Review of: "Evaluation of the Effectiveness of the Tap Test by Combining the Use of Functional Gait Assessment and Global Rating of Change"

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Idiopathic normal pressure hydrocephalus (INPH) is a prevalent and underestimated condition. It is certainly mixed with several other diseases harboring cognitive and motor symptoms. Once elderly population is continuously increasing, their quality of life and independency for daily life activities are on the breakthrough of medicine. Thus, neurosurgery pursues methods to deliver proper diagnosis and treatment for INPH patients.

While there are increasing data on investigation work-up and improvements in patient selection parameters to indicate surgery and perform follow-up, we still search for the ideal screening tool. It ideally should be easily applicable, with high accuracy and, if possible, not expensive.

In this matter, TAP TEST and associated tests have become the main assessing tool for INPH patients. Although not the most accurate method, it is easy, feasible and do not demand hospital stay. However we still face a high number of false negatives. Mendes et al. disclosed improved accuracy when using the threshold of 16.5 seconds to analyze patients, reaching up to 96% specificity and 93% of sensitivity. Sundström et al and Oliveira et al have already published data reinforcing the role of associated Timed Up and Go test (TUG).

Kameda et al., in the present paper, remark the importance of associating TAP TEST with Funcional Gait Assessment test (FGA) and Global Rating of Change (GRC). They compared this tools with TUG and found a prevalence of 1% for iNPH, while TUG had a sensitivity of 0.23, specificity of 0.71, positive likelihood ratio of 0.79, and negative likelihood ratio of 1.09. When improvement in either the FGA or the GRC was used as a criterion for the validity of the tap test, the sensitivity was 0.88, specificity was 0.17, positive likelihood ratio was 1.06, and negative likelihood ratio was 0.71. They conclude that FGA and GRC are better than TUG to select patients for surgery.

The quest for better pre operative and post operative tests to assess INPH patients is continuous and authors should be commended by their effort to include FGA and GRC among options for patient evaluation. Surely we will need further investigations to validate, improve and standardize better approach for patients.