



February 8, 2012

U.S. Department of Health & Human Services
Advisory Council on Alzheimer's Research, Care, and Services
200 Independence Avenue Southwest
Washington, D.C. 20201-0004

Re: Draft Framework for the National Plan to Address Alzheimer's Disease

Dear Members of the Advisory Council:

I am writing on behalf of Division 40 (Clinical Neuropsychology) of the American Psychological Association with formal written comments on the Draft Framework for the National Plan to Address Alzheimer's Disease.

Our purpose in contacting you is to inform you that many of our nearly 5,000 members are licensed healthcare professionals qualified to evaluate and treat persons with Alzheimer's disease and related conditions. Clinical neuropsychologists, through receipt of specialized training in cognitive psychology, psychometric & measurement theory, and brain behavior relations, have long been leaders in developing and investigating valid and reliable measures of cognitive functioning used for assessing and tracking symptoms of Alzheimer's disease. Members of our profession have also developed and investigated many of the behavioral interventions currently used for treatment of Alzheimer's disease. Given our field's interest and experience with Alzheimer's disease we offer the following comments:

- We strongly urge you to include in Strategy 1.C the use of neuropsychological measures of cognitive functioning, which thus far remain more sensitive to diagnosis and tracking of Alzheimer's disease symptoms than any of the biomarkers that have been studied.
- Neuropsychologists, by virtue of their training in brain-behavior relationships, are uniquely qualified for providing valuable services to patients with Alzheimer's disease and should be recognized among those other professions listed in Strategy 2.A recommended for receipt of expanded training opportunities created in the Affordable Care Act.
- Practitioners in the field of neuropsychology are often among the first to identify symptoms of cognitive impairment in Alzheimer's patients and are often involved in planning and advance care counseling. This should be recognized through inclusion of neuropsychologists along with physicians in the activities described in Strategies 2.C and 2.D.

We appreciate this opportunity to clarify the role of clinical neuropsychologists in evaluation and treatment of Alzheimer's disease and would welcome any questions or requests for additional information for this or any other similar national initiatives.

Sincerely,

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