

LONGITUDINAL EVALUATION OF COGNITION AFTER STROKE – A SCOPING REVIEW

Juan Pablo Saa

Doctor of Occupational Therapy

Master of Public Health

Washington University in St. Louis. USA

PhD Candidate – La Trobe University, Melbourne,
Australia

May 2018



Washington University in St. Louis
SCHOOL OF MEDICINE

STROKE BY THE NUMBERS

Every
40 seconds
someone
has a
stroke



55,000



About 55,000 more
women than men
have a stroke each year



1 in 4

strokes
are in people who have had
a previous stroke

#**5**

Cause of
death
in the USA



**80% OF ALL STROKES
CAN BE PREVENTED**



Cognitive impairment after stroke

- ▶ Affects up to 85% of stroke survivors (Wall et al. 2015);
- ▶ Persist over time, but hard to detect (Ghosal, 2014; Douiri, 2014; van Heugten)

Research questions

1. What instruments do clinicians use to evaluate cognition over time?
2. What is the longitudinal trajectory of cognition after stroke?

Scoping review

"When a body of literature has not yet been comprehensively reviewed, or is not amenable to a more precise systematic review."

(Peters et al, 2015, p.141)

Inclusion

1. Intervention and observational studies
2. Between 2001-2017
3. English
4. Report cognition over time

Exclusion

1. Animal studies
2. Children and adolescent stroke
3. SAH and TIA

Search strategy

CINAHL, Pubmed, Psycinfo, Medline, Web of Knowledge, and Embase

- MH **stroke**+ OR TI "cerebrovascular accident" OR TI "cerebro vascular accident" OR TI "cerebral vascular accident" OR TI "brain ischaemic attack" OR TI "brain ischemic attack" OR TI "brain vascular accident" OR TI CVA OR TI "ischaemic cerebral attack" OR TI "ischemic cerebral attack" OR AB "cerebrovascular accident" OR AB "cerebro vascular accident" OR AB "cerebral vascular accident" OR AB "brain ischaemic attack" OR AB "brain ischemic attack" OR AB "brain vascular accident" OR AB CVA OR AB "ischaemic cerebral attack" OR AB "ischemic cerebral attack" AND MH **cognition**+ OR TI cognit* OR TI "cognitive accessibility" OR TI "cognitive balance" OR TI "cognitive dissonance" OR TI "cognitive function" OR TI "cognitive structure" OR TI "cognitive symptoms" OR TI "cognitive task" OR TI "cognitive thinking" OR TI "neurobehavioral manifestations" OR TI "neurobehavioural manifestations" OR TI volition MH "executive function"+ OR TI "executive function" OR TI "executive functions" OR TI "executive control" OR TI "executive controls" OR AB cognit* OR AB "cognitive accessibility" OR AB "cognitive balance" OR AB "cognitive dissonance" OR AB "cognitive function" OR AB "cognitive structure" OR AB "cognitive symptoms" OR AB "cognitive task" OR AB "cognitive thinking" OR AB "neurobehavioural manifestations" OR AB "neurobehavioural manifestations" OR AB volition OR AB "executive function" OR AB "executive functions" OR AB "executive control" OR AB "executive controls" AND MH "longitudinal studies"+ OR TI "**longitudinal study**" OR TI "longitudinal studies" OR TI "longitudinal evaluation" OR TI "longitudinal survey" OR TI "prospective study" OR AB "longitudinal study" OR AB "longitudinal studies" OR AB "longitudinal evaluation" OR AB "longitudinal survey" OR AB "prospective study" OR MH "follow-up studies"+ OR TI "follow up study" OR AB "follow up study" OR TI "followup study" OR AB "followup study" OR TI "follow* up" OR AB "follow* up" AND MH "outcome assessment" OR TI "outcome assessment*" OR AB "outcome assessment*" OR MH "treatment outcomes+" OR TI "treatment outcome*" OR AB "treatment outcome*" OR MH "patient-reported outcomes+" OR TI "patient-reported outcome*" OR AB "patient-reported outcome*" OR TI outcome* OR TI measure* OR TI asses* OR TI eval* OR AB **outcome*** OR AB measure* OR AB asses* OR AB eval* AND English AND academic journals

Results

Found = 4,630

Duplicates = 1,743

Screened = 2,883

Full text (included) = 496 (17%)

= 700

Full text (conflicts) = 204 (7%)

Final included = 143

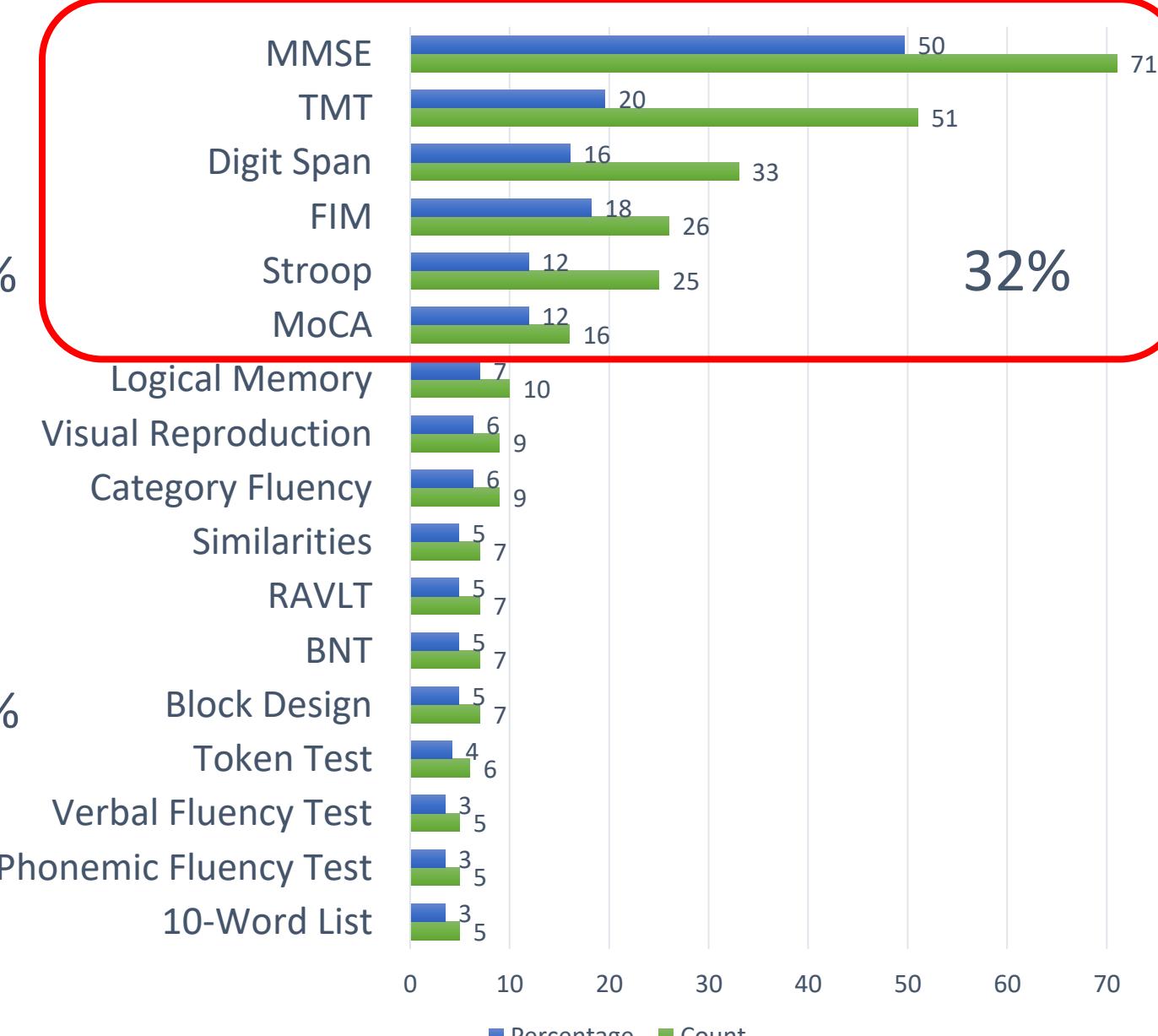


Summary of findings (n=143 studies)

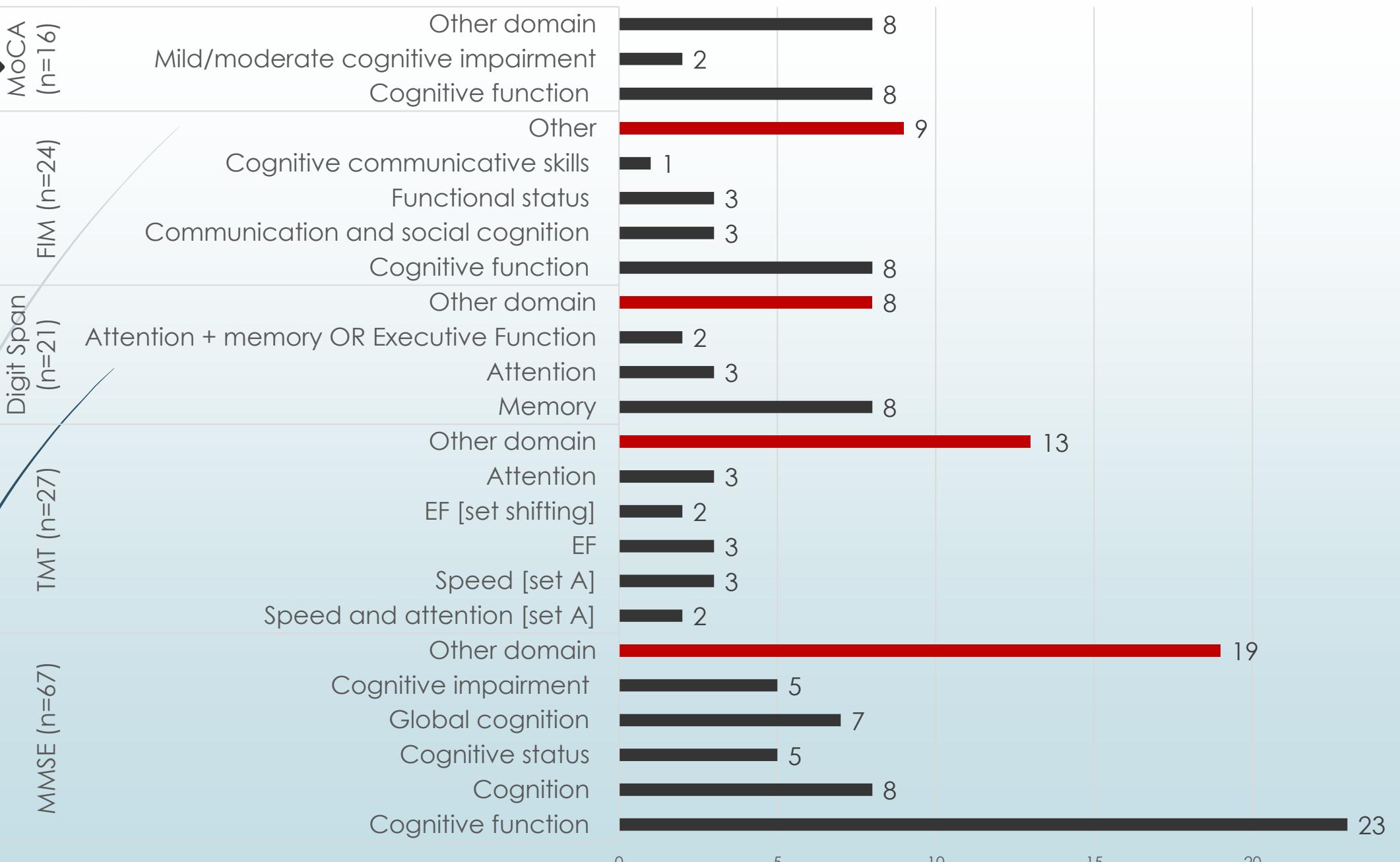
	Count	Percentage
Study Type		
Intervention	46	32.2
Observational	98	68.5
Sample Size (Range 8 to 20,332)		
<25	14	9.8
25-49	23	16.1
50-99	35	24.5
100-149	24	16.8
150-499	32	22.4
500-1499	6	4.2
1500-3999	5	3.5
>4000	4	2.8
Furthest follow-up point (range 1 week to 15 years)		
≤ 1 mo	8	5.6
> 1 and ≤ 3 mo	26	18.2
> 3 and ≤ 6 mo	24	16.8
> 6 and ≤ 12 mo	34	23.8
> 12 and ≤ 24 mo	25	17.5
> 24 and ≤ 36 mo	11	7.7
> 36 and ≤ 60 mo	9	6.3
> 60 mo	6	4.2

Unique assessments (n = 265)

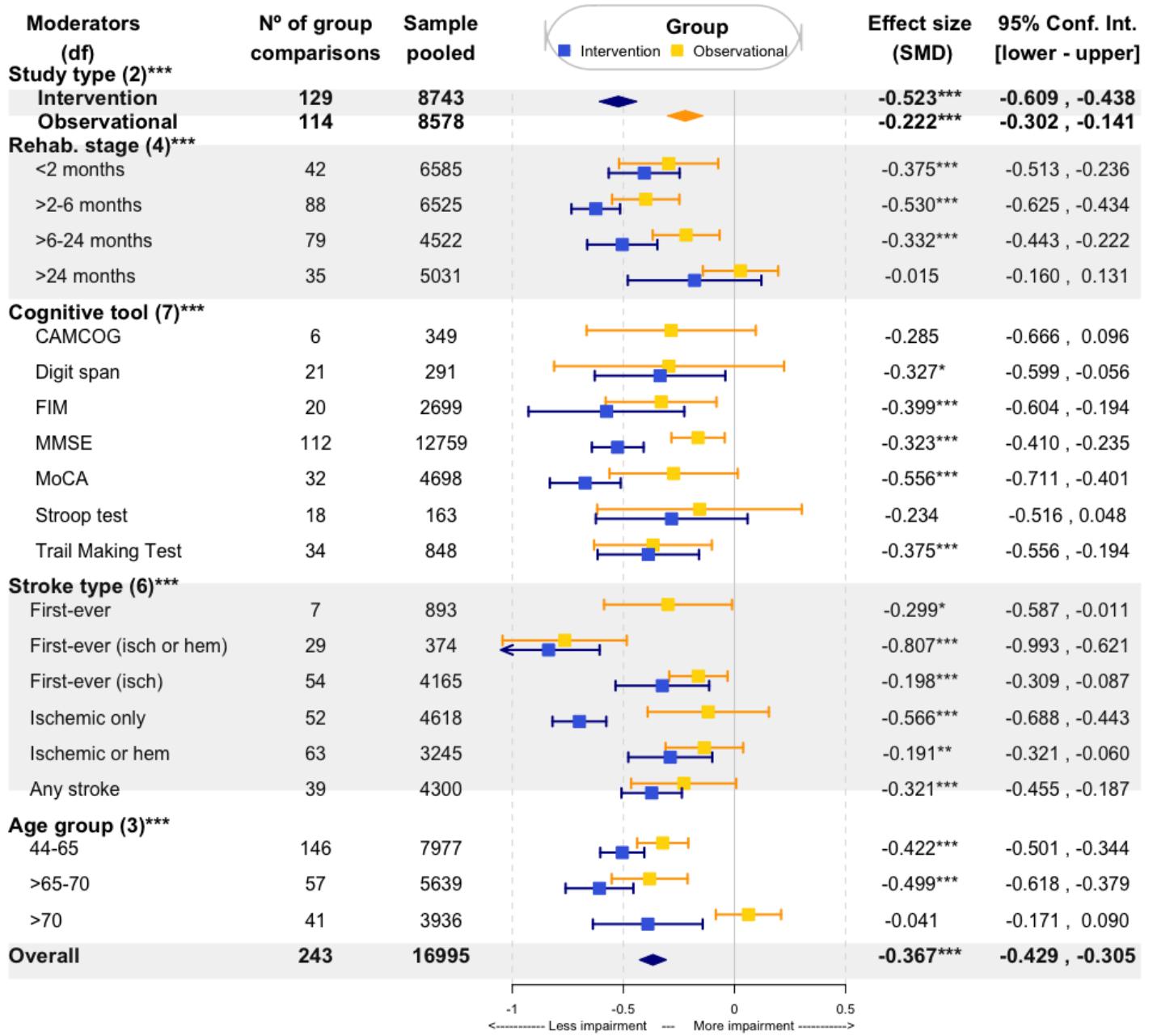
17 instruments charted = 45%



Unique Domains (n=109)



**Figure 2: Forest Plot of Cognition After Stroke
(mixed-effects model)**



Conclusion

- ▶ Most studies do not evaluate cognition past the 1 year mark
- ▶ The MMSE is [by far] the mostly widely used cognitive assessment
- ▶ Cognitive domains are not reported consistently and need to be organized more comprehensively
- ▶ Cognitive function can be described quantitatively with appropriate meta-analytic methods.

References

- ▶ 1. World Health Organization. *International Classification of Functioning, Disability and Health: ICF*. Geneva, Switzerland: World Health Organization; 2001.
- ▶ 2. Elliott R. Executive functions and their disorders Imaging in clinical neuroscience. *Br Med Bull*. 2003;65(1):49-59.
- ▶ 3. Monsell S. Task switching. *Trends Cogn Sci*. 2003;7(3):134-140.
- ▶ 4. Chan RC, Shum D, Toulouppou T, Chen EY. Assessment of executive functions: Review of instruments and identification of critical issues. *Arch Clin Neuropsychol*. 2008;23(2):201-216.
- ▶ 5. Mozaffarian D, Benjamin EJ, Go AS, et al. Heart Disease and Stroke Statistics—2015 Update A Report From the American Heart Association. *Circulation*. 2015;131(4):e29-e322. doi:10.1161/CIR.000000000000152.
- ▶ 6. Wolf TJ, Baum C, Connor LT. Changing face of stroke: implications for occupational therapy practice. *Am J Occup Ther Off Publ Am Occup Ther Assoc*. 2009;63(5):621-625.
- ▶ 7. Bronfenbrenner U. Toward an experimental ecology of human development. *Am Psychol*. 1977;32(7):513.

References

- ▶ 8. Shallice T, Burgess PW. Deficits in strategy application following frontal lobe damage in man. *Brain J Neurol.* 1991;114 (Pt 2):727-741.
- ▶ 9. Norman DA, Shallice T. *Attention to Action: Willed and Automatic Control of Behavior.* DTIC Document; 1980.
<http://oai.dtic.mil/oai/oai?verb=getRecord&metadataPrefix=html&identifier=ADA094713>. Accessed October 17, 2013.
- ▶ 10. Donovan NJ, Kendall DL, Heaton SC, Kwon S, Velozo CA, Duncan PW. Conceptualizing functional cognition in stroke. *Neurorehabil Neural Repair.* 2008;22:122-135. doi:10.1177/1545968307306239.
- ▶ 11. Edwards DF, Hahn M, Baum C, Dromerick AW. The impact of mild stroke on meaningful activity and life satisfaction. *J Stroke Cerebrovasc Dis Off J Natl Stroke Assoc.* 2006;15(4):151-157. doi:10.1016/j.jstrokecerebrovasdis.2006.04.001.
- ▶ 12. Rochette A, Desrosiers J, Bravo G, St-Cyr-Tribble D, Bourget A. Changes in participation after a mild stroke: quantitative and qualitative perspectives. *Top Stroke Rehabil.* 2007;14(3):59-68. doi:10.1310/tsr1403-59.
- ▶ 13. Arksey H, O'Malley L. Scoping studies: towards a methodological framework. *Int J Soc Res Methodol.* 2005;8(1):19-32.