

Idiopathic normal pressure hydrocephalus scales

iNPH scale

see [iNPH scale](#).

MMSE

[MMSE](#).

To date, there is no standard outcome assessment scale for shunt treatment.

In designing such scale, the relative weight of each of the common presentations of the condition from the patient's or his/her carer's point of view should be taken into consideration.

Although gait is the primary indicator for treatment candidacy and outcome, additional monitoring tools are needed. [Line Tracing Test](#) (LTT) and Serial Dotting Test (SDT), two psychomotor tasks, have been introduced as potential outcome measures.

Incidence of hydrocephalus surgery increased significantly during 2004-2011, specifically in elderly patients. Surgical treatment of iNPH markedly improved functional independence, but the improvement rate was low compared to recent single- and multicentre studies. Thus, the potential for surgical improvement is likely lower than generally reported when treating patients as part of everyday clinical care ¹⁾.

Kubo et al. developed an idiopathic normal-pressure hydrocephalus grading scale (iNPHGS) to classify a triad of disorders ([cognitive impairment](#), [gait disturbance](#) and [urinary disturbance](#)) of iNPH with a wide range of severity. The purpose of the study was to assess the reliability and validity of this scale in 38 patients with iNPH.

The interrater reliability of this scale was high. The iNPHGS cognitive domain score significantly correlated with the cognitive test scores, including the Mini-Mental State Examination ([MMSE](#)), the gait domain score with the [Timed Up and Go Test](#) and Gait Status Scale scores, and the urinary domain score with the International Consultation on Incontinence Questionnaire-Short Form (ICIQ-SF) score. The MMSE, Gait Status Scale and ICIQ-SF scores significantly improved in patients whose iNPHGS scores improved after CSF tapping but not in those whose iNPHGS scores did not improve after CSF tapping. Fourteen of the 38 patients received shunt operations. In these 14 patients, changes in the iNPHGS cognitive and urinary domains after CSF tapping were significantly associated with the changes after the shunt operation. ²⁾.

CERAD

see [CERAD](#)

1)

Sundström N, Malm J, Laurell K, Lundin F, Kahlon B, Cesarini KG, Leijon G, Wikkelsö C. Incidence and outcome of surgery for adult hydrocephalus patients in Sweden. Br J Neurosurg. 2016 Sep 13:1-7. [Epub ahead of print] PubMed PMID: 27619731.

2)

Kubo Y, Kazui H, Yoshida T, Kito Y, Kimura N, Tokunaga H, Ogino A, Miyake H, Ishikawa M, Takeda M. Validation of grading scale for evaluating symptoms of idiopathic normal-pressure hydrocephalus. Dement Geriatr Cogn Disord. 2008;25(1):37-45. doi: 10.1159/000111149. Epub 2007 Nov 20. PMID: 18025828.

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Last update: **2024/06/07 02:53**

