Thank you for your interest in the Kingston Scales. The scales are designed for the assessment of geriatric patients suspected of having a progressive dementia, such as Alzheimer’s disease. The scales are: the Kingston Standardized Cognitive Assessment - Revised (Cognitive Assessment), the Brief Kingston Standardized Cognitive Assessment - Revised (Cognitive Assessment), the mini-Kingston Standardized Cognitive Assessment - Revised (Cognitive Assessment), the Kingston Standardized Behavioural Assessment (Behavioural Assessment), the Kingston Caregiver Stress Scale (Stress Assessment), and the Kingston Dementia Rating Scale (lower functioning assessment)

**KINGSTON STANDARDIZED COGNITIVE ASSESSMENT - REVISED (KSCAr)**

The Kingston Standardized Cognitive Assessment-Revised (KSCAr) is an instrument designed to assess elderly individuals suspected of having progressive dementias. The KSCAr is a broad range test that can assess a number of cognitive capabilities but concentrates on those commonly impaired in dementia. It produces a comprehensive assessment of memory, language and visual-motor functions – yielding a percentile score for each, as well as an overall total score.

Individuals can be compared to two groups of outpatients with progressive dementias (Alzheimer and Other Dementia groups) as well as a community dwelling normal elderly sample. Norms are also provided for a group of out-patients who were diagnosed with depression, but not dementia. While it is not diagnostic, the KSCAr alerts the user to the possibility of a dementing illness and raises the question of whether further evaluation is needed.

The KSCAr is a valuable tool as it provides an exceptionally comprehensive screening in about 30 minutes without requiring specially trained personnel. The psychometric properties of the KSCAr have been published.


**BRIEF KINGSTON STANDARDIZED COGNITIVE ASSESSMENT - REVISED (BriefKSCAr)**

The Brief Kingston Standardized Cognitive Assessment is an instrument that has been designed to quickly screen elderly individuals suspected of having progressive dementias. It can assess a number of cognitive capabilities concentrating on those commonly impaired in dementia, especially in the early stages. Individuals can be compared to groups of outpatients with Alzheimer’s or other dementias, as well as to a community dwelling normal elderly sample. A group of outpatients with depression, but without dementia, is also
One of the main values of the BriefKSCAr is that it provides a comprehensive screening in a short period of time without special training or specially trained personnel. An assessment can typically be completed in about 15 minutes.


mini-KINGSTON STANDARDIZED COGNITIVE ASSESSMENT (mini-KSCAr)

The mini-Kingston Standardized Cognitive Assessment, or mini-KSCAr, is an instrument that has been designed as an initial screen to rapidly assess elderly individuals suspected of having a progressive dementia. It primarily focuses on the assessment of those symptoms commonly found in the early stages of dementia; i.e. memory (orientation, immediate and delayed recall, and recognition), executive functioning (abstract thinking), and motor spatial abilities (clock drawing). Individuals can be compared to groups of outpatients with Alzheimer’s or other dementias, as well as to a community dwelling normal elderly sample. A group of outpatients with depression, but without dementia, is also included. The mini-KSCAr can also be used for follow-up assessments after an initial full KSCAr has been administered.

One of the main values of the mini-KSCAr is that it provides a more comprehensive and reliable screening in a period of time comparable to that one would take to complete a MMSE, all without special training or specially trained personnel. It is, therefore, of particular interest to primary care physicians who routinely have to quickly assess elderly patients for signs of dementia.

It should be noted, that the “Assessment Form” for the mini-KSCAr is very much shorter than the other KSCAr’s.


KINGSTON STANDARDIZED BEHAVIOURAL ASSESSMENT KSBA(comm) and KSBA(ltc)

Since progressive dementias such as Alzheimer’s disease are characterized by behavioural as well as cognitive disturbances, the Kingston Standardized Behavioural Assessment was designed to complement cognitive assessment tools such as the KSCAr, by providing an indication of the number of behavioural symptoms associated with dementia which are currently affecting an individual. Since both the placement and introduction of home support services, not to mention caregiver stress, are almost always triggered by behavioural and not cognitive issues, a behavioural analysis of the individual is of great importance and not something that can be gained as easily or systematically from other sources. The KSBA comes in 2 forms: one for the community living individual - KSBA(comm), and a version more suitable for use in long term care settings - KSBA(ltc). The KSBA(ltc) is similar to the
KSBA(comm) but 19 of the items, more related to community living, were replaced with 25 new items, making it more suitable for assessing institutionalized patients. The KSBA(comm) also provides caregivers with comparative data to assist them in making difficult decisions about the required level of care. The information can be used to facilitate the introduction of home support services which can help to alleviate the distress and sense of guilt caregivers often experience. Likewise, for patients already in long term care settings, the KSBA(ltc) allows staff to monitor and assess the behavioural status of an individual and institute further professional assessments or consultations.


**KINGSTON CAREGIVER STRESS SCALE (KCSS)**

The Kingston Caregiver Stress Scale is primarily a scale used to monitor change in a family caregiver’s stress level over time. The scale is designed for community living lay caregivers, not institutional care staff.

Some caregiver stress scales try to determine how much stress caregivers “should” be experiencing by assigning stress values to caregiving activities. There is evidence that these group scores do not correlate well with how much stress an individual caregiver experiences. Also, the score for one person probably does not mean the same thing as the same score for another. The KCSS takes a more direct approach by asking how much stress the caregiver feels. The scale should be used to monitor change in an individual caregiver’s stress over time. We have observed that caregivers can easily attribute their stress to different sources. Accordingly the KCSS consists of a set of ten questions that are grouped into 3 categories: care giving, family, and financial issues.


**KINGSTON DEMENTIA RATING SCALE (KDRS)**

The Kingston Dementia Rating Scale is a scale for use primarily with dementia patients in a long term care setting; usually with advanced dementia. It is a 21 item scale that can be repeatedly administered by staff to establish baselines and measure change. The scale assesses both behaviour and orientation. It typically can be administered in 5 to 10 minutes.


**OTHER LANGUAGES**

All of the Kingston Scales, KSCAr, BriefKSCAr, mini-KSCAr, KSBA(com), KSBA(ltc), and KCSS, are available in French. However, separate normative data are as yet unavailable. Clinicians are urged to use caution when applying the English norms, and those interested are invited to share any data with the authors. It should also be noted that the Kingston
Scales are available in Hebrew, thanks to the work of Dr. Jeremia Heinik of Tel Aviv, and the KCSS is available also in Greek and Chinese. New translations are welcomed.

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While the Kingston Scales are copyrighted, they may be copied for use free of charge. The authors would appreciate appropriate referencing when scale data is used in publications or reports. Resale is not permitted. For our own statistical purposes we would appreciate knowing where the scale is being used.

The Kingston Scales can also be obtained free of charge in PDF format along with an interactive training program on CD-ROM, from the authors, or can be freely downloaded from:

www.providencecare.ca \ Clinical Services \ Geriatric Psychiatry \ Kingston Scales

If you require any further information about the Kingston Scales or if you have any questions about their use or scoring, please contact the authors at (613) 546-1101

Dr. Robert W. Hopkins (ext. 5940, hopkinsr@queensu.ca
Dr. Lindy Kilik (ext. 5652, kilikl@providencecare.ca
or email: kscales@queensu.ca

We welcome any comments or suggestions regarding these scales. We also invite interested clinicians to contact the authors to arrange a format for sending demographic data and summaries of test scores, for further development of normative standards, as well as suggestions for collaborative research.

We are also available for training workshops on any of the scales, either in person or by teleconferencing. Contact us for details. **Also, an interactive training CD has been developed for the KSCAr's and is available by contacting us.**

Thank you again for your interest in the Kingston Scales.

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