Experiencing Memory Loss?

Neuropsychological Testing

University | Neurology Associates

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UCSF
School of Medicine
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Are you beginning to notice changes in your memory?
Or changes in the memory of a loved one?

WHAT IS NEUROPSYCHOLOGY AND NEUROPSYCHOLOGICAL TESTING?

Neuropsychology is a specialty that focuses on how brain disorders and diseases affect thinking skills (i.e. cognition) and behavior. Neuropsychological testing is a very sensitive procedure in the detection of cognitive and behavioral impairment and typically includes tests of intelligence, memory, executive functions (e.g. reasoning and problem-solving, planning/organization, and self-regulation), speech/language skills, attention-concentration, visual-spatial skills, visual-perceptual skills, and motor skills. When appropriate, testing includes the assessment of emotional functioning. Neuropsychological tests are administered as part of a comprehensive evaluation that also involves a clinical interview and review of records. Testing is appropriate when there are symptoms or complaints of cognitive or behavioral dysfunction. Often, memory problems are the presenting complaint.

NEUROPSYCHOLOGICAL TEST RESULTS CAN BE HELPFUL IN A NUMBER OF WAYS

- Results are particularly sensitive in the detection of dementia and can distinguish various dementia subtypes such as Alzheimer’s disease, Lewy body disease, frontotemporal dementia, and vascular dementia. A team approach that involves a neuropsychologist and a physician is key to making earlier and more accurate diagnoses.
- Results can differentiate between normal age-related cognitive decline and mild cognitive impairment (MCI). In contrast, the brief cognitive screening tests that are used in standard medical care are relatively insensitive in the detection of MCI and the subtle cognitive changes that occur in the early stages of Alzheimer’s disease and other neurodegenerative diseases.
- Results can determine the rate of disease progression and inform response to cognitive enhancing medications.
- Results can differentiate between psychiatric and neurological disorders (e.g. depression vs. dementia).
- Results can be used to tailor cognitive rehabilitation plans as well as monitor outcomes following cognitive rehabilitation treatment.
- Results can address the capacity to work, the ability to return to work, and appropriate work-related accommodations.
- Results can determine the validity of subjective cognitive complaints.
- Results can inform school-based academic accommodations.
- Results can address vocational training needs.
- Results can aid in assessing decision-making capacity (e.g. capacity to make various financial or healthcare decisions or capacity to live independently).
- Results are crucial in helping determine disability status when the allegation is cognitive impairment.
- Results can help inform driving risk.
- Results establish a cognitive baseline against which any future results can be compared. Thus, testing provides a means to track any cognitive improvement or decline over time.

CONDITIONS AND CIRCUMSTANCES FOR WHICH NEUROPSYCHOLOGICAL TESTING IS COMMONLY BENEFICIAL

- Acquired brain injury (traumatic brain injury, postconcussion syndrome, and stroke)
- Known or suspected neurodegenerative disease (Alzheimer’s and Parkinson’s)
- Other progressive disorders (multiple sclerosis and normal pressure hydrocephalus)
- Toxic conditions (alcoholism, use of street drugs, exposure to environmental neurotoxins)
- Infectious processes (HIV, Lyme, and meningitis/encephalitis)
- Brain tumors
- Ruptured aneurysms and arteriovenous malformations
- Oxygen deprivation (carbon monoxide poisoning and anoxia/hypoxia)
- Neuromuscular disorders
- Pre-neurosurgery evaluations (deep brain stimulation and tumor resection)
- Suspected cognitive impairment following chemotherapy or radiation treatments
- Suspected cognitive impairment following cardiac bypass surgery or other major organ surgery
- Attention Deficit Disorder (ADD) & Attention-Deficit/Hyperactivity Disorder (ADHD)
- Psychiatric disorders with a known organic risk (depression, bipolar disorder, and schizophrenia)
- Epilepsy and seizure disorders
- Neuropsychiatric Systemic Lupus Erythematosus
- Autism Spectrum Disorder (including Asperger’s disorder)
- Cognitive complaints or behavioral difficulties of unknown cause
COMMON REFERRAL QUESTIONS/SCENARIOS

A 25-year-old man with history of multiple concussions complaining of memory and concentration problems that are affecting his work. Please assess for postconcussive syndrome.

A 67-year-old functionally intact male reporting gradual decline in short-term memory over the past 8-12 months. He has been treated for anxiety for the past several months. Please assess for mild cognitive impairment.

A 72-year-old female living alone brought to her appointment by her daughter who reports that the patient has not been taking care of herself adequately for the past 6 months. She has been treated over the years for recurrent depression and has a 10-year history of hypertension. Please assess for dementia vs. depression. If dementia, please opine as to possible etiology.

A 56-year-old female attorney with history of stroke approximately one year ago. Please assess cognitive status and opine as to her ability to return to her current occupation.

A 59-year-old male corrections officer with history of apparent behavior changes over the past 9-12 months. He is now overly friendly with strangers and requires prompts to initiate goal-directed behaviors. He is close to being fired at work for not following through with assigned tasks. Please assess for dementia versus psychiatric disorder.

Chris M. Bauer, Ph.D.
Neuropsychologist

Chris M. Bauer, Ph.D., is a clinical neuropsychologist who provides neuropsychological testing evaluations for children ages 6 and older, adolescents, and adults through the lifespan. Dr. Bauer completed a 2-year APPCN accredited clinical neuropsychology postdoctoral fellowship at the University of Rochester Medical Center in upstate New York. He earned his Ph.D. in clinical psychology at Alliant International University with an emphasis in neuropsychology.

Dr. Bauer is a member of the UCSF faculty at UCSF Fresno. He sees private patients at University Neurology Associates located at 2335 E. Kashian Lane, Suite 301, within the Central California Neuroscience Institute.

Appointments can be made at 559-264-9100. Most insurances are accepted.