

A SHORT DESCRIPTION

A Short Cognitive
Performance Test for Assessing
Deficits of Memory and Attention

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ABOUT THE TEST

The SKT, first published in 1977 in Germany, is a short cognitive performance test for assessing deficits of memory and attention within clinical settings. The SKT is used for staging and monitoring the severity of cognitive impairment in: individual patients, drug trials proving therapeutic efficacy, clinical basic research, psychological or psychiatric reports.

TARGET GROUPS

Patients with acute or chronic organic mental disorders from 17 years of age and up (no age limit). The SKT is most frequently applied with patients suffering from mild cognitive impairment or from deficits corresponding to mild and moderate dementia. The test materials allow for bedside testing.

TEST CONSTRUCTION

The SKT consists of 9 subtests. Three subtests assess the patient's memory, the remaining six subtests measure attention in the sense of speed of information processing. The SKT is available in 5 parallel forms (A, B, C, D, and E) which are used to avoid learning effects with repeated testings even within short periods of time. The tasks required of the patients are identical in all five forms, however, the objects, symbols, letters and numbers shown on the test materials differ from form to form.

When constructing the test, particular emphasis was placed on patient friendly design. The test materials are highly inviting and tailored to the patients in order to best assess their cognitive performance. The colorful test design and variety of tasks in conjunction with the test administration procedure yield a high degree of extrinsic motivation and make

the SKT seem more like a challenging game than a test.

TEST DURATION

The first testing takes about 15 minutes. Subsequent testings usually do not exceed 10 minutes.

SCORING OF RESULTS

Scoring the SKT requires transforming the raw scores obtained for each subtest into norm values and summing these up into an SKT total score. The total score allows for a general staging of cognitive impairment. As norm values for each subtest range between 0 and 3, SKT total scores vary between 0 and 27 with higher scores indicating more severe cognitive disturbances. In addition to the total score, a memory and an attention subscore can be calculated which allow for a separate assessment of these functions

NORMS

The SKT has norm tables for six age groups; within each age group norms are available for three categories of premorbid intelligence.

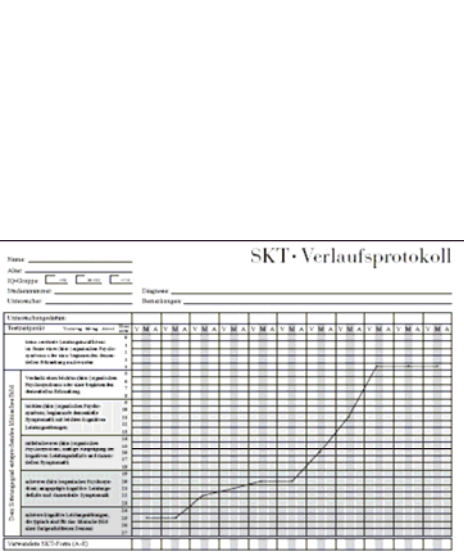
INTERPRETATION OF RESULTS

The interpretation of SKT results is based on classifying the total score as typical for one of six degrees of cognitive impairment. The subscores for memory and attention are assessed separately in the same way. Scoring and interpreting the SKT are easy to learn and require approximately 3 minutes.

RELIABILITY

In several investigations, reliability coefficients (Cronbach's alpha) between 0.86 and 0.93 have been found for the five parallel forms. Studies pertaining to the test-retest reliability revealed coefficients between .88 and .90.





VALIDITY

The validity of the SKT has been demonstrated in numerous studies indicating substantial correlations between the SKT and other performance tests assessing cognition, neurophysiological measures and imaging techniques reflecting impaired brain functioning, and clinical global assessments of cognitive decline. Furthermore, the cognitive deficits measured by the SKT significantly correlate with patients' difficulties in carrying out activities of daily living (ADL). Several factor analytic studies of the test structure revealed two factors which were interpreted as "memory" and "attention".

The validity of the SKT has also been shown in more than 30 clinical drug trials proving the efficacy of more than 15 nootropic substances, cognition enhancers and anti-dementia drugs. In these studies, the SKT was administered as an outcome criterion and revealed its pharmacosensitivity.

Moreover, the SKT has been used in various other clinical settings such as in the evaluation and treatment of alcohol patients and in monitoring cognitive status after anaesthesia.

INTERNATIONAL VALIDITY

There are currently English, German, French, Italian, Spanish and Dutch versions of the SKT. Translations into Russian, Turkish and Greek are underway. Recent international studies have yielded data on the validity of translated test versions indicating that the SKT is a suitable instrument for international use.

PRICES (+ VAT, shipping and handling)

- SKT forms A, B, C, D or E complete set (with manual/CD) per form €498.00
- score sheets A, B,C,D or E
- 50 protocol sheets € 15.00
- 50 continuous sheets € 15,00
- SKT manual € 25.00
- CD medium € 88,00

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