Cognitive Recovery Trends in Patients With Stroke One-Year PostDischarge From Post–Acute Care Rehabilitation

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DOI: 10.5014/ajot.2023.77S2-PO13

Date presented: April 21, 2023

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PURPOSE: There is little known about the recovery and longevity of cognitive disability following stroke. A recent study found an association between higher occupational therapy intensity and improved cognitive recovery for patients with stroke in post-acute care (PAC) settings (Cogan et al., 2020). The purpose of this study was to identify trends in the recovery of cognition in patients with stroke one-year post-discharge from PAC.

DESIGN: This study was a secondary analysis of data originally collected for a prospective observational cohort study of patients receiving services in PAC. Inclusion criteria for participants were: adults with a primary diagnosis of stroke, received PAC therapy services, and had complete admission, discharge, and follow-up records.

METHOD: To analyze cognitive trajectories, we utilized CogMeas, six items from three legacy assessments in PAC reflecting a unidimensional construct for cognition, to classify participants as having severe, moderate, or mild cognitive impairment at admission, discharge, and one-year follow-up (Cogan et al., 2020; Weaver et al., 2020). We plotted each participant's recovery trajectory from admission to one-year follow-up. To examine associations between trends from admission to discharge and discharge to one-year follow-up we used a Fisher's Exact test.

RESULTS: There were 53 total participants (average age of 79.2 years) with complete records at admission, discharge, and one-year follow-up. Participant trends from admission to discharge from PAC either stayed within the same cognitive impairment group or improved to a higher cognitive impairment group. At one-year follow-up, 15 participants improved to a higher cognitive group, 19 stayed within the same cognitive group (13 at ceiling), and 19 demonstrated an overall decline in cognition. Trends in PAC setting from admission to discharge were not associated with trends from discharge to one-year follow-up (Fisher's Exact = .187).

CONCLUSION: While CogMeas is not sensitive to detect improvement in those categorized with mild cognitive impairment, PAC currently does not have a mandated cognitive assessment to allow for measurement of cognitive recovery across settings. Identifying trends in recovery of cognition will assist occupational therapists in providing person-centered care, as well as advocate for additional occupational therapy services. This study suggests there is a potential gap in clinical care and highlights a need for continued focus on cognitive recovery after discharge from PAC.

References

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