**OP 29: Validation of a gastro-oesophageal reflux disease (GERD) specific screening instrument for epidemiological0 purposes**

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Introduction: The prevalence of GERD is increasing worldwide; its community prevalence in Sri

Lanka is unknown.

Aims: To develop a clinical score to screen for GERD in the community and assess whether a score

using both symptom frequency and severity correlates better to an objective measure of GERD than

one using only symptom frequency.

Methodology: 58 GERD patients (endoscopy positive) and 60 controls (matched for age and gender)

were given a GERD-specific interviewer-administered questionnaire assessing seven upper

gastrointestinal symptoms. Each symptom was graded using Likert scales for frequency (4-items)

and severity (5-items), and two scores were generated. Score 1 was the sum of frequency of symptoms

while score 2 was the sum of products of frequency and severity of each symptom. The patients

then underwent oesophageal manometry and 24h pHmetry. Cut-off values were determined by

constructing receiver-operating characteristic curves.

Results: For both scoring systems, mean scores of cases were significantly higher than controls

(p=0.000). The cut-off for score 1 was > 11.50 (sensitivity 91.4%, specificity 85%, positive and

negative predictive values 83.29% and 92.34%). The cut-off for score 2 was > 12.50 (sensitivity

96.6%, specificity 80%, positive and negative predictive values 81.06% and 92.32%). Both scores

showed high reproducibility (intra class correlation coefficient scorel=0.94 and score 2=0.82). There

was good correlation between both scores and 24-h pH parameters (Spearman rank correlation,

p=0.01), but score 2 was significantly better.

Conclusion: Our GERD questionnaire is valid, reproducible and showed better correlation with an

objective test when both severity and frequency of symptoms were scored rather than frequency

**alone.**

**OP 30: Seven-minute screening test: a reliable bedside test for dementia**

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Objective: To examine the reliability of the 7-minute screen as a cognitive screening instrument for Alzheimer's disease (AD) in a Sri Lankan population.

Method: 53 patients with mild-moderate AD, 34 with other dementias, 36 with mild cognitive impairment (MCI) referred to a memory clinic, and 60 patients with depression with no evidence of dementia and 56 healthy volunteers (controls) were recruited to the study after informed consent. All were community-dwelling and aged > 60 years. Patients with severe dementia, receptive aphasia, visual and motor impairment, and severe depression were excluded. AH diagnoses were made according to established criteria and the diagnosis of depression was confirmed"Sfter psychiatric evaluation. All subjects underwent cognitive assessment with the Mini Mental State Examination (MMSE) and the 7-minute screen. This screen consists of four components (enhanced cued recall, temporal orientation, verbal fluency, and clock drawing) that assess memory, visuospatial and visuoconstruction, fluency of expression, and orientation to time, cognitive functions typically compromised in AD.

**Results:** Baseline characteristics did not differ significantly in the five groups

|  |  |  |  |
| --- | --- | --- | --- |
| Group | No. of subjects | % correctly identified\* | |
| MMSE | 7-rninute |
| AD | 53 | 81 | 100 |
| MCI | 36 | 00 | 42 |
| Other dementias | 34 | 59 | 88 |
| Normal (controls) | 54 | 73 | 95 |
| Depression | 60 | 27 | 57 |

\*Correct identification for AD, MCI, other dementias: test (+); correct identification for normal, depression; test (-)

**Conclusion:** The 7-minute neurocognitive screen is a reliable instrument to screen for AD, MCI, and other dementias and was more reliable than the MMSE in this Sri Lankan population.