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Resources for the Comprehensive Geriatric Assessment based Proactive and Personalised Primary Care of the Elderly

famCAM
family Confusion Assessment Method for clinician

Purpose : Test for delirium

Admin time : 5-10 min

User Friendly : High

Administered by : Healthcare professional carer assisted

Content : The Family Confusion Assessment Method (FAM-CAM) is an informant-based variation of the CAM in which a family member or caregiver assesses the patient's mental and cognitive status using a series of questions.
Clinicians ask family members or caregivers these questions in person, by telephone, or electronically.They will ask about the patient’s recent mental and cognitive status, sleeping patterns, and abnormal actions or dialogue.
The FAM-CAM can be used in both clinical and research settings, where it can be useful for facilitating and educating caregivers about possible acute changes in mental status, and early signs of cognitive changes in older individuals.
It also may be used in clinical settings where delirium cannot be readily assessed by health care professionals (e.g., hospitals, ICUs, presurgery or postsurgery, postdischarge, or extended care settings).

Author : Inouye SK, 1999

Family Confusion Assessment Method (FAM-CAM)

For Research and Clinical Staff

Evaluator:

Caregiver/Informant: **Date:**

Patient: **Time:**

[Screening for an appropriate caregiver is recommended: See Instructions]

Circle the answer to each question

These questions are intended to identify changes to [family member's name] thinking, concentration, and alertness during recent days. Please stop me at any time if you do not understand the questions.

1. I'd like you to think about the past [month/week/day]*. During this [month/week/day]*, have you noticed any changes in his/her thinking or concentration, such as being less attentive, appearing confused or disoriented (not knowing where he/she was), behaving inappropriately, or being extremely sleepy all day?	Yes	No	Don't Know
* Adjust time frame as appropriate for your purposes			
2. Did he/she have difficulty focusing attention, for example, being easily distracted or having trouble keeping track of what you were saying at any time?	Yes	No	Don't Know
3. Was his/her speech disorganized, incoherent, rambling, unclear, or illogical at any time?	Yes	No	Don't Know
4. Did he/she seem excessively drowsy or sleepy during the daytime at any time?	Yes	No	Don't Know
5. Was he/she disoriented, for example, thinking he/she was somewhere other than where he/she was, or misjudging the time of day at any time?	Yes	No	Don't Know
6. Did he/she seem to see or hear things which weren't actually present, or seem to mistake what he/she saw or heard for something else at any time?	Yes	No	Don't Know
7. Did he/she behave inappropriately, such as wandering, yelling out, or being combative or agitated at any time?	Yes	No	Don't Know

8. Please tell us more about the changes you noticed in any of the behaviors in #1-7 above.
Record as much detail as possible

_____
_____
_____
_____
_____
_____
_____
_____
_____

9. Were any of the changes (#1-7) present all the time, or did they come and go from day to day? All the time | Come and go | Don't know

10. When did these changes first begin? Would you say they began:

Within the last week

Between 1 and up to 2 weeks ago

Between 2 and up to 4 weeks ago

More than 4 weeks ago

11. Overall, have these changes been getting better, worse, or staying about the same? Better | Worse | About the Same | Don't Know

Item-by-Item Training Instructions

General Guidelines: The FAM-CAM is intended to evaluate for evidence of delirium based on observations from family members or caregivers. Throughout the interview, you may need to repeatedly clarify that you are asking about recent, new, or sudden changes ONLY—behavior that is part of a longstanding pattern should not be included as evidence of delirium. Delirium presents with an acute onset, over the course of hours to days.

Choice of Caregiver to Interview: An important aspect of this interview is to choose an appropriate caregiver who knows the patient well. A variety of screening methods are available. We recommend using the following hierarchy (in descending order): (1) lives with the patient; (2) sees the patient at least once a month (with regular phone contact in between) and knows patient well enough to report on his/her mental and physical abilities. If the proxy does not meet these criteria, then we seek another proxy-reporter. Although they are not formal components of the FAM-CAM, you may wish to collect information about the caregiver characteristics (e.g., demographics, relationship to patient, etc) and contact with patient (e.g., frequency) according to your needs.

These training instructions will provide item-by-item guidance for the FAM-CAM instrument

1. Now, I'd like you to think about the past [month/week/day]. During this [month/week/day], have you noticed any changes in her/her thinking or concentration, such as being less attentive, appearing confused or disoriented (not knowing where he/she was), behaving inappropriately, or being extremely sleepy all day?

This question is intended to identify the acute onset of symptoms. Remember to emphasize to the informant that this question asks about recent, acute changes. An acute change in mental status is defined as alteration in mental status (e.g., attention, orientation, cognition) that was new or worse, usually over hours or days. For example, if the informant reports that the patient is confused all the time but that behavior developed slowly and has been present over a long period of time, it would be coded as a 'no' for this question.

Timeframe or Look-back Period for Caregiver: The FAM-CAM can be adjusted to cover a varying time frame depending on the reasons for your assessment, or the needs of your study or clinical use. A one-month look-back is the maximum time-period recommended due to problems with recall of acute changes beyond this period. However, different timeframes can be chosen. For instance, when interviewing a caregiver in the hospital while the patient is admitted as an inpatient, it may make sense to ask about the last day or week. At a follow-up visit, you might ask about the past week or month. If you are doing serial FAM-CAM assessments, then you should record changes from the PREVIOUS assessment. Whichever time frame you inquire about should be clearly recorded.

Questions 2-7
General Instructions: Indicate only one response for each question. If informant indicates a yes to any question, let them know they will be asked for further information about that/those item(s) If the informant indicates they cannot remember, code DK (don't know), BUT first remind them "I know it may be hard to remember, I just want your best recollection" and wait a quiet moment for the respondent to offer a response.

2. Did he/she have difficulty focusing attention, for example, being easily distracted or having trouble keeping track of what you were saying at any time?

This question looks for INATTENTION—that is, reduced ability to maintain attention to external stimuli and to appropriately shift attention to new external stimuli. The patient would seem unaware or out-of-touch with the environment (dazed, fixated, or darting attention). Questions to the patient may need to be repeated, and it may be difficult to establish back-and-forth communication.

For all these questions, the behavior must reflect a change from their usual or normal (baseline) state.

3. Was his/her speech disorganized, incoherent, rambling, unclear, or illogical at any time? [Prompt: Did his/her speech relay thoughts that make sense?]

This question is intended to determine whether the patient is making sense or not. Disorganization of thought as reflected in the content of the patient's speech must be present, and can include rambling or irrelevant conversation, words that do not make sense, an illogical flow of ideas, or unpredictable switching from subject to subject (very difficult to follow the patient's train of thought). Mumbling alone should not be scored as a positive response to this question. Prompt the caregiver to verify that this is a change from their usual or normal state.

4. Did he/she seem excessively drowsy or sleepy during the daytime at any time?

Older persons may have more daytime drowsiness/sleepiness or take naps. To be scored positive on this item, the patient must demonstrate sleepiness that would be considered well outside the range of normal for this patient--the patient should be truly lethargic. Clarify that this sleepiness represents a change from their usual or normal state.

5. Was he/she disoriented, for example, thinking he/she was somewhere other than where he/she was, or misjudging the time of day at any time?

Disorientation is defined as impaired ability to locate oneself in one's environment, in reference to time, place, or person. Common manifestations of disorientation include that the patient does not know where he/she is (thinking they are at home instead of hospital), thinks it is night during the day, or thinks you are someone else. Prompt the caregiver to verify that this is a change from their usual or normal state.

6. Did he/she seem to see or hear things which weren't actually present, or seem to mistake what he/she saw or heard for something else at any time?

This question is intended to assess for the presence of perceptual disturbances such as visual or auditory hallucinations, misinterpretations, and illusions. Illusions and misinterpretations arise from a false impression of an actual stimulus (for example, seeing a pile of laundry and thinking a person is sitting there). With hallucinations, there is no stimulus (such as a patient seeing his wife in the room when no one was there). Patients can also misinterpret sounds (or hear voices). Complex perceptual disturbances, such as dream-like states or paranoid delusional interpretations should also be recorded here. Prompt the caregiver to verify that this is a change from their usual or normal state.

7. Did he/she behave inappropriately, such as wandering, yelling out, or being combative or agitated at any time?

This question is intended to assess behavior that would be considered socially inappropriate, indicating confusion or loss of inhibition. These should be behaviors that would not be considered normal or usual for this patient. Keep in mind that older persons can demonstrate odd or eccentric behavior at times, and the observed behavior should be beyond the spectrum of what would be considered normal in older adults. Some examples would include loud yelling or swearing; combative or violent behavior; wandering or getting lost; inappropriate sexual behavior; urinating in trash cans; loss of usual modesty (disrobing in public); etc.

8. Please tell me more about the changes you noticed.

Ask the informant to tell more about the change he/she notices and write the answers in the space provided. Record in a precise and detailed manner. Include direct quotes, notes about fluctuating course (if the patient had periods of lucidity before becoming confused again), and specific behaviors. This question should elaborate and expand on any 'yes' answers in questions 2-7, not simply reiterate the 'yes' answer.

If a respondent answers yes to any of the questions 2-7, go to question 9.

9. Were these problems present all the time, or did they come and go from day to day?

Probe about times when behaviors of symptoms are better or worse, or are they consistently present?

10. When did the worsening first begin? Would you say it began:

Ask the informant to identify the earliest onset of symptoms. Circle the timeframe indicated by the informant.

11. Overall, have these changes been getting better, worse, or staying about the same?

The purpose of this question is to ask the informant about the clinical course. Realizing that symptoms may fluctuate, ask informant whether the patient has been MOSTLY getting better, worse, or staying about the same. If uncertain, please write down notes verbatim.

Scoring the FAM-CAM

It is important to remember that the FAM-CAM is intended only to assist with screening and is not intended to provide a clinical diagnosis. If a positive score is suggested on the FAM-CAM, further evaluation with cognitive testing of the patient is necessary.

The FAM-CAM is considered positive if the following features are present: a) acute onset or fluctuating course **and** b) inattention **and** c) either disorganized thinking or altered consciousness. Several of the questions may help to identify whether these features are present, as outlined below.

Feature	**Question #**	**Positive Answer**
Acute Onset	Question 1,10	Yes, <4 weeks ago
-OR-		
Fluctuation	Question 9	"Come and go"
-AND-		
Inattention	Question 2	Yes
-AND EITHER-		
Disorganized Thinking	Question 3,5,6 (7 supportive)	Yes
-OR-		
Altered Consciousness	Question 4	Yes

Scoring Algorithm: Check the box if the respondent's answer is as indicated.
Delirium is suggested if there is **at least one check in each of the 3 columns.**

Question	**Column 1** Acute Onset or Fluctuation	**Column 2** Inattention	**Column 3** Disorganized Thinking or Altered Level of Consciousness
Question 1 = yes? (Any Change)	☐		
Question 2 = yes? (Inattention)		☐	
Question 3 = yes? (Disorganized Speech)			☐
Question 4 = yes? (Excess Drowsiness)			☐
Question 5 = yes? (Disorientation)			☐
Question 6 = yes? (Perceptual Disturbance)			☐
Question 9 = "come and go"? (Fluctuation)	☐		
Question 10 = <4 weeks? (Acute Onset)	☐		

Delirium is suggested if there is **at least one check in each of the 3 columns.**

Delirium Suggested? _____ yes _____ no