

Symposium: The advantages and pitfalls of cognitive screening in neurological and psychiatric populations

General information

Title of the symposium: "The advantages and pitfalls of cognitive screening in neurological and psychiatric populations"

Organized by: Ro J. Robotham

Chair: Ro. J Robotham

Brief description of symposium (max 70 words)

Cognitive screening tools are popular within the public sector as they are time-efficient and can be administered by a wide range of healthcare professionals. While systematic cognitive screening is the norm within some patient populations, it remains hotly debated in others. The symposium includes talks from researchers working on developing screening tools for different patient populations and intends to provide insights into the challenges advantages and pitfalls of such tools.

Presentation 1:

Title: Domain specific cognitive screening in stroke with the Oxford Cognitive screen

Presented by: Nele Demeyere, Associate Professor, University of Oxford

Abstract:

The Oxford Cognitive Screen specifically measures 5 cognitive domains with high incidences of impairment post stroke: Language, Number, Praxis, Memory, and spatial and executive Attention.

Data from several large cohorts who completed the OCS acutely post stroke are presented. (i) a graphical analysis of merged data from 1400 acute stroke survivors' OCS profiles is presented to demonstrate relationships between the different domain impairments. (ii) acute and 6 month follow up data from the Oxford based cohort is presented to provide estimates of incidence if impairment at both timepoints, including trajectories of recovery and decline for the different domains.

Results show multi-domain impairments typically co-occur, and profiling requires an understanding of both cognitive weaknesses and strengths, as well as overarching domain general impairments. With regards to 6 month follow up data, we demonstrate differential trajectories of recovery, stable impairments and decline for different domains.

Presentation 2:

Title: Brief Assessment of Impaired Cognition (BASIC) – validation of a new dementia case-finding instrument integrating cognitive assessment with patient and informant report

Presented by: Kasper Jørgensen, neuropsychologist, Danish Dementia Research Centre, Rigshospitalet, Copenhagen

Abstract:

Objectives: to develop and validate a brief and accurate case-finding instrument for dementia and cognitive impairment. Based on previous research BASIC integrates cognitive tests with informant and patient report to optimize case-finding accuracy.

Methods: BASIC was prospectively validated in five Danish memory clinics. Patients referred from general practice were tested at initial visit prior to diagnosis. Control participants were primarily recruited among participants relatives. Expert clinical diagnosis constituted the gold standard for classification accuracy.

Results: A high discriminative validity (specificity .98, sensitivity .95) for dementia (n = 122) versus socio-demographically matched control participants (n = 109) was found. In comparison, the MMSE had .90 specificity and .82 sensitivity. Extending the analysis to cognitive impairment (dementia and MCI, n = 162) only slightly reduced the discriminative validity of BASIC.

Conclusions: BASIC is an efficient and valid case-finding instrument for dementia and cognitive impairment in a memory clinic setting.

Presentation 3:

Title: Cognitive screening in patients with depression or bipolar disorder: why, when and how?

Presented by: Kamilla Miskowiak, professor, DMSc, DPhil, University of Copenhagen and Mental Health Services, Capital Region of Denmark

Abstract:

Background: Cognition impairment is a new treatment target to aid functional recovery in affective disorders. However, there is no consensus on whether or how to screen for cognitive impairments in these patients.

Objective: To provide recommendations by an international expert task force for why, when and how to screen for cognitive impairments in affective disorders.

Methods: The task force discussed: (I) should cognitive screening be routinely conducted in clinical settings, (II) what screening tools are most feasible, and (III) if cognitive impairment is detected, what are the implications.

Results: Key recommendations are that clinicians: (I) screen cognition in remitted patients, (II) use brief cognition screening tools like Screen for Cognitive Impairment in Psychiatry, and (III) evaluate the impact of medication and comorbidity, refer patients for neuropsychological evaluation when clinically indicated, and encourage patients to build cognitive reserve.

Conclusions: These clinical recommendations may improve patients' functional recovery and quality of life.