



A normative study of lexical verbal fluency in an educationally-diverse elderly population

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Verbal fluency tests (VFTs)

- A person's capacity for generating suitable words
 - For a given category or subcategory
 - In a limited amount of time.
- The most widely employed measures
 - For assessing cognitive functioning following neurological damage
 - Involve associative exploration and word retrieval.

VFT performance

- VFT performance declines in patients
 - Frontotemporal lobar degeneration
 - Parkinson's disease
 - Subcortical vascular dementia
 - Alzheimer's disease
- Useful for identifying individuals
 - Early Alzheimer's disease
 - Who were at risk of dementia
 - Age-associated memory impairment
 - Mild cognitive impairment

Two forms of VFT

- Two forms of VFT
 - The categorical verbal fluency test (CVFT)
 - Generate a list of words within a specific category (e.g., animals, fruits and vegetables, or shopping items)
 - The lexical verbal fluency test (LVFT)
 - Generate a list of words beginning with a specific alphabet letter.
- Functional imaging studies of CVFTs and LVFTs
 - CVFT heavily relies on left temporal regions (Pihlajamaki et al., 2000)
 - LVFT relies more on left frontal regions (Audenaert et al., 2000)

Verbal fluency and demographic characteristics

- Verbal fluency is influenced by demographic characteristics
- Age and VFT performance
 - VFT performance declines with advancing age
 - Some studies have shown significant differences in LVFT performance across age groups
 - Others have failed to detect any age-related differences
- Gender and education on LVFT performances
 - Inconsistent (Ardila et al., 2000; Capitani et al., 1998).

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- In a large, non-demented, non-depressed sample of elderly Koreans having wide age- and educational level-ranges
 - Investigate the influence of age, gender, and education on the LVFT performance.
 - Provide normative data of the LVFT for Korean elders aged 60 years or older.

Methods

- Participants

- All participants were community-dwelling persons, aged 60 or over
 - The Korean Longitudinal Study on Health and Aging (KLOSHA; (Park et al., 2007),
 - The Ansan Geriatric study (AGE; (Han et al., 2009),
 - The Gwangju Dementia and Mild Cognitive Impairment Study (GDEMCIS; (Lee et al., 2009).

Methods

- Assessments
 - Neuropsychological testing battery
 - CERAD-K for the KLOSHA and the AGE
 - SNSB-D for the GDEMCIS.
 - Global dementia severity using the Clinical Dementia Rating
 - Depressive symptoms using the Korean version of the Geriatric Depression Scale (GDS).

- Lexical verbal fluency test (LVFT)

- The Korean letter "ㄱ"
- Ask to generate as many words beginning with a specific letter as possible within one minute
- Scored the LVFT by counting the number of acceptable words produced
- Unacceptable responses
 - a participant repeats a previous response (i.e., a perseveration), includes a word starting with the wrong letter, or commits another violation of the rules stated in the manual (Ruff et al., 1996).

Methods

- Inclusion and exclusion criteria
 - Enrolled participants who had neither dementia nor major psychiatric disorders according to DSM-IV
 - Exclude participants with serious medical or neurological disorders that could affect mental functioning.
 - Include individuals with minor physical abnormalities (e.g., diabetes with no serious complications, essential hypertension, or mild hearing loss).

Statistical analysis

- Multiple linear regression analysis with stepwise variable selection
 - To assess the relative contributions of age, education, and gender to LVFT scores
- ANOVA with post-hoc contrasts using Scheffé's method
 - To determine any main effects or interactions on LVFT performance
 - Age group (60-69, 70-74, 75-79, and ≥ 80 years)
 - Educational level group (0-3, 4-6, 7-9, 10-12, and ≥ 13 years)
 - Gender
- Overlapping strata for developing the normative data
 - The procedures described by Pauker (Pauker, 1988)
 - To maximize the data's quantity and clinical usefulness

Results and discussion

Participant demographic characteristics

Variable	Men	Women	Total
Number^a	736 (43.9)	940 (56.1)	1676
Age (years)^b	70.2 ± 5.5	69.8 ± 5.9	70.0 ± 5.8
60-64 ^a	130 (17.7) ^b	193 (20.5)	323 (19.3)
65-69 ^a	225 (30.6)	306 (32.6)	531 (31.7)
70-74 ^a	220 (29.9)	250 (26.6)	470 (28.0)
75-79 ^a	120 (16.3)	121 (12.9)	241 (14.4)
80≤ ^a	41 (5.6)	70 (7.4)	111 (6.6)
Education (years)^b	9.8 ± 4.3	5.7 ± 4.4*	7.5 ± 4.8
0-3 ^a	48 (6.5)	310 (33.0)	358 (21.4)
4-6 ^a	180 (24.5)	342 (36.4)	522 (31.1)
7-9 ^a	151 (20.5)	126 (13.4)	277 (16.5)
10-12 ^a	191 (26.0)	116 (12.3)	307 (18.3)
13≤ ^a	166 (22.6)	46 (4.9)	212 (12.6)

Stepwise multiple linear regression regarding age, education, and gender effects on LFTs scores

Lexical Verbal Fluency Test				
	B	SE(B)	β	R ²
Education	0.40	0.02	0.51*	28.5
Age	−0.10	0.01	−0.15*	5.42
Gender	−0.05	0.18	−0.01	4.84

Age and education associated with LVFT performance but gender did not.

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- Education may have the most influence of any demographic factor on LVFT performance.
 - Age and education have a much greater effect on fluency than does gender
 - The influence of age on LVFT performance was much smaller than was that of education
 - In some previous studies, age was not associated with LVFT performance.
 - Verbal intelligence might confound the association between age and LVFT performance if those studies included only participants with high verbal intelligence. (Loonstra and Tarlow, 2001)
 - Reportedly, level of educational attainment influences verbal intelligence (Dori and Chelune, 2004).
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The analysis of variance for main effects and interactions among age, education, and gender on the Lexical Verbal Fluency Test

Main effect		Interaction	
Variable	F	Variable	F
Education	42.15*	Age x Education	1.54
Age	18.99*	Age x Gender	2.05
Gender	3.77	Education x Gender	0.59

- The main effects of age and educational level were significant, but that of gender was not
 - Ages into four (60-69, 70-74, 75-79, and 80 years or older),
 - Education into five (0-3, 4-6, 7-9, 10-12, and ≥ 13 years),
 - Gender into two (men and women).

Normative data for the Lexical Verbal Fluency Test in Korean elders

Education		0-3	4-6	7-9	10-12	≥ 13
60-69 ^a	Number	249	418	229	258	170
	Mean ± SD	2.56 ± 2.88	4.70 ± 3.23	5.97 ± 3.07	7.12 ± 3.82	8.76 ± 3.85
	5-95 percentile	0.00-8.00	0.00-10.00	1.00-12.00	2.00-14.05	3.00-16.00
70-74 ^b	Number	275	396	189	221	161
	Mean ± SD	2.11 ± 2.67	4.51 ± 3.19	5.79 ± 3.08	6.82 ± 4.00	8.03 ± 3.58
	5-95 percentile	0.00-7.00	0.00-10.00	1.00-12.00	1.10-15.00	3.00-15.00
75-79 ^c	Number	211	245	109	137	102
	Mean ± SD	1.61 ± 2.32	4.06 ± 3.04	5.46 ± 3.20	6.34 ± 3.72	7.51 ± 3.60
	5-95 percentile	0.00-6.00	0.00-9.00	0.00-11.00	1.00-13.20	1.00-14.00
80-90 ^d	Number	109	104	48	49	42
	Mean ± SD	1.01 ± 1.73	3.93 ± 2.98	4.94 ± 2.65	5.82 ± 3.53	6.86 ± 3.43
	5-95 percentile	0.00-5.00	0.00-9.00	0.00-9.00	0.00-11.00	1.00-13.00

Limitations

Employed only a single letter for evaluating lexical fluency.

- LVFT performance reportedly varies according to the letter employed
- Most previous studies on lexical fluency have commonly used letter triads (FAS, CFL, PRW).
- Neuropsychological test batteries for cognitive disorders have also widely adopted lexical fluency tests using a single letter

The sample sizes for some normative data cells were relatively small

- Increased standard errors
- Reduced the stability of the estimated results.

Median and fifth percentiles score were zero in the low education cell

- Might be due to the floor effect in those elderly with little education.

Conclusions

Background:

- Investigate the influences of age, gender, and education on lexical verbal fluency in an educationally-diverse, elderly Korean population
- provide normative information.

Methods:

- Administered the lexical verbal fluency test (LVFT) to 1676 community-dwelling, cognitively normal subjects aged 60 years or over.

Results:

- Education and age had significant effects on LVFT scores but gender did not
- Normative data of the LVFT stratified by age (60-69, 70-74, 75-79, and ≥ 80 years) and education (0-3, 4-6, 7-9, 10-12, and ≥ 13 years).

Conclusions:

- The LVFT norms should provide clinically useful data for evaluating elderly people and help improve the interpretation of verbal fluency tasks and allow for greater diagnostic accuracy.