INTRODUCTION

• Neurodegenerative ataxias, such as spinocerebellar ataxia (SCA) may include non-ataxic symptoms.
• There is a need for an assessment tool to better evaluate non-ataxic symptoms in patients suffering from neurodegenerative ataxias.
• Existing scales do not evaluate non-ataxic symptoms: The Scale for the Assessment and Rating of Ataxia (SARA) is a valid scale, but does not assess these symptoms.
• The “INAS” (Inventory of Non-Ataxia Symptoms) “counts” non-ataxic symptoms, but does not rate them.
• We conducted a pilot evaluation of a new assessment tool called the “STAND” to better evaluate non-ataxic and ataxic symptoms.

OBJECTIVE

• To evaluate a new ataxia rating scale, the STAND (Scale To assess Ataxia and Neurologic Dysfunction).

METHODS

• The STAND is a semi-quantitative 83 point scale that tests gait, balance, speech, coordination, tone, peripheral motor, and sensory function.
• Two movement disorders neurologists administered the SARA and the STAND during one visit and a neuroromuscular expert performed nerve conduction studies (NCS) in SCA and Friedreich's ataxia (FA) patients.
• Interrater reliability was examined using intraclass correlation coefficients (ICC). Correlation between STAND and SARA totals and sub-scores were tested using Spearman's correlation test. Internal consistency was assessed by Cronbach's α.

RESULTS

• Thirty-seven ataxic patients participated in the study to evaluate the scale; 25 received NCS.
• The scale showed good internal consistency. Ataxia components of the STAND were strongly correlated with the SARA.
• Interrater reliability for the overall scale was excellent and was similar for sub-scales.
• Peripheral sensory scores correlated with the presence and degree of abnormalities noted by NCS (r=0.75).

DISCUSSION

• The STAND's quantification of non-ataxic neurologic symptoms should provide greater diagnostic and prognostic utility than scales that assess ataxic symptoms alone.