**Retained Cognitive/Language Abilities in Dementia of Alzheimer’s Type (DAT)**

**by Global Deterioration Scale (GDS) Levels**

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|  | **Early Stage DAT****(GDS 3)** | **Middle DAT****(GDS 4-5)** | **Late Stage DAT****(GDS 6-7)** |
| **Attention** | Can sustain attention; Selective attention and divided attention may start to decline.  | Can sustain attention; needs structure to selectively attend.  | May respond to stimuli for short periods; May respond to cues to redirect attention.  |
| **Memory** | Recognition memory is good; Responds to cues; Good memory for procedures and habits (nondeclarative memory); Semantic memory is grossly intact. | Procedural and habit memory good. Semantic memory worsens but may respond to recognition or cues.  | May recall or recognize own name; some retention of procedure and habits; may be able to repeat.  |
| **Auditory Comprehension** | Can comprehend 3-part directions/sentence length material. This info. is understood immediately upon hearing it, retention across time is poor.  | Follows 2-part directions; can understand simple statements, yes/no, multiple choice questions.  | Poor accuracy on yes/no and multiple choice questions. 25-65% accurate on one part commands.  |
| **Reading Comprehension** | Can comprehend sentences but delayed recall is poor. Oral reading is intact.  | Comprehends single words and often sentences. Oral reading is good. | Severely reduced for words and sentences but oral reading of single words may be preserved.  |
| **Gestures** | Intact | Usually able to use at least some gestures. | May have some social gestures. |
| **Naming** | Mild deficits | Confrontation naming decreased for level 4 and more markedly for level 5.  | Poor naming.  |
| **Discourse** | Grammar and syntax intact; can use social language; may see repetitive or vague comments.  | Grammar and syntax is intact; social language for automatic interactions; lack of content, increase in irrelevant utterances, difficulty with topic maintenance.  | Discourse, if present, may reflect preserved syntax, grammar and phonology but often is very limited (greetings) and sometimes patients are completely nonverbal.  |

Abstracted from Hopper, Bayles, & Kim (2001). Retained neuropsychological abilities of individuals with Alzheimer’s Disease.

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