

DELIRIUM & HRQoL (from Bentvelzen et al. 2017 JAMDA)

No	Rating Criteria	Delirium			HRQoL			
		CAM	DRS-R/-98	DI	QOL-AD	DEMQL	QUALID	QUALIDEM
1	Inter-rater reliability (/4)	3	4	4	2	0	2	2
2	Test-retest reliability (/4)	0	0	0	2	2	2	2
3	Internal consistency (/2)	0	1	1	1	1	1	1
4	Content validity (/2)	2	1	2	2	2	2	2
5	Concurrent validity (/4)	2	2	4	2	2	2	2
6	Discriminant validity (/4)	2	4	0	4	4	2	2
7	Sensitivity (/4)	4	4	0	0	0	0	0
8	Specificity (/4)	4	4	0	0	0	0	0
9	Responsiveness (/4)	0	2	4	2	4	2	2
10	Dementia types (/2)	0	0	0	4	2	0	2
11	Clinical settings (/2)	2	0.5	2	2	1	1	2
12	Education/literacy (/2)	2	2	2	1.5	1	1	0
13	Translations (/2)	2	2	1	2	2	2	2
14	International acceptance (/4)	2	2	0	0	0	0	0
15	Administration time (/4)	4	2	2	1	1	4	2
16	A: Ease of use (/4)	4	2	4	-	4	4	3
	B: Respondent burden (/4)	-	-	-	4	-	-	-
17	Qualifications required (/4)	2	2	2	3	2	2	2
18	Cost of tool/training (/4)	4	4	4	4	4	4	4
	<b>Weighted score (/60)</b>	<b>39</b>	<b>38.5</b>	<b>32</b>	<b>34</b>	<b>32</b>	<b>31</b>	<b>30</b>

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| <p>1 Reliability 1: inter-rater<br/>4 excellent (ICC/<math>\kappa</math> <math>\geq</math> .90)<br/>2 adequate (ICC/<math>\kappa</math> .70 to .89)<br/>0 low (ICC/<math>\kappa</math> &lt; .70) or no data</p> <p>2 Reliability 2: test-retest<br/>4 excellent (ICC/<math>\kappa</math> <math>\geq</math> .90)<br/>2 adequate (ICC/<math>\kappa</math> .70 to .89)<br/>0 low (ICC/<math>\kappa</math> &lt; .70) or no data</p> <p>3 Reliability 3: internal consistency<br/>2 excellent (Cronbach's <math>\alpha</math> <math>\geq</math> .90)<br/>1 adequate to good (Cronbach's <math>\alpha</math> from .70 to .89)<br/>0 low (Cronbach's <math>\alpha</math> &lt; .70) or no data</p> <p>4 Validity 1: Content validity—domain of interest is comprehensively sampled by the items<br/>2 domain comprehensively sampled<br/>1 domain reasonably well sampled<br/>0 important aspects of domain are not sampled or irrelevant items included</p> <p>5 Validity 2: Concurrent validity—expected correlations with similar validated measures<br/>4 high (<math> r/\kappa </math> <math>\geq</math> .70)<br/>2 moderate (<math> r/\kappa </math> from .40 to .69)<br/>0 low concurrent validity (<math> r/\kappa </math> &lt; .30), or no data</p> <p>6 Validity 3: Discriminant validity - cross-sectional (eg, dementia vs depression; low vs high levels of severity/impairment; AD vs FTD etc.)</p> | <p>4 can distinguish between &gt;2 clinically important categories of respondents<br/>2 can distinguish between 2 categories of respondents<br/>0 no evidence</p> <p>7 Validity 4: Sensitivity to diagnosis/category<br/>4 high (<math>\geq</math>.85)<br/>2 moderate (.70 to .84)<br/>0 low (&lt;.70)</p> <p>8 Validity 5: Specificity to diagnosis/category<br/>4 high (<math>\geq</math>.85)<br/>2 moderate (.70 to .84)<br/>0 low (&lt;.70)</p> <p>9 Validity 6: Responsiveness—ability to detect clinically important change over time (eg, because of course of the condition or in response to intervention)<br/>4 availability of minimum clinically important difference (MCID) in appropriate metrics (eg, standardized response means) at the individual patient level on external clinical criteria<br/>2 can detect statistically significant changes over time in hypothesized direction on external clinical criteria, but no metrics available to quantify MCID at the individual patient level<br/>0 no evidence for responsiveness</p> <p>10 Generalizability 1: validity in different dementia populations (eg, AD, FTD, PD etc.)<br/>2 &gt; 2 types of dementia</p> | <p>1 two different types of dementia<br/>0 only 1 type of dementia</p> <p>11 Generalizability 2: validity in different clinical settings (ie, nursing home, community, primary care, specialist)<br/>2 &gt; 2 types of setting<br/>1 two different types of setting<br/>0 only 1 type of setting</p> <p>12 Generalizability 3: validity in patients with low education/literacy<br/>2 scale shown to be resistant to low education/literacy, or effects of education/literacy shown but alternative cut-offs or corrections published<br/>1 effect of low education/literacy on validity, but no alternative cut-offs or corrections available<br/>0 not investigated</p> <p>13 Generalizability 4: validity in multiple countries/languages<br/>2 multiple countries or languages<br/>1 different countries but only 1 language<br/>0 1 country and language</p> <p>14 Recommended in published international dementia guidelines<br/>4 <math>\geq</math> 2 countries<br/>2 1 country<br/>0 0 countries</p> <p>15 Administration time (minutes)<br/>4 <math>\leq</math> 5<br/>2 6–15</p> | <p>0 &gt; 15</p> <p>16A Ease of administration and scoring (for clinician-administered tools)<br/>4 does not require algorithm to score or special equipment<br/>2 requires an algorithm to compute score OR special equipment<br/>0 requires an algorithm to compute score AND special equipment</p> <p>16B Burden on respondent (for self-reported or proxy tools)<br/>4 items are worded simply<br/>2 minor challenges for respondent (eg, minority of items are worded in a complex manner)<br/>0 reasonable degree of burden on respondent (majority of items worded in a complex manner)</p> <p>17 Clinical qualifications required to administer tool<br/>4 untrained rater (eg, general nursing staff, patient/informant)<br/>2 paraprofessional/staff member (eg, clinical nurse; research assistant)<br/>0 professional (eg, doctor, occupational therapist, or neuropsychologist)</p> <p>18 Cost of the tool and training for clinicians<br/>4 no charge for tool or for training<br/>2 small 1-time costs to acquire tool or for training<br/>0 costs charged each time tool is used</p> |
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