which cover personal and sensitive areas.

It is also important to establish that the subject and informant have adequate comprehension of English before beginning the interviews. The PAS is only suitable for use with people who have English as their native language or are fluent in English as a second language. However, even if the subject has insufficient English to be interviewed, it is possible to carry out an Informant Interview if the informant is fluent.

To ease the subject and informant into the interviews, the PAS begins with some general questions about social background, such as age, country of birth and education. These questions cover the minimum amount of background information needed before giving the scales. However, some users may wish to collect further information relevant to their own needs, such as details of medical history or use of medication.

The Subject and Informant Interviews are designed to give independent perspectives on the subject's behaviour. It is therefore important that the subject and informant are interviewed separately. In particular, the informant may feel constrained about reporting changes in the behaviour of the subject if the subject is present during the interview.

It is not necessary to interview the subject and informant on the one occasion. Neither is it necessary to complete a whole Subject or Informant Interview on the one occasion. If the subject or informant appear tired, or if there are time constraints, it would be better to break an interview and continue it at a later time.

The scales of the PAS can be treated as independent modules. A user might be interested in giving 1 or 2 scales rather than a complete interview. Also, the order of administering the scales can be varied if the situation warrants it. However, the instructions and wording *within* each scale must be strictly adhered to.

Instructions for administering the scales

The PAS interviews are like the scripts for a play - they tell the user exactly what to say and do. It is vital that users stick exactly to the script. Otherwise the PAS may not provide a valid assessment.

In order to make the PAS as easy to administer as possible, all questions share a common format. The PAS tells

the user what to say and do using different types of format:

Statements in this typeface are instructions about actions the user must perform.

Statements in italic typeface should be read aloud by the user.

Statements in this upright typeface are alternative answers from which the user must choose to code the subject's responses.

As an example, look at the question below which is taken from the Background Information section of the Subject Interview:

1. *Please spell your last name (for me). And your first name?*

Correctly spelled **0**
Cannot give both names correctly (one minor spelling error allowed), does not know **1**
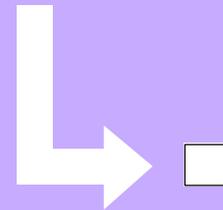
To ask this question you read the words in italics: Please spell your last name (for me). And your first name?

The words in brackets are optional. Use them if you feel it improves the flow of the questions.