

FC61: Linguistic Validation of the Agitation in Alzheimer's Screener for Caregivers (AASC™), a novel tool based on the IPA definition of agitation in cognitive disorders

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Objectives: The International Psychogeriatric Association (IPA) definition of agitation in cognitive disorders set standard guidance for recognizing agitation behaviors in research and clinical care. Patients and caregivers were involved in developing a vocabulary to describe these behaviors and, per the IPA, additional studies will offer insights into application of the criteria in diverse cultural and linguistic populations. Based on the IPA criteria, the Agitation in Alzheimer's Screener for Caregivers (AASC™) was developed in collaboration with clinical experts, patient advocates, and caregivers of individuals with Alzheimer's dementia to support caregivers and healthcare professionals (HCPs) in communication and recognition of agitation in Alzheimer's dementia. This study aims to translate and linguistically validate the AASC™ in Spanish, Simplified Chinese, and Traditional Chinese in US populations.

Methods: According to best practices outlined by the International Society for Pharmacoeconomics and Outcomes Research (ISPOR) (**Figure 1**), linguistic validation of the AASC™ includes translation and validation through cognitive debriefing interviews for each target language. This process applies rigorous Methods to obtain translations that are conceptually relevant to the original tool, culturally relevant to each target language, and easily understood by those to whom the tool will be administered. For each target language, lay subjects (n = 5) over 40 years old and representative of the target population (e.g., reside in the US and fluent in Spanish, Traditional Chinese, or Simplified Chinese) will be recruited for cognitive debriefing.

Results: The specific Methods will be used to produce the linguistically validated versions of the AASC™ tool in Spanish, Traditional Chinese, and Simplified Chinese. Translatability review, forward and back translations, clinician and linguist review, harmonization, and cognitive debriefing will ensure the accuracy and consistency of the translated tool. If needed, the original tool language will be updated to account for cultural differences.

Conclusions: The AASC™ is the first screener developed for agitation in Alzheimer's dementia based on the IPA criteria. Translation and linguistic validation of the AASC™ in Spanish and Traditional and Simplified Chinese aim to ensure clear and culturally relevant translations for each target language. Ongoing and future studies will optimize the effectiveness and cultural acceptance of the AASC™ tool.