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2009	The "portable" CDR: translating the clinical dementia rating interview into a PDA format. 2009.	Galvin JE, Meuser TM, Bakal DA, Morris JC	<i>Alzheimer's Disease and Associated Disorders, 23(1): 44-49.</i>
	<p>The Clinical Dementia Rating (CDR) is a common rating system used in clinical trials and longitudinal research projects to rate the presence and severity of cognitive problems in Alzheimer disease and related disorders. The interview process requires training and can be time-consuming. Here, we describe the validity, reliability, and discriminative ability of a computer-generated CDR using a personal digital assistant format. This project used clinical data from 138 archival and live evaluations (patient and informant interviews) collected for research purposes at Washington University to develop and test a software-based system for the administration and automatic scoring of the CDR. The system was programmed for use on a hand-held computer via the Palm Operating System. We developed domain-specific algorithms to quantify and translate clinical scoring decisions for the 3 cognitive (Memory, Orientation, Judgment and Problem Solving) and the 3 functional (Community Affairs, Home and Hobbies, Personal Care) domains of the CDR. An acceptable set of algorithms were developed using data from 104 research cases, reflecting a range of impairment levels (CDR 0 to 3) and expert scoring decisions. These algorithms were then tested for accuracy in a validation sample of 34 cases. The computer-generated CDR has excellent internal consistency (Cronbach's alpha ranging from 0.94 to 0.98) and interrater reliability (intraclass correlation coefficient ranging from 0.88 to 0.96). The computer-generated CDR showed excellent discrimination between demented and nondemented cases (Area under the curve=0.95; 95% confidence interval, 0.84-1.1). The computer-generated CDR using a Palm Operating System is easy to use, valid, and reliable. The level of agreement compares favorably to published interrater reliability data for the CDR. Software-based administration and automatic scoring of the CDR is a viable alternative to paper-based methods and may be useful in research and clinical settings, especially where electronic data management and reliability in scoring are critical.</p>		
2008	Motor-vehicle crash history and licensing outcomes for older drivers reported as medically impaired in Missouri. 2008.	Galvin JE, Meuser TM, Bakal DA, Morris JC	<i>Alzheimer's Disease and Associated Disorders, 23(1): 44-49.</i>
	<p>The identification and evaluation of medically impaired drivers is an important safety issue. Medical fitness to drive is applicable to all ages but is particularly salient for older adults. Voluntary procedures, whereby various professionals and family members may report medical fitness concerns to State driver license bureaus, are common in the United States. This paper examines traffic crashes of drivers reported during 2001-2005 under the State of Missouri's voluntary reporting law (House Bill HB-1536) and the resulting licensing outcomes. Missouri's law is non-specific as to age, but the mean age of reported drivers was 80. Reports were submitted by police officers (30%), license office staff (27%), physicians (20%), family members (16%), and others (7%). The most common medical condition was dementia/cognitive (45%). Crash history for reported drivers was higher than that of controls, dating back to 1993, reaching a peak in 2001 when the crash involvement of reported drivers was 9.3% vs. 2.2% for controls--a fourfold difference. The crash involvement of reported drivers decreased rapidly after, indicating the impact of HB-1536 reporting with subsequent license revocation and to a lesser degree, mortality. Of the 4,100 reported individuals, 144 (3.5%) retained a driver's license after the process.</p>		
2007	Caregiver grief in end-stage dementia: using the Marwit and Meuser Caregiver Grief Inventory for assessment and intervention in social work practice. 2007.	Sanders S., Marwit S.J., Meuser T.M., Harrington P.	<i>Social Work in Health Care, 46(1): 47-65.</i>
	<p>Caregivers of individuals with end-stage dementia experience increased grief reactions; however, their grief is too often overlooked by health professionals. Regardless of their practice setting, social workers must assess and intervene with caregivers dealing with grief. This article provides information on the Marwit and Meuser Caregiver Grief Inventory (MM-CGI) that was designed to measure the grief of caregivers of individuals with progressive memory loss. Through the use of case examples, key areas of assessment are highlighted, as well as initial areas for helping caregivers cope and heal from their experiences of grief.</p>		

2006	Driving and dementia in older adults: implementation and evaluation of a continuing education project. 2006.	Meuser T.M., Carr D.B., Berg Weger M., Niewoehner P., Morris J.C.	<i>The Gerontologist</i> , 46(5): 680-687.
	<p>The identification and evaluation of medically impaired drivers is an important safety issue. Medical fitness to drive is applicable to all ages but is particularly salient for older adults. Voluntary procedures, whereby various professionals and family members may report medical fitness concerns to State driver license bureaus, are common in the United States. This paper examines traffic crashes of drivers reported during 2001-2005 under the State of Missouri's voluntary reporting law (House Bill HB-1536) and the resulting licensing outcomes. Missouri's law is non-specific as to age, but the mean age of reported drivers was 80. Reports were submitted by police officers (30%), license office staff (27%), physicians (20%), family members (16%), and others (7%). The most common medical condition was dementia/cognitive (45%). Crash history for reported drivers was higher than that of controls, dating back to 1993, reaching a peak in 2001 when the crash involvement of reported drivers was 9.3% vs. 2.2% for controls--a fourfold difference. The crash involvement of reported drivers decreased rapidly after, indicating the impact of HB-1536 reporting with subsequent license revocation and to a lesser degree, mortality. Of the 4,100 reported individuals, 144 (3.5%) retained a driver's license after the process.</p>		
2006	Driving retirement: the role of the physician. 2006.	Carr DB, Meuser TM, Morris JC	<i>Canadian Medical Association Journal</i> , 175(6): 591-595.
	No abstract available.		
2006	Older adult drivers with cognitive impairment. 2006.	Carr DB, Duchek JM, Meuser TM, Morris JC	<i>American Family Physician</i> , 73(6): 1029-1034.
	<p>As the number of drivers with cognitive impairment increases, family physicians are more likely to become involved in decisions about cessation of driving privileges in older patients. Physicians who care for cognitively impaired older adults should routinely ask about driving status. In patients who continue to drive, physicians should assess pertinent cognitive domains, determine the severity and etiology of the dementia, and screen for risky driving behaviors. Cognitive impairment detected by office-based tests may indicate that the patient is at risk of a motor vehicle crash. Referral for performance-based road testing may further clarify risk and assist in making driving recommendations. Physicians should assist families in the difficult process of driving cessation, including providing information about Web sites and other resources and clarifying the appropriate state regulations. Some states require reporting of specific medical conditions to their departments of motor vehicles.</p>		
2005	Driving and dementia of the Alzheimer type: beliefs and cessation strategies among stakeholders. 2005.	Perkinson M.A., Berg Weger M.L., Carr D.B., Meuser T.M., Palmer J.L., Buckles V.D., Powlishta K.K., Foley D.J., Morris J.C.	<i>The Gerontologist</i> . 45(5) Oct 2005, 676-685.
	<p>Although driving by persons with Alzheimer's disease (AD) is an important public health concern, we know little about the attitudes and perceptions of key stakeholders regarding driving safety in these individuals or the factors that precipitate and influence driving assessment and cessation decisions. We convened 10 focus groups composed of persons intimately involved in driving decisions for older adults to identify and compare beliefs and perceptions concerning AD and driving and to identify effective strategies to limit or cease unsafe driving. The 68 focus-group participants included health professionals, transportation and law-enforcement professionals, current and former drivers with AD, and family caregivers of current and former drivers with the disease. With few exceptions, participants said that a diagnosis of very mild AD alone did not preclude driving. Most regarded family members as pivotal in monitoring and managing unsafe driving and recognized their need for institutional and medical support, especially support from physicians in counseling and evaluation of health-related fitness of older drivers. Members of each group acknowledged their own roles and responsibilities in driving decisions and described difficulties they experienced in making assessments and implementing decisions to limit or stop the driving of given individuals with AD. Education of families, professionals, and transportation specialists is needed to understand the influence of AD severity on driving abilities, identify problem driving behaviors, make appropriate referrals of unsafe drivers, and access available resources for drivers with AD and those most responsible for their safety.</p>		

2005	Development of a short form inventory to assess grief in caregivers of dementia patients.	Marwit, SJ and Meuser, TM	<i>Death Studies, 29(3) Apr 2005, 191-205.</i>
	This article describes the derivation of a short-form of the Marwit-Meuser Caregiver Grief Inventory (MM-CGI), an inventory designed to measure grief in caregivers of persons with progressive dementia. It presents initial reliability and validity data and describes ways to use the inventory both clinically and scientifically. The resulting MM-CGI Short Form, presented here in its entirety, is comprised of 18 items and, like its full-form relative, is self-scoring and yields a Total Grief score and sub-scale scores measuring factors representing Personal Sacrifice Burden, Heartfelt Sadness and Longing, and Worry and Felt Isolation.		
2003	Third Leonard Berg Symposium: Neurobiology of the Aging Nervous System: Introduction	Meuser, TM	<i>Alzheimer's Disease and Associated Disorders 2003 Apr-Jun; 17Suppl2:S37-8</i>
	No abstract available.		
2002	Development and initial validation of an inventory to assess grief in caregivers of persons with Alzheimer's disease	Marwit, SJ and Meuser, TM	<i>Gerontologist 2002 Dec; 42(6):751-65.</i>
	The purpose of this study was to develop an empirically based, psychometrically sound instrument for the assessment of grief in caregivers of persons with Alzheimer's disease. DESIGN AND METHODS: A total of 184 statements addressing personal grief reactions were obtained from 45 adult child and 42 spouse caregivers in 16 focus groups representing early, middle, late, and postdeath stages. These were presented to a second sample of 83 adult child and 83 spouse caregivers, who rated them according to their current experience. Also administered were the Beck Depression Inventory, the Anticipatory Grief Scale, the Caregiver Strain Index, the Caregiver Well-Being Scale-Basic Needs, and the Perceived Social Support-Family Questionnaire. RESULTS: Factor analysis resulted in a 50-item scale containing three factors: Personal Sacrifice Burden, Heartfelt Sadness and Longing, and Worry and Felt Isolation. Cronbach's alpha scores ranged from .90 to .96, indicating high internal consistency reliability for each factor as well as for their combined total. Correlations of each factor with other measures provide evidence of validity, especially when assessed in the context of the caregiver grief model. IMPLICATIONS: Results suggest that caregiver grief is neither a unitary nor a static construct and that a scale such as this may be appropriate for use in supportive, clinical, and research settings.		
2001	A comprehensive, stage-sensitive model of grief in dementia caregiving	Meuser, TM and Marwit, SJ	<i>Gerontologist 2001 Oct; 41(5):658-70.</i>
	Grief is an overlooked but important element of the caregiver experience. This study defines a model of caregiver grief to aid in clinical intervention and to support further research. DESIGN AND METHODS: This study addressed the grief responses of 87 spouse and adult-child caregivers of patients with progressive dementia representing mild, moderate, severe, and postdeath. Questionnaire data and qualitative findings from 16 semistructured focus group interviews provide the basis for a descriptive model of anticipatory grief in dementia caregiving. RESULTS: Significant differences emerged between spouse and adult-child caregiver groups as a whole and as a function of Clinical Dementia Rating impairment level. Caregiver grief was found to fluctuate between intellectual, affective, and existential poles depending upon current care demands and expectations. IMPLICATIONS: These findings suggest that anticipatory grief in dementia caregiving is "real" grief, equivalent in intensity and breadth to death-related grief.		