COgnitive Management PAthways in Stroke Services (COMPASS): results of a mixed methods study with occupational therapists

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Background

- **Cognitive problems** are common after stroke[1].

- The identification and treatment of cognitive problems is an **important** issue for stroke survivors, carers[2] and clinicians[3].

- Clinical guidelines advise that stroke services should **routinely provide cognitive screening**[4-6].

- The **appropriateness** of methods used for screening, and the ways in which results inform clinical care have not been established.

- Little is known about how guidelines are managed in practice.

Aim

- To establish key issues for occupational therapists (OTs) in identifying and screening for cognitive problems after stroke.

Methods

- **Ethical approval** was obtained from the Health Research Authority (HRA) (6/10/17) (Ref 232332).

- **Mixed methods study**: online vignette study and semi-structured interviews.
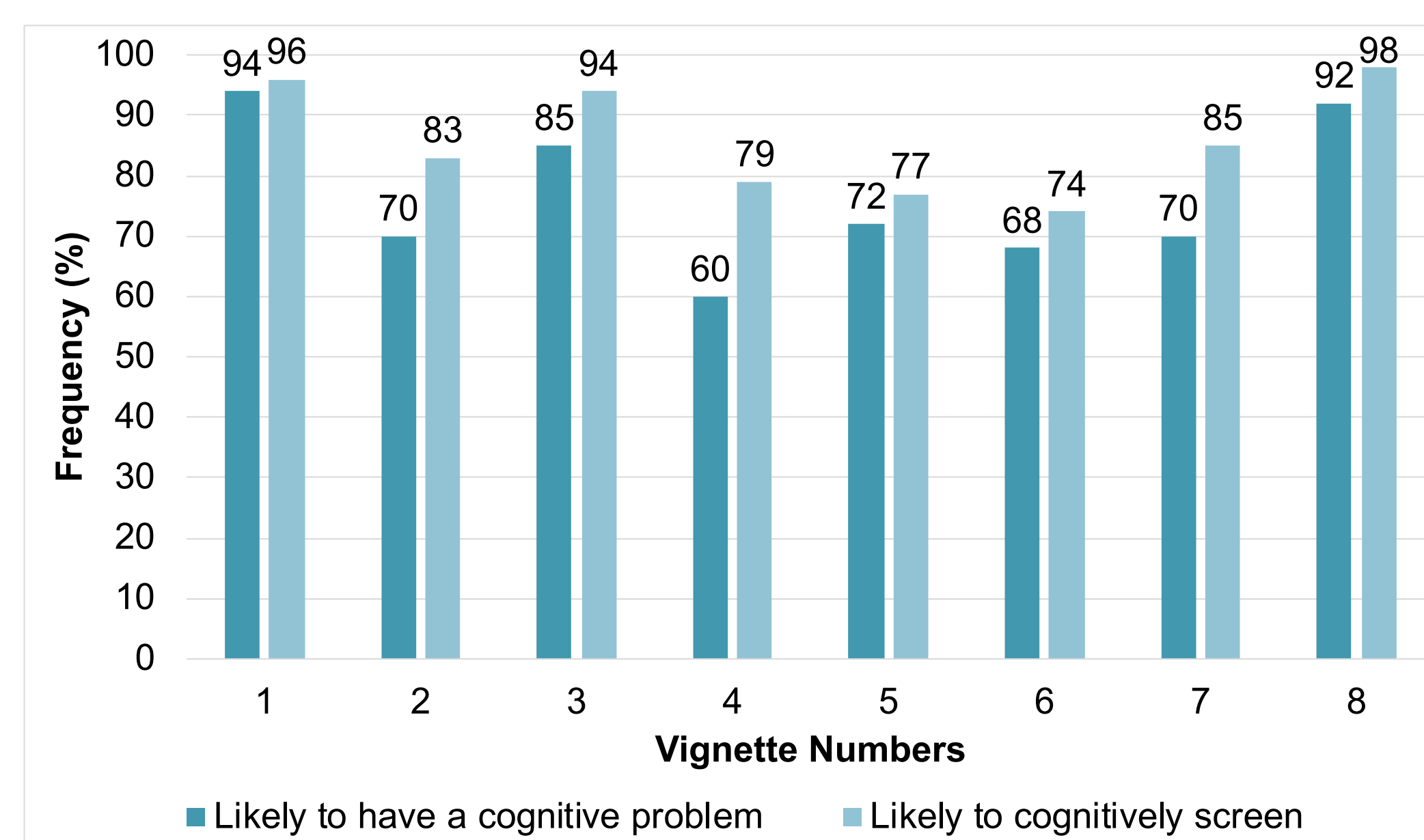
Vignettes

- OTs recruited through special interest groups and social media.

- **Eight patient scenarios -** each contained signs and symptoms of two common cognitive problems after stroke.

- OTs asked if:
  1) the patient was demonstrating issues with cognition and what they were,
  2) how likely they were to cognitively assess that patient
  3) what assessments they would use.

- Data were descriptively analysed.

Interviews

- OTs and national expert Clinical Psychologists recruited through specialist interest groups and from the vignette study.

- Emphasis on identifying **barriers and facilitators** to undertaking cognitive assessments.

- Analysed using **framework analysis**.

Results

Figure 1: OTs' perceptions on whether patient was displaying cognitive problems and their intention to cognitively screen

- **53 OTs** took part in the **vignette study.**

- 64% (n=34) based in the community, 30% (n=16) based within a hospital, 6% (n=3) worked across both.

- Number of OTs likely to cognitively screen was **consistently higher** than the number who believed the patient showed symptoms of a cognitive issue (Figure 1).

- Problems with **memory** and **neglect** were recognised by most OTs (79%), however **apraxia, visuospatial perception** and **attention** were frequently overlooked.

- The most common identified cognitive assessments were the Montreal Cognitive Assessment (**MoCA**) and Oxford Cognitive Screen (**OCS**). However, **over 30 tests** were identified.

- OTs favoured screening tools that were quick, easy to complete and familiar.

- **21 OTs** and **3 expert clinical psychologist** were recruited to take part in an **interview**.

- 43% were based in the community (n=9), 38% in a hospital (n=8) and 19% worked across both settings (n=4).

- Important issues identified in using and interpreting cognitive assessments were:
  1) Test availability 2) Personal knowledge 3) Personal experience 4) Cost 5) Time.

- **Lack of confidence** and having **a supportive team** was important in interpreting results.

- **Hospital** OTs **routinely screened** patients, however, this was not always the case for **community** OTs.

"I think maybe availability of the test … I think sometimes again from speaking to other therapists it's sometimes knowing what tests to use, you know there's lots." CP3

"Because that's what a lot of people think oh they scored this, that's fine. But actually a lot of it is to do with the way they carried things out and what I've observed while they're doing it." OT6

"Well it's in the standards and guidelines, both our professional guidelines and stroke pathway guidelines, RCTP guidelines, that all patients who've had a stroke should have a cognitive screening." OT8

"[If] there's no evidence of any cognitive problem, and there's no implication for the future, so if they [stroke survivors] don't necessarily drive or work or, you know, if there's no indication of a reason for screening, then we wouldn't do it then." OT1

"So we don't have quite a lot of the assessments we'd like … just because they're £400-500 a time to buy. And then the actual score-sheets can be £60-70 for a pack of 10 or 20 sheets. So actually it's a cost element..." OT5
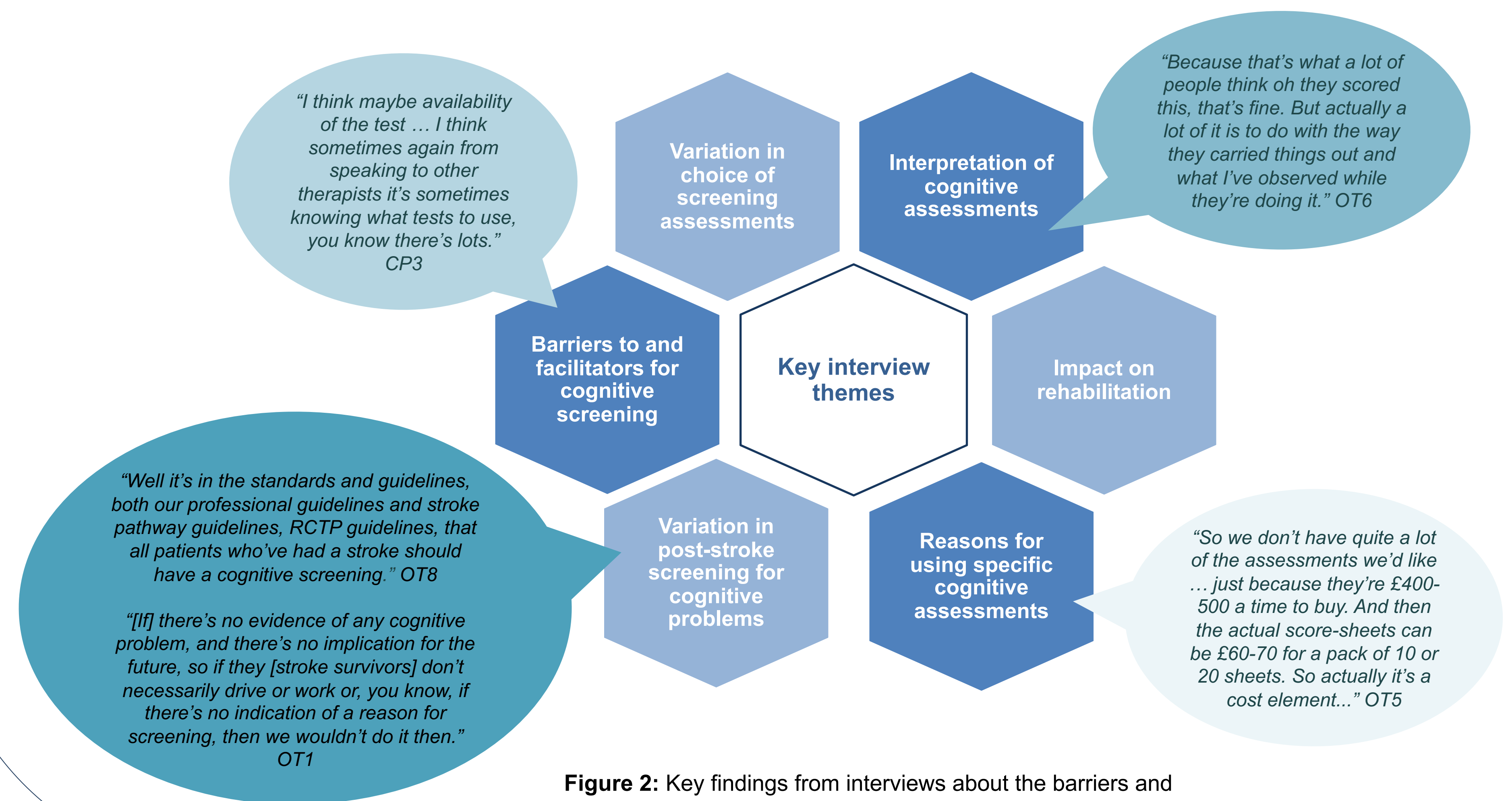
Figure 2: Key findings from interviews about the barriers and facilitators to routinely conducting cognitive assessments.

Conclusions

- There are **inconsistencies** in the identification of common cognitive problems and **not all OTs routinely** cognitively screen patients. There are a large number of tests being used.

- Some OTs **will not** cognitively screen if they believe the patient is **not demonstrating cognitive problems**, **are not working or driving**, or have **language issues** (such as aphasia).

- Variation in the extent to which OTs recognise and assess cognitive problems in the community has **potential to impact on patient care**.

- A third phase of the study will address these issues.

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