Instrument	Recoverable Cognitive Dysfunction Scale NOTE: This card is populated with information from the instrument's original validation study only.
Acronym	RCDS
Primary use	Delirium screening
Area assessed (Number of questions)	6 areas assessed: incoherence of speech; contact with patient; reduced psychomotor activity; fluctuating attention; awareness of surroundings; consciousness level 4 items total
Description	The RCDS was developed to predict reversible cognitive dysfunction. The instrument requires use of the Mini-Mental State Examination (MMSE) to score.
Versions	1
Scoring information	Rate three items on scale of 0-4, 0-3, and 0-5. Sum three items for subtotal score; subtract fourth item (MMSE score at index assessment) from subtotal. Add 30 for total score.
Cognitive testing	Yes – test requires use of the MMSE to score
Estimated time to rate	5 minutes (estimate)
Require trained rater	Yes – designed to be used by clinical staff
Administer to	Patient; in-person
Equipment required	MMSE instrument – copyright restrictions apply, see below for details to obtain.
How to obtain	Available in https://doi.org/10.1002/(SICI)1099-1166(199706)12:6<609::AID-GPS553>3.0.CO;2-L (Note-article may be behind paywall) MMSE available at https://www.parinc.com/products/pkey/237
Licensing Fee*	None for instrument; MMSE has licensing fee for use (see link above).
Languages available	English
Highest COSMIN** rating	2/6†
Test Performance Characteristics	**Treloar 1997** •Positive predictive value (Compared to operationalized reversible cognitive dysfunction [a 5-point or 20% increase in MMSE score for their index assessment relative to best subsequent examination], 92.3) •Negative predictive value (Compared to operationalized reversible cognitive dysfunction, 96.7) •Convergent validity (Agreement with DSM-III-R kappa=0.69; ICD-10 k=0.69; Cambridge Mental Disorders of the Elderly Examination [CAMDEX] k=0.83; Trzepacz k=0.60; Inouye scale k=0.45)

* Fees and licensing information is effective as of 2018, but is subject to change over time

** COSMIN is used to rate a study's evaluation of a survey or test's measurement properties. COSMIN does NOT rate the instrument itself, but helps readers understand if they can have confidence in the results of studies evaluating measurement properties of surveys and tests. For example, a rigorous study evaluating a test with poor measurement properties will receive a "good" COSMIN rating, while a poorly-conducted study evaluating a test with good measurement properties will receive a "poor" COSMIN rating. Small sample size can impact all COSMIN ratings. You must consider both the COSMIN rating and the results of studies provided when forming your opinion about that test. *COSMIN ratings shown are based solely on the instrument's original validation study.*

† COSMIN breakdown: content validity: NONE, effect indicators: GOOD, internal consistency: NONE, inter-rater reliability: NONE, construct validity: GOOD, external validity: NONE

Reference:

Last updated on **December 7, 2020.** If you are aware of any updates required for this document, please notify us via nidus@hsl.harvard.edu

Treloar, A.J., Macdonald, A.J.D. (1997). Outcome of Delirium Diagnosed by DSM-III-R, ICD-10 and CAMDEX and Derivation of the Reversible Cognitive Dysfunction Scale Among Acute Geriatric Inpatients. International Journal of Geriatric Psychiatry, 12:609-613. doi: