

# **Appraising English language Clinical Practice** Guidelines (CPGs) about cognitive assessment in stroke patients

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SIGN stroke 2010





Medical Sciences

## Background:

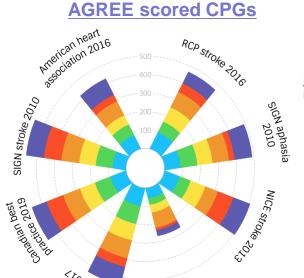
- Currently a myriad of cognitive tools used acutely ? Optimal tool ?Who ? When
- Clinicians look to guidelines to inform the care/improve practice from evidencebased medicine
- Appraise CPGs in adult stroke & synthesis recommendations in clinically useful way

### **CPGs** identified



## Method (with 2 individuals):

- Literature search & extraction of relevant CPGs
- Excerpt characteristics/recommendati ons & evidence base of those CPGs
- AGREE (a validated quality method) score CPGs validated quality method) with intraclass correlation coefficient to ensure reliability
- Synthesis tables of CPG recommendations



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# AGREE

- Domain 1: Scope and Purpose
- Domain 2: Stakeholder Involvement
- Domain 3: Rigour of Development
- Domain 4: Clarity of Presentation
- Domain 5: Applicability
- Domain 6: Editorial Independence

### **Synthesised** Recommendation results:

- Cognitive screening should be routine almost unanimously in CPGs as was presumption of impairment post stroke
- Large degree heterogeneity between CPGs

## **Conclusion:**

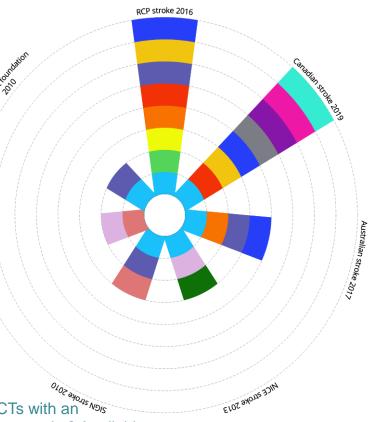
SIGN dysphagia 2010 -Key clinical questions vague/not addressed what tool, by who & when, how to communicate outcome

-Lack of primary research

 Common all CPGS using RCTs with an intervention v gold standard as metric? Appliable

-Cannot correlate AGREE score with CPG quality this must still be done subjectively

#### Synthesised recommendations of CPGs Recommendations



Assume all acute strokes have cognitive impairment and should be screened

If progress is limited do a detailed cognitive test If aphasic SALT to use a

validated test Use cognitive assessments

to guide treatment At discharge or transfer reassess cognition

If returning to cognitively demanding tasks perform a detailed assessment

If persisting problems, consider compensatory or adaptive techniques

Involve a clinical (neuro)psychologist if severe/persisting

problems Communication, cognitive function & capacity should be routinely assessed in

patients with dysphasia Provide appropriate information to

patients/relatives All patients with clinical stroke or transient ischaemic attack should be considered at risk for vascular cognitive

impairment Screening should use a validated tool

Screen for depression in post stroke cognitive impairment

Cognitive assessment should include assessment of relevant

Provide educational materials around post stroke cognition