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Cognitive functioning as determinant of participation after stroke

Comparison of cognitive test approaches

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Background

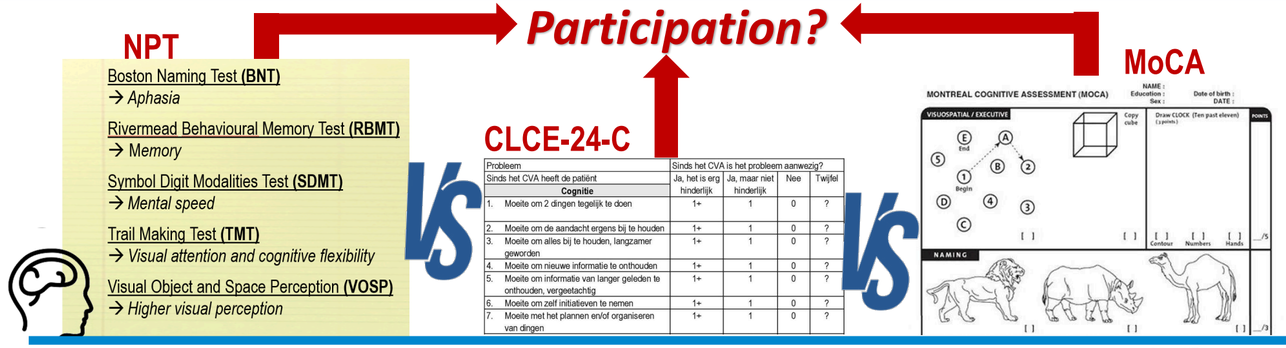
- Cognitive deficits are associated with long-term restrictions in participation after stroke.
- Various approaches exist to measure cognitive functioning, including assessing subjective cognitive complaints, cognitive screening and extensive neuropsychological testing (NPT)

Study aim

Which approach to measure cognitive functioning should be preferred when exploring the association between cognitive functioning and participation after stroke?

Methods

- The Checklist for Cognitive and Emotional Consequences Cognition subscale (CLCE-24-C), Montreal Cognitive Assessment (MoCA) and NPT were administered in 128 patients three to four years after stroke.
- USER-Participation restrictions subscale was used to measure participation.
- Statistics: Spearman's rank correlations and multivariate linear regression analysis.



Results

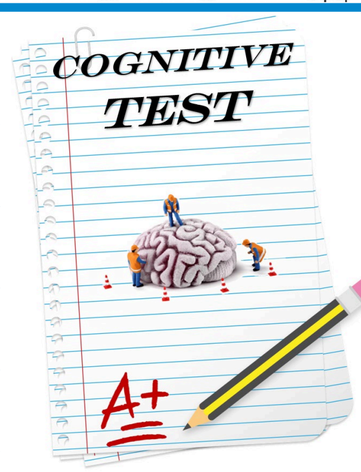
Bivariate analysis: Spearman correlations (r_s)

		N	USER-P
NPT	*BNT*	118	-0.04
	RBMT-I	112	0.14
	RBMT-D	111	0.11
	SDMT	111	*0.36**
	TMT	106	*0.20*
	VOSP	75	*0.37**
MoCA		124	*0.24**
CLCE-24-C		127	*-0.51**

Multivariate analysis: linear regression

	R^2
Model 1:	
*NPT**	0.20
Model 2:	
*MoCA + CLCE-24-C**	0.20
Model 3:	
NPT + CLCE-24-C**	0.29
Backward model:	
VOSP + CLCE-24-C**	0.31

* $p < .05$



Take-home messages

- We recommend the combination of objective cognitive performance (preferably including the domains of visuospatial perception and mental speed) and subjective cognitive complaints when exploring cognitive functioning as a determinant of participation after stroke.
- It is important to consider subjective cognitive complaints in stroke aftercare, as our results show the impact of subjective cognitive complaints on everyday life after stroke.