Assessing cognition after stroke

Nele Demeyere

Stroke Association
Lord Leonard and Lady Estelle Wolfson Foundation lecturer

Why assess cognition?

Walking and talking

Learning new skills

Interpersonal relationships

Driving, kitchen safety

Progress in rehabilitation

Adapting to new situations

Managing personal finances

Going back to work

…

Screening Cognition

Stroke – specific cognitive problems?

(Post stroke) vascular dementia ?

Mild cognitive impairments?

The picture in clinical practice can be quite muddled.

Which problems are new?

Which problems are stroke specific?

Screening Cognition

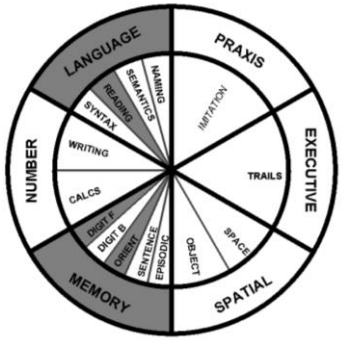
Stroke – specific cognitive problems?

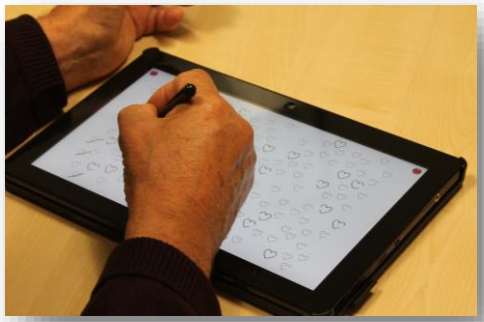
(Post stroke) vascular dementia ?

Mild cognitive impairments?

OVERVIEW - Stroke Specific

OCS
Oxford Cognitive Screen





OCS-BRIDGE

Good Clinical Practice

NICE Guideline 162 (June 2013)

NICE National Institute for Health and Care Excellence

"Perform a full medical assessment of the person with stroke, ***including cognition (attention, memory, spatial awareness, apraxia, perception)"***

Actual Clinical Practice

No efficient purpose built tool for acute patients:

Long domain specific assessments not practical

Short screens exist, but were made for **dementia**:

MMSE ACE-R / ACE –III MOCA

They give a single score (e.g. 24/30)

COGNITION

PASS / FAIL

e.g. MoCA

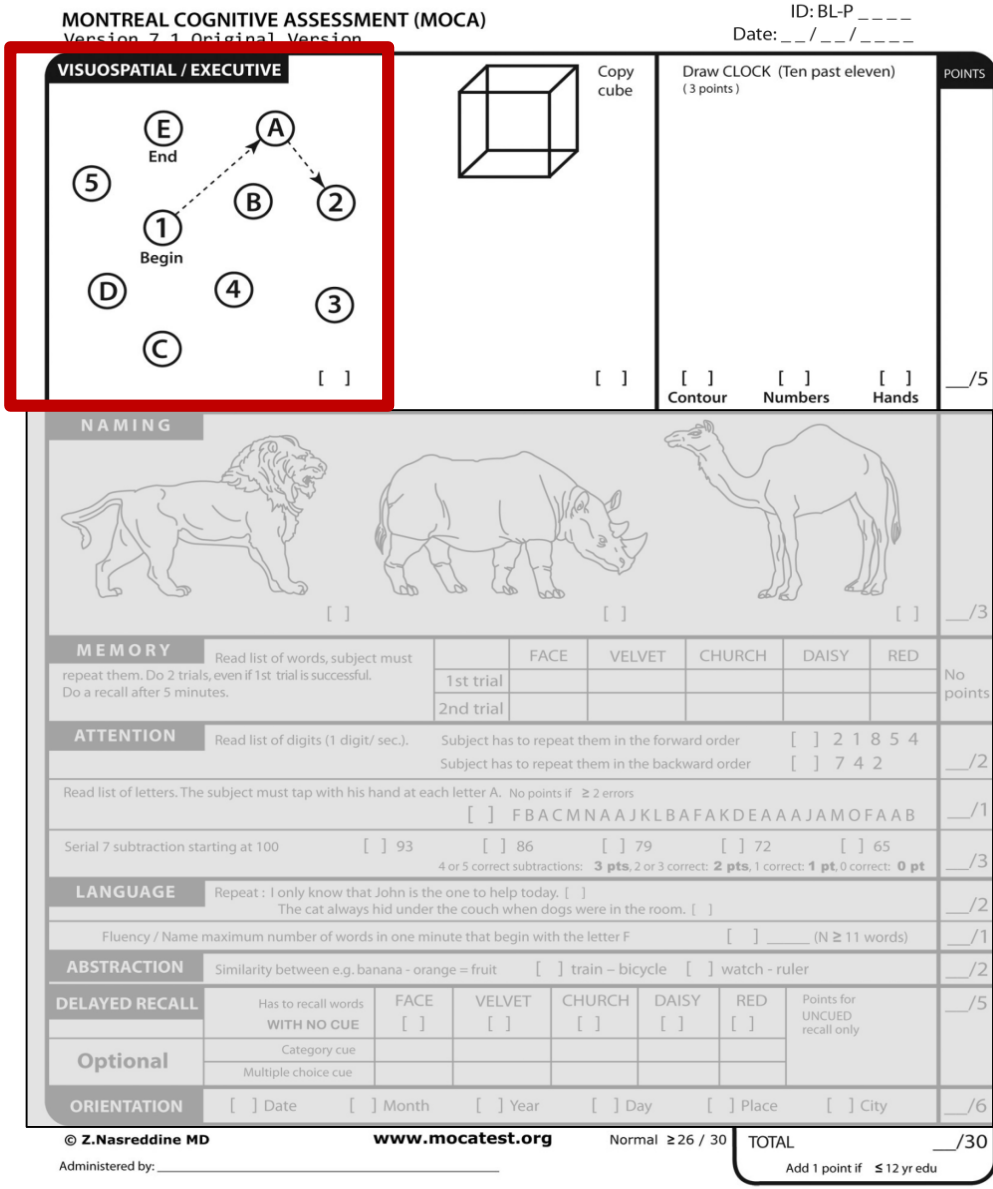
However:

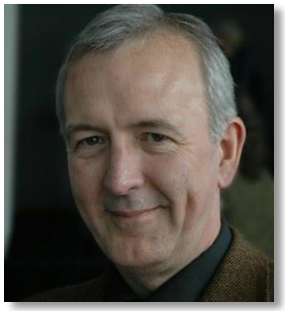
Dementia cognitive profile
≠
Stroke cognitive profile

Still **Pass** / **Fail** cognition

Neglect contaminates tasks

Heavily language dependent




Glyn Humphreys


Nele Demeyere


Jane Riddoch


Elitsa Slavkova

OCS
Oxford Cognitive Screen

Short cognitive screening tool

Stroke specific

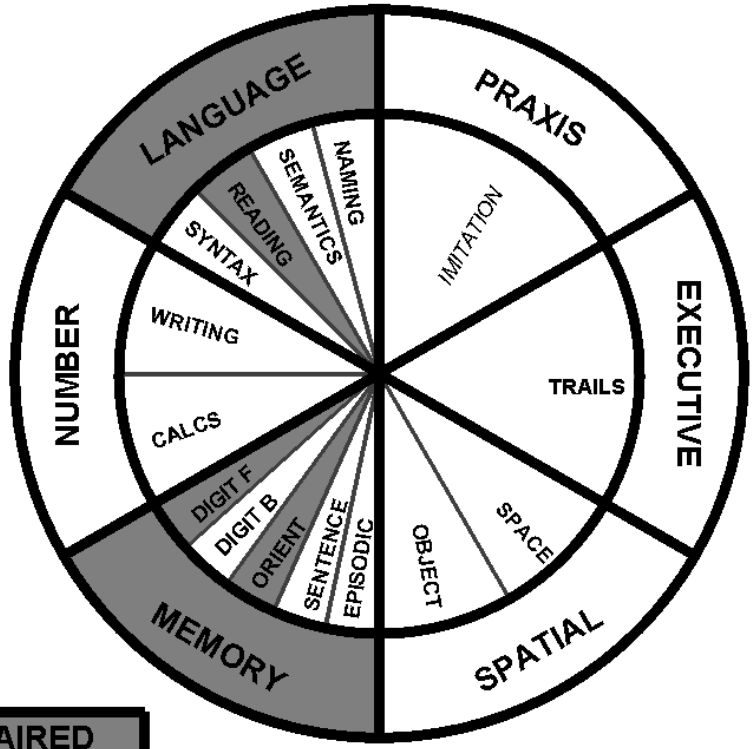
Aphasia Friendly

Neglect Friendly

OCS
Oxford Cognitive Screen

5 cognitive domains

- Language
- Attention
- (spatial & executive)
- Number
- Memory
- Praxis



OCS vs MoCA conclusions

J Neurol
DOI 10.1007/s00415-015-7964-4

ORIGINAL COMMUNICATION

Domain-specific versus generalized cognitive screening in acute stroke

Nele Demeyere[1] · M. J. Riddoch[1] · E. D. Slavkova[1] · K. Jones[2] · I. Reckless[2] · P. Mathieson[2] · G. W. Humphreys[1]

OCS ***more sensitive*** than MoCA

OCS assesses ***stroke specific*** impairments not assessed in MoCA

OCS ***inclusive*** for patients with **aphasia & neglect**

OCS provides a ***domain overview*** instead of PASS / FAIL cognition

OCS in clinical practice

" **OCS** fills a critical and necessary brief in assessing cognition after stroke (***NICE guidelines***)"

Demeyere et al., Psychological Assesment, 2015

OCS licensed to **209** stroke units.

Detailed assessments

Assessment of Attention

INDIREA

Individualised Diagnostics &
Rehabilitation of Attention Disorders

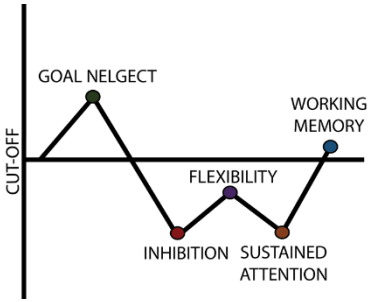
Executive Control

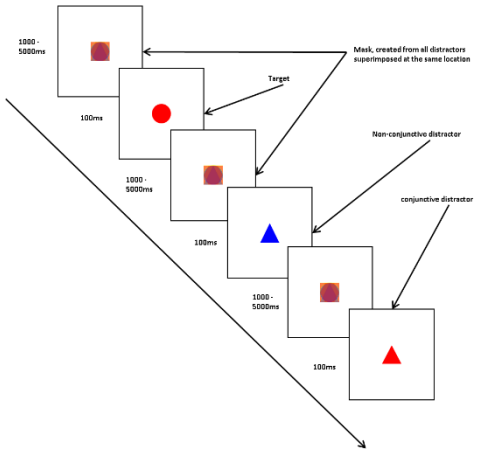
Attentional control mechanisms

Selective & sustained attention

Temporal dynamics and its behavioural correlates

Rachel King





Nir Shalev

Assessing Cognition ?

Stroke – specific cognitive problems?

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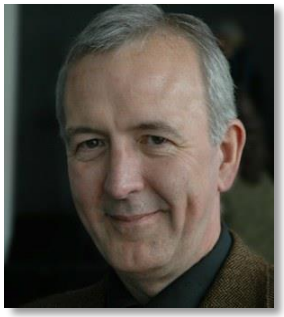
Mild Cognitive Impairments

Mihaela Duta



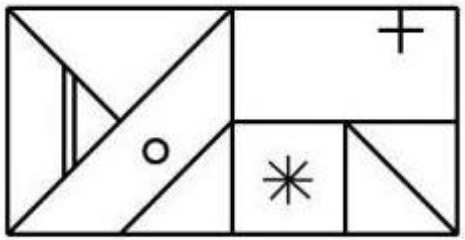
Glyn Humphreys

Nele Demeyere

OCSd

Oxford Cognitive Screen

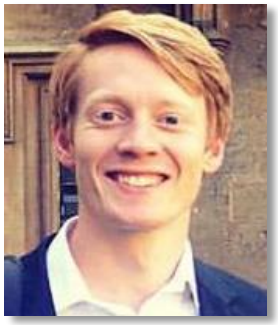
Tablet based sensitive assessments for Mild Cognitive Impairments and Dementia (emphasis on process & strategy)



Mental Capacity


Nele Demeyere


Mihaela Duta


Anders Jespersen

COMPASS
Oxford Competency Assessment

Assessing Mental Capacity

Decision making ability after stroke within legal framework of the Mental Capacity Act

(e.g. capacity to decide discharge destination)

MRC Medical Research Council

Thank you!


MRC
Medical
Research
Council


INDIREA


NHS
National Institute for
Health Research


Stroke
association