

Peer Review

Review of: "Cognitive Screening Tools for Dementia Detection in Primary Healthcare Centers in India: A Scoping Review"

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The authors report findings from their literature search among 955 published papers regarding various cognitive screening measures in use in primary care centers across India. Their scoping review included articles available in PubMed, Scopus, and Google Scholar. They also considered conference papers and Google searches for their key terms. The authors followed the gold standard PRISMA guidelines for reporting their findings. The criteria used in examining the literature were helpful in understanding the advantages and disadvantages of each of the measures that emerged.

Although the investigation was specific to India, it addressed a problem that is global in depth, and that is the lack of cognitive screening instruments that are language or education-neutral. Well-known screening measures ranging from the Montreal Cognitive Assessment (MoCA) to the Dementia Lewy Body (DLB) were reviewed for the time required to take the test, effectiveness in dementia risk detection, cultural responsiveness, and reliability and validity, among other indicators. Likewise, lesser-known measures were examined, which included a measure that could be considered for use in areas with low education or literacy (the Rowland Universal Dementia Assessment Scale/RUDAS), but the authors were not enthusiastic regarding this measure, citing infrastructure needs to administer the test. Upon looking up the RUDAS, it was not evident that any infrastructure would be required beyond a table and chair. (However, inter-rater and intra-rater reliability would be a concern, as scoring is often reliant on the judgment of the test administrator.) Of note is that the authors here reported the RUDAS as being "highly validated...reliable across diverse cultural groups." Therefore, it was unclear from the summary presented in the paper as to why the authors still concluded that there

is an “urgent need for culturally and linguistically appropriate cognitive screening tools in PHC settings in India to enhance the early detection of dementia.” It can be projected that a novel method is to be proposed in the future by these authors.

Another observation is that in the Discussion, it is expected to see the inclusion of alternative approaches or resources that may be helpful in addressing the identified gap. For example, in this study, noting the language and education-neutral 90-second Number Symbol Coding Test (Galvin et al., 2020) that tests executive functioning through the use of ten numbers and ten symbols would have been helpful for the reader. The authors did note limitations, e.g., only papers available in English were included. Overall, the detailed list of positives and detractors of a wide variety of cognitive screening tools included in this article is useful for any provider wishing to conduct community-based or primary care screenings to detect dementia risk.

Declarations

Potential competing interests: No potential competing interests to declare.