

Slovenian version of the Edinburgh Cognitive and Behavioural ALS Screen (ECAS)

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Abstract

Cognitive changes in patients with ALS often present as deficits in executive functions and changes in language and social cognition. In disease management, cognitive dysfunction may impair patient's decision-making ability.

The Edinburgh Cognitive and Behavioural ALS Screen (ECAS) has been developed to detect the specific profile of cognition and behaviour changes in ALS and to differentiate it from other disorders (1).

Methods and Materials

- We translated and adapted the original version of ECAS (Figure 1).
- Cognitive status of 41 ALS patients (mean age 63.7, range 41-87 years) was evaluated using ECAS (Table 1).
- 42 healthy controls (mean age 65.4, range 41-85 years) were evaluated using ECAS (Table 1).

Slovenska različica (2015)				
Datum ocenjevanja: Število let izobraževanja/Končana šola: Poklic:	Datum rojstva: Ime/Nasiov zdravstvene ustanove:			
Ročnost (desničar/levičar):				
PRecite: "Povejte all napišite, kako pravimo narisanem				
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It is a 15-20 min screen that includes ALSspecific and nonspecific functions and a carer behaviour screen.

# Results

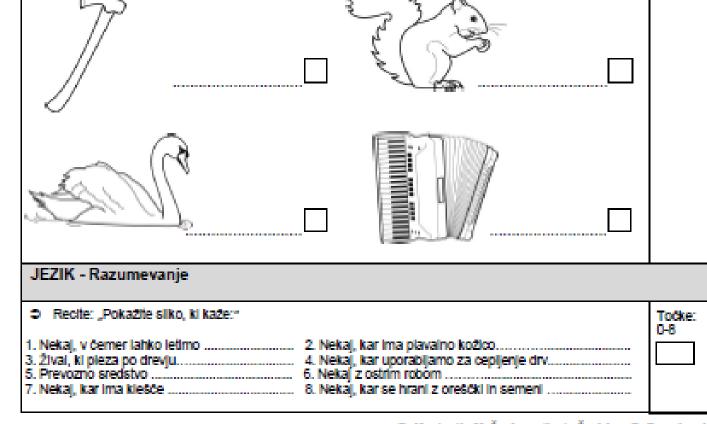
- Data from healthy controls was used to produce abnormality cut-offs (Table 2).
- **24%** of patients scored below the cut-off in the ALS-specific domain and 27% for the ECAS total score (Figure 2). Behavioural changes were found in 32% of patients (Figure 3).
- Patients with **bulbar onset** of disease showed significantly more cognitive impairment than those with spinal onset. No correlation found between was cognitive impairment and age, education, duration, stage of disease or respiratory status.

32 carers completed the behavioural interview.

	ALS patients n = 41		Healthy controls n = 42		
	Mean (SD)	Range	Mean (SD)	Range	р
Age	63.7 (9.9)	41-87	65.4 (10.5)	41-85	0.22
Sex (male:female)	24:17	/	25:17	/	/
Years of education	10.7 (1.7)	8-16	11.1 (1.4)	7-16	0.14

Table 1. Characteristics of ALS patients and healthy controls. *n:* number of participants; *p*: p value (t-test for independent samples); *SD*: standard deviation.

	Max	Mean (SD)	Range	Cut-off
ECAS total score	136	103.7 (12.6)	73-121	79
ALS specific functions	100	76.9 (10.1)	51-91	57
ALS non-specific functions	36	26.8 (4.7)	9-32	17
Language	28	26.3 (1.9)	21-28	22
Verbal fluency	24	16.7 (3.4)	10-22	10
Executive functions	48	33.8 (7.8)	17-44	18
Memory	24	15.6 (4.2)	0-20	7
Visuospatial functions	12	11.3 (1.1)	9-12	9



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Figure 1. First page of Slovenian version of ECAS.

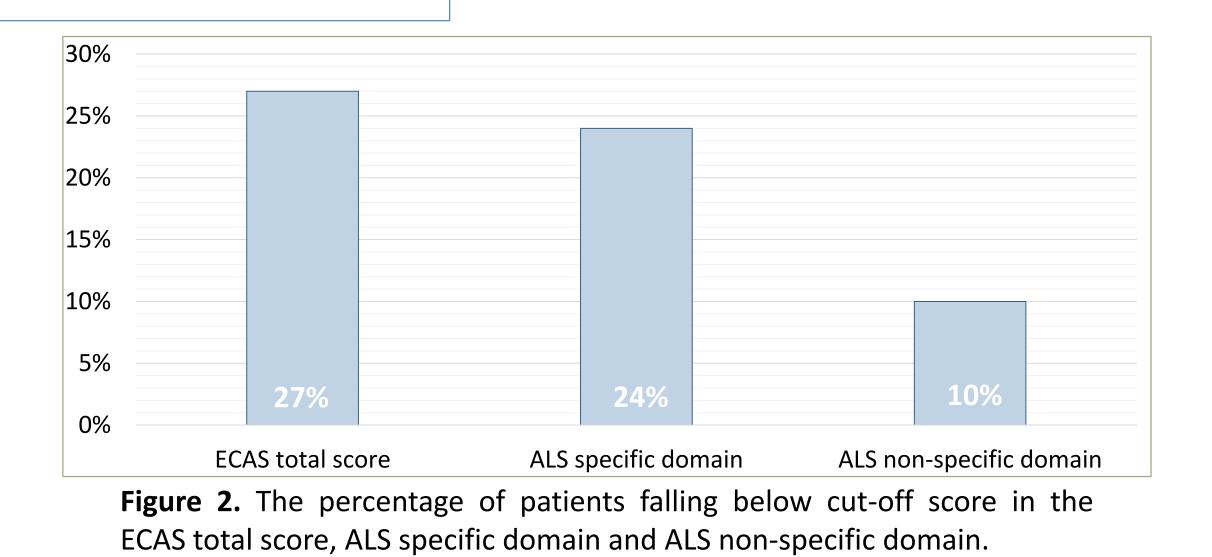
# Modifications

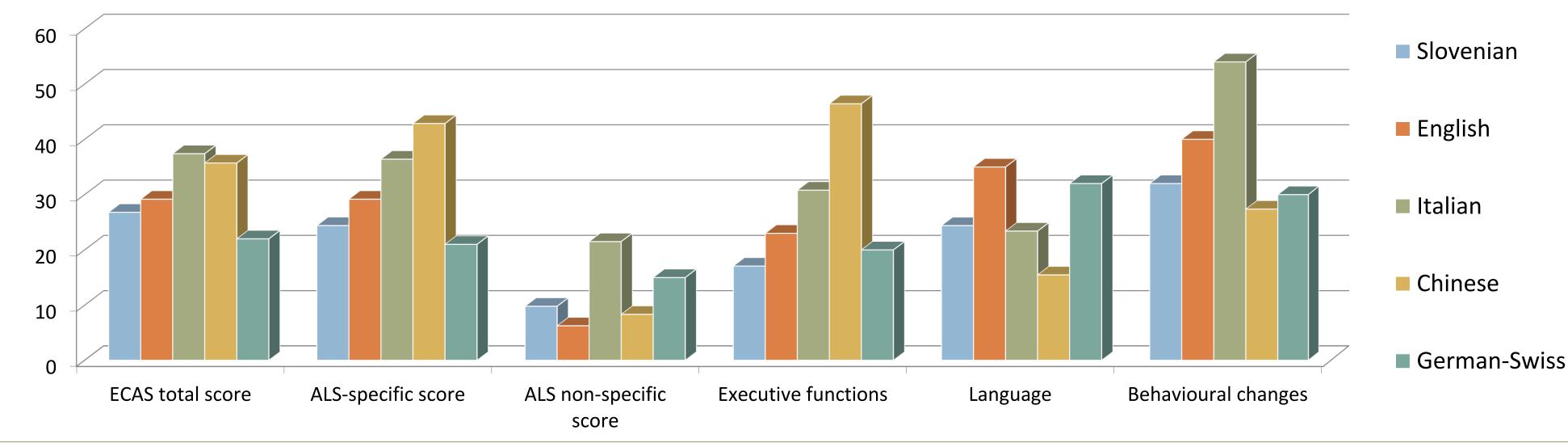
#### > COMPREHENSION:

According to the comprehension in the respective culture, we replaced the word "sting" with "klešče" (claws), "webbed feet" with "plavalna kožica" (the skin between the fingers, typical for water birds and ambhibia) and "chopping" with "cepljenje drv" (to split a big log into smaller logs).

#### > MEMORY:

**Table 2.** Normative data for the Slovenian version of ECAS. Max: maximum score; SD: standard deviation; Cut-off is based on 2 SD from the mean. A score at or below this value indicates impairment.





According to the frequency of certain geographical and individual names, we changed "Primrose Woods" to "Kočevski gozd" and "Douglas Watt" to "Janez Novak".

### > FLUENCY:

We adjusted the given letters, according to the frequency of the letters in Slovenian – we used "P" instead of "S" and "M" instead of "T". Conversion tables were adjusted accordingly.

#### > SENTENCE COMPLETION:

We used "Janez" instead of "John" and "Sabina" instead of "Sally". We changed "local café" into "vaški lokal" (village pub).

# Conclusions

The results of the Slovenian version of ECAS are comparable to other published versions (Figure 3).

#### Figure 3. The comparison between percentage of patients with cognitive or behavioural impairments according to ECAS cut-off scores in different language versions (1, 2, 3, 4, 5).

Cognitive changes are, like in other similar studies, most often found in ALS-specific domains. In our study, the most prominent changes have been found in the Language sub-domain (24% of patients) that is comparable to the results found by Abrahams et al (35% of patients) and Lule et al (32% of patients).

# ECAS is an effective and useful clinical tool that can improve the quality of ALS patient care.

## Contact

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