



Global Deterioration Scale

Stage	Clinical Characteristics
1 - no cognitive decline	Patients appear normal clinically. No complaints of memory deficit. No memory deficit evident on clinical interview.
2 - very mild cognitive decline	Patient complains of memory deficit, most frequently with: (a) forgetting where they have placed familiar objects; and (b) forgetting names they formerly knew well. No objective evidence of memory deficit on clinical interview. No objective deficits in employment or social situations. Patient displays appropriate concern about their symptoms.
3 - mild cognitive decline	Earliest clear-cut deficits. Objective evidence of memory deficit obtained only with an intensive interview conducted by trained geriatric psychiatrist. Concentration deficit may be evident on clinical testing. Patient may demonstrate decreased facility in the following: (a) remembering names upon introduction to new people; and (b) retaining information after reading a passage from a book. Decreased performance becomes manifest in demanding employment and social situations. Examples can include the following: (a) co-workers become aware of the patient's relatively poor performance; (b) difficulties in finding words and names may become evident to intimates; (c) may lose or misplace an object of value; and (d) getting seriously lost when traveling to unfamiliar locations. Subtlety of the clinical symptoms may be increased by denial that often becomes manifest with these patients. Mild to moderate anxiety also accompanies the symptoms, typically when patient is forced to cope with challenging employment and social demands they find they can no longer negotiate.
4 - moderate cognitive decline	Clear-cut deficit on careful clinical interview. Deficits manifest in many areas, such as: (a) concentration deficit elicited on serial subtractions; (b) decreased knowledge of current events and recent life events; (c) upon careful questioning, may exhibit a deficit in memory of their personal history; and (d) decreased ability to travel alone, manage finances. Patients can no longer perform complex tasks accurately and efficiently; however, certain abilities remain preserved, such as: (a) orientation to time and person; (b) familiar persons and faces distinguished from strangers; and (c) travel to familiar locations. Denial is often dominant defense mechanism. The evident decline in one's intellectual and cognitive capacities is too overwhelming a loss for full conscious acceptance and recognition. A flattening of affect and withdrawal from previously challenging situations are observed.
5 - moderately severe cognitive decline	Patient can no longer survive without some assistance. During interviews they are unable to recall a major relevant aspect of their current lives. Examples include: (a) difficulty recalling their address or telephone number, names of close family members, such as grandchildren, or the name of their high school or university they graduated from; (b) somewhat disorientation to time (date, day of the week, season) or to place; and (c) a well-educated patient may have difficulty counting backward from 40 by 4s or from 20 by 2s. Patients retain knowledge of many major facts regarding themselves and others. They invariably know their own names and generally know their spouse and children's names. They require no assistance with toileting and eating, but may have some difficulty choosing the proper clothing to wear and may occasionally clothe themselves improperly (e.g., put their shoes on the wrong feet).
6 - severe cognitive decline	May occasionally forget the name of their spouses, on whom they depend entirely for survival. Largely unaware of all recent events and experiences in their lives. Retain some knowledge of their past lives but this is very sketchy. Generally unaware of their surroundings, the year, or the season. May have difficulty counting from 10, both backward and, sometimes, forward. Will require substantial assistance with activities of daily living. For example, may become incontinent, will require travel assistance but occasionally will be able to travel to familiar locations. Diurnal rhythm frequently becomes disturbed. Patients almost always recall their own name and continue to be able to distinguish familiar from unfamiliar persons in their environment. Personality and emotional changes occur. These are quite variable and include: (a) delusional behaviour (e.g., patients may accuse their spouse of being an impostor, may talk to imaginary figures in the environment, or to their own reflection in the mirror); (b) obsessive symptoms (e.g., continual repetition of simple cleaning activities); (c) anxiety symptoms, agitation, and previously nonexistent violent behaviour; and (d) cognitive abulia (i.e., loss of willpower because an individual cannot carry a thought long enough to determine a purposeful course of action).
7 - very severe cognitive decline	All verbal abilities are lost. Frequently there is no speech at all, only grunting. Patients are incontinent of urine and require assistance in toileting and eating. Lose psychomotor skills. For example, they lose the ability to walk. The brain appears to no longer be able to tell the body what to do. Generalized cortical and focal neurologic signs and symptoms are frequently present.

Reference: Reisberg B, Ferris SH, Leon MJ, et al. The global deterioration scale for assessment of primary degenerative dementia. Am J Psychiatry. 1982; 139:1136-1139.