CLINICAL DEMENTIA RATING

DEAR SIR,

Essential to many research approaches to Alzheimer's disease is a means for staging the severity of the disease. Your Journal published our Clinical Dementia Rating (*Journal*, 140, 566-572, 1982). From

our further work we have found it advantageous to refine the rating scale by the removal of certain ambiguities.

The new improved version is as shown.

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Clinical Dementia Rating (CDR) CDR 0 0.5 1 2 3

| | Healthy CDR 0 | Questionable dementia CDR 0.5 | Mild dementia CDR 1 | Moderate dementia CDR 2 | Severe dementia CDR 3 |
|-----------------------------------|---|--|---|---|--|
| Memory | No memory loss or slight inconsistant forgetfulness | Mild consistent forgetfulness; partial recollection of events; "benign" forgetfulness | Moderate memory loss, more marked for recent events; defect interferes with everyday activities | Severe memory loss; only highly learned material retained; new material rapidly lost | Severe memory loss; only fragments remain |
| Orientation | Fully oriented | | Some difficulty with time relationships; oriented for place and person at examination but may have geographic disorientation | Usually disoriented in time, often to place | Orientation to person only |
| Judgement + problem solving | Solves everyday problems well; judgement good in relation to past performance | Only doubtful impairment in solving problems, similarities, differences | Moderate difficulty in handling complex problems; social judgement usually maintained | Severly impaired in handling problems similarities, differences; social judgement usually impaired | Unable to make judgements or solve problems |
| Community affairs | Independent function at usual level in job, impairment in these | | Unable to function independently at these | No pretense of independent function outside home | |
| | | activities | activities though may still be engaged in some; may still appear normal to casual inspection | Appears well enough to be taken to functions outside a family home | Appears too ill to be taken to functions outside a family home |
| Home + hobbies | Life at home, hobbies, intellectual interests well maintained | Life at home, hobbies, intellectual interests slightly impaired | Mild but definite impairment of function at home; more difficult chores abandoned; more complicated hobbies and interests abandoned | Only simple chores preserved; very restricted interests, poorly sustained | No significant function in home outside of own room |
| Personal care | Fully capable of self care | | Needs prompting | Requires assistance in dressing, hygiene, keeping of personal effects | Requires much help with personal care; often incontinent |

Score only impairment due to cognitive loss, not impairment due to other factors.

REVERSIBLE DEMENTIA AND DEPRESSION

DEAR SIR,

In their article on "reversible dementia caused by depression", Rabins et al. (Journal, May 1984, 144, 488-92) set out as a major objective the validation of criteria for distinguishing patients with "reversible dementia caused by depression" from irreversibly demented patients. This is an important issue, given

that the pre-existing literature in this area consists largely of uncontrolled clinical observations. However, their study gives rise to some problems which may cast doubt on their conclusions.

First, the authors list several clinical variables which are reported to discriminate between patients with "reversible depression caused by dementia" and demented (but not depressed) controls. These variables include depressed mood, past history of