

**NEURO PSYCHOLOGIST
Reg. Psychol. (A.F. Ps.S.I)**

Neuropsychologist Report

Elizabeth K

History

Elizabeth attended for a neuropsychological assessment to document her current cognitive, memory and speech difficulties. She reports a history of a negative reaction to the drug Aldara which she used in April 2004 for a small non-melanoma cancerous spot on her chest. Since then she has been unable to work or resume her normal social life. She is a secondary school teacher, of modern languages, and is fluent in French and German. She owns her own apartment and in April 2004 had a steady boyfriend. However this relationship has since ended. In autumn 2005 she was diagnosed as having suffered from brain injury, with hyperacusis and tinnitus. In July 2007 she is being asked to return from her leave of absence or resign her job.

Interview

Elizabeth attended for assessment well prepared with articles detailing her cognitive difficulties, the effects of Aldara, and a list of her current symptoms. She states that these have improved markedly since the onset of her illness but they continue to cause her great distress and disability.

These symptoms include physical problems such as:-

- Pain, in her head, joints and soft tissue
- Flu-like illness
- Fatigue and low stamina
- Gastro-intestinal disturbance
- Sleep difficulties

She also experiences cognitive difficulties, including:-

- Difficulty with concentration and processing verbal information
- Sound sensitivity and tinnitus
- Distractibility

Elizabeth states that her symptoms fluctuate markedly from day to day, and from situation to situation. She had a flare-up of symptoms in January/February 2007 which left her very debilitated and impaired. She states that she is very concerned that her current symptoms will not allow her to return to work or to her former active lifestyle.

Assessment

Elizabeth impressed as a pleasant and articulate woman who had difficulty in speaking fluently at times. She had a noticeable hesitancy when trying to construct sentences and explain her medical history, but was generally able to persevere and get her message across. She often asked for questions or instructions to be repeated. When completing tests Elizabeth frequently spoke aloud, monitoring what she was doing and reminding herself of the instructions. She stated that this helped her to concentrate, and also prevented other people from interrupting her when she was in the middle of a task. If this happens, she stated that she finds it very difficult to get back on task.

Elizabeth engaged fully with the testing process and with all tasks presented to her. She was interested in feedback on her performance and overall appeared well motivated to succeed on the tests.

On the Wechsler Adult Intelligence Scale III, which is made up of several sub-tests measuring aspects of verbal, visual and spatial cognitive processing, Elizabeth's sub-test scores showed widespread scatter, a finding which is unlikely to have occurred by chance and which suggests a recent decline in some aspects of her cognitive functioning.

Given her educational and occupational history, it is estimated that Elizabeth's pre-illness level of intellectual functioning was in the High Average to Superior range of ability, in the top 10% of the population. Some of her subtest scores fall at this level, in particular her knowledge of general vocabulary, and ability to think in abstract verbal terms. However on several subtests her performance fell within the moderately impaired range. This was particularly evident on tests measuring speed of information processing, ability to divide attention between different elements of a task, and eye-hand co-ordination.

On the Weschler Memory Scale – III, Elizabeth's test responses indicate that her immediate memory skills, for both verbal and visual items, fall within the good average range of functioning. However her performance suffers when tasks become complex or when attention needs to be paid to two elements. Her delayed recall is in the average range of functioning, and this, as well as immediate memory skills, are a little below expected levels given her predicated pre-illness level of ability.

On the Colour Trails Test which measures motor speed, mental flexibility, visual scanning and sequencing, Elizabeth's scores fall within the impaired range, indicating problems with attentional switching, consistent with scores on memory tests.

On the Coping Responses Inventory, Elizabeth's responses indicate that she prefers a direct and information-seeking response to difficulties, with a strong reliance on logical analysis and solving problems as they present to her. Her current quest for information regarding her condition and prognosis is consistent with these findings and indicated a clear rational approach to the situation in which she finds herself.

On the Beck Depression Inventory – II, Elizabeth scores in the normative range of mood. Likewise her responses on an anxiety scale are within normal limits. Her energy levels and capacity for engagement in normative activities have not changed in the past few weeks. However they continue to fall significantly below her pre-illness levels of energy and activity. Thus Elizabeth is expressing appropriate levels of frustration at the changes which have occurred in her lifestyle and career prospects.

On the McGill Pain Questionnaire, Elizabeth describes a complex and wide-ranging series of pain symptoms for which she is being treated elsewhere. Her responses indicate that she is well aware of helpful strategies and is able to implement them to help ease the pain (although these are not always successful).

Conclusion

Elizabeth reports a history of a full and active life, with a successful career, a satisfying personal relationship and many interests and hobbies prior to her use of Aldara in April 2004. Since then she has been unable to work or pursue her interests, is no longer with her boyfriend and is severely restricted in her activities of daily living.

Elizabeth currently presents on neuropsychological testing with a pattern of scores which is consistent with an acquired insult to the brain, primarily affecting the frontal lobes. She has particular difficulty in processing verbal information and in producing verbal responses. However she also has difficulty in the areas of visual-motor coordination, attentional switching and mental flexibility.

While Elizabeth reports significant amounts of pain, she has developed adaptive strategies to cope with this. Her mood is not depressed or anxious and thus it is likely that her lowered scores on neuropsychological tests are not due to purely psychological factors.

Her pattern of results is consistent with cognitive underfunctioning of an organic basis. Her residual skills are considerable and according to herself are continuing to improve with time. I am hopeful that this pattern will continue in the future, and am certain that Elizabeth's positive approach to her difficulties and her drive to seek solutions will be a helpful factor for her.

However her functional abilities are severely compromised by her pain, her fatigue, her slow processing speed and her distractibility. In my opinion she is unfit at present to return to work as a secondary school teacher. I would support her application for early retirement. Review on request.

Consultant Clinical Neuropsychologist