

ERRATUM

The article, “Early Detection of Cognitive Impairment: Do Screening Tests Help?” by Cruz-Oliver and Morley that appeared in the January 2010 issue of the *Journal of the American Medical Directors Association* (Vol. 11, No. 1, pp. 1–6), was published with errors to Figure 1 and Table 2. The corrected version of each is shown below.

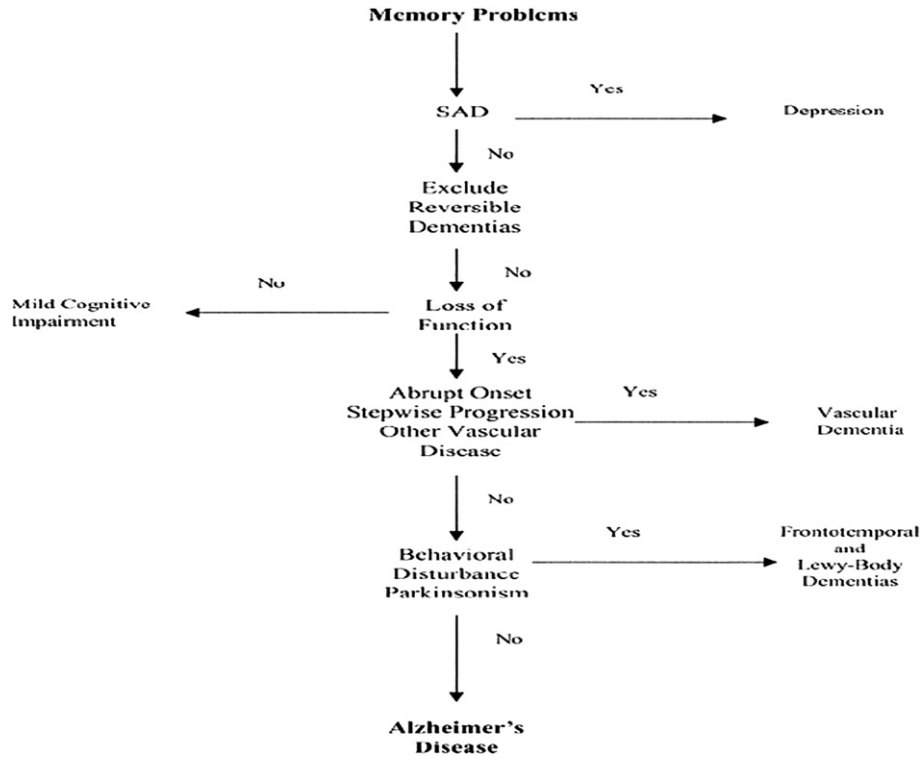


Fig. 1. Algorithm for diagnosis of dementia.³

Table 2. Ability of Cognitive Impairment Screening Instruments in Detecting Dementia*

Authors	Instrument	Sensitivity, %	Specificity, %	Comparison with MMSE	Class of Evidence†
Tangalos et al ¹⁸	MMSE	82	99	—	II
Kokmen et al ²³	STMS	86	88	Y	III
Solomon et al ²⁴	7-Minute Screen	92	96	Y	III
Buschke et al ²⁵	MIS	87	96	Y	I
Borson et al ²⁶	Mini-Cog	76	89	Y	III
Cahn et al ²⁷	CDT	83	72	—	I
Nasreddine et al ²⁸	MoCA	100	87	Y	I
Tariq et al ²⁹	SLUMS‡	100/98	98/100	Y	II

MMSE, Mini-Mental Status Examination; STMS, Short Test Mental Status; MIS, Memory Impairment Screen; CDT, clock-drawing test; MoCA, Montreal Cognitive Assessment; SLUMS, Saint Louis University Mental Status.

* This table was adapted from the American Academy of Neurology.

† Classification of evidence, I = evidence provided by one or more well-designed randomized controlled clinical trials including overviews (meta-analyses) of such trials or well-designed prospective study in a broad spectrum of persons using the “gold standard” for case definition, in which test is applied in a blinded evaluation; II = evidence is provided by well-designed observational studies with concurrent controls; III = evidence provided by expert opinion, case reports, and studies with historical control.

‡ This study has different values according to education: the first set of numbers represents the sensitivity and specificity for less than high school and the second set represents high school or higher education.