

Author's response to reviews

Title: Validation of the Cognitive Assessment of Later Life Status (CALLS) Instrument: A Computerized Telephonic Measure

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Version: 2 Date: 28 November 2006

Author's response to reviews: see over

November 28, 2005

Dr. Jo Appleford
Senior Assistant Editor
BMC – series journals - Neurology

RE: Validation of the Cognitive Assessment of Later Life Status (CALLS) Instrument: A
Computerized Telephonic Measure
MS 2051008537112725

Dear Dr. Appleford:

Thank you for giving us the opportunity to modify and improve the clarity of our paper. We have sought to address each of the concerns of the two reviewers. Our responses for each reviewer are below.

FIRST REVIEWER:

Minor Essential Revisions

- 1) The reviewer suggested that we clarify and provide consistent and standard terminology for the cognitive domains and components. We addressed this concern throughout the paper and in the tables and used the terminology change suggestions.
- 2) Testing for executive function is somewhat problematic. However, we do get at aspects of it with reaction time, serial 7s and similarities tests. The subject is addressed in the paper on page 15, last paragraph and the top of page 16. We have altered our focus somewhat to emphasize the psychometric properties of the CALLS rather than as a dementia screen. The CALLS is different from the TICS in that it is a telephonic neuropsychological battery. It does measure important additional domains of cognition. The next step with the CALLS is to test it as a dementia screen, but it cannot be supported in this analysis.
- 3) The loading of “Date” with attention and working memory is not a surprise as orientation and attention tests are often grouped together in neuropsychological assessment literature (Lezak, ref. # 5). We agree that Serial 7s does not seem to fit with the renamed component: Verbal Fluency and Naming. At this point, we cannot determine why the factor loaded this way.
- 4) As requested corrected “criteria” to “criterion” on page 11, line 3.
- 5) Deleted sentence regarding variance of the MMSE as it was not necessary and confused the clarity of results.
- 6) As requested, we added the mean, SD and range of the depression (CESD) scores. These are located in the body on the paper on page 13, 2nd paragraph, lines 4-6.

Discretionary Revisions

- 1) We added the comment that establishing norms would be necessary in order to document the utility of measuring processing speed and its association with dementia. This is last line on page 14 and first 2 lines of page 15.
- 2) We incorporated reviewer's alternative explanation that "slow processing speed may account for poor verbal encoding." Page 15, 2nd paragraph, lines 6-8.
- 3) On page 15, paragraph 3, line 3 we changed "abstraction ability" to "abstract thinking" as suggested.

SECOND REVIEWER:

We modified the purpose of the paper to emphasize that this is a psychometric validation of the CALLS as a neuropsychological assessment measure rather than promoting it as a dementia screen at this point. We recognize that additional work with larger populations will be needed. We agree that more predictive work is required in order to present CALLS as a dementia screen. We have renamed our paper and shifted emphasis to the quality of CALLS as a unique and relatively short neuropsychological assessment measure.

We have added additional narrative and references (lit review) regarding other cognitive tests, including the CAMCOG-R and HRS (AHEAD) to the background section. References #s 7, 8, 13.

We addressed the concerns regarding lack of detail regarding the tests of verbal recall and reaction time. Verbal recall items are listed in greater detail on page 8, last paragraph. Reaction time description and how it is recorded is further described on page 9, first paragraph.

Larger numbers of ethnic and racial groups will be needed for the predictive and normative study of the CALLS. While there are screens that are briefer than 30 minutes, CALLS provides additional cognitive domains with the prospect of more specific cognitive screening in the future. We have altered the term "brief" to "relatively brief" as it relates to neuropsychological assessment.

We hope that these responses address the major concerns. Thank you again for the opportunity to revise our paper.

Sincerely,

Valerie C. Crooks

