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.