Monitoring/Screening Mood and Cognition in Patients after Stroke

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Presenter Disclosure

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- „Mood and Cognition In Patients Following Stroke’ Best Practices Task Group
Objectives

- Why screen
- Tips for screening
- Brief review of Canadian Best Practice Recommendations for:
  - Vascular Cognitive Impairment (VCI)
  - Post-Stroke Depression (PSD)
- How to choose a tool
- Example of implementing PSD Best Practice Recommendation - Glenrose Inpatient Stroke Trial
Why do we screen?

• Because we want to help!
• Because we want to find problems sooner than later!

• ...thereby enhancing rehab in the short-term and quality of life in the long-term
Tips for screening

• Have privacy if possible
• Explain reasons for screen and gain consent
• Be aware feelings may arise and have time to address in cog and mood ax
• Use your clinical judgement to supplement the results
• With aphasic patients, bring in other strategies – scales, pictures, consult SLP
Choosing the right tool—what to consider

- Time to administer and score the tool?
- Free or fee? Cost of record forms?
- Training to administer the tool?
- Psychometrics?
- Recommended tools for use with stroke population:
  - Table 7.2B of Best Practice 2013, Chapter 7
  - http://strokengine.ca/assess
Best Practice Screening for VCI

• All patients with stroke and TIA should be screened for VCI using a validated tool.
• Patients with other significant risk factors for VCI (e.g., white matter disease evident on imaging) should be considered for screening.
• Screening may measure range of cognitive domains.
• Screening could take place at various stages throughout the continuum of stroke care.
VCI SCREENING

*NINDS - CNS

*MoCA

RBANS

MMSE

FAB

FIM (COGNITIVE)

CAMCOG

KETTLE TEST

* denotes: Recommended First Line Tools
Montreal Cognitive Assessment (MoCA)

- Measures mild cognitive impairment
- Specifically, attention and concentration, executive functions, memory, language, visuoconstructional skills, conceptual thinking, calculations, and orientation
- 10-15 minutes to administer
- Free
- Good psychometrics
All patients with stroke should be screened for depressive symptoms using a validated tool.

Screening should also include evaluation of risk factors for depression, particularly a history of depression.

Suicidality should be queried if suspected or if depression is higher.

Screening should take place at various stages throughout the continuum of stroke care.
PSD SCREENING

*SADQ-10 (aphasic pts)

*GDS

*PHQ-9

*HADS

ADRS (aphasic pts)

BDI-II

CES-D

CDI KIDSCREEN-52 (children)

* denotes: Recommended First Line Tools
PSD Screening at the Glenrose

• HADS (Hospital Anxiety and Depression Scale)
  – http://www.gl-assessment.co.uk/products/hospital-anxiety-and-depression-scale-0

• SADQ-10 (Stroke Aphasia Depression Questionnaire – 10)
  – http://www.nottingham.ac.uk/medicine/about/rehabilitationageing/publishedassessments.aspx
Hospital Anxiety and Depression Scale (HADS)

- Screens for depression and anxiety
- 14 self-report, multiple choice items (7 for A, 7 for D)
- Score of 0-42 (0-21 for each subscale)
- 2-5 minutes to complete
- For a fee
- Good psychometrics
Stroke Aphasia Depression Questionnaire-10 H

- Screens for depressed mood in clients with stroke and significant aphasia
- Observer rating of observed behaviour over the course of a week
- 2-4 minutes to complete each time
- 4-point scale; 0-30 points
- Free
- Good psychometrics
Depression Screening Decision Tree

1. Patient admitted to Stroke Rehabilitation Program
2. Within 7 days nurse administers depression screening tool

Aphasia?

Yes

SADQ-H 10

0 - 5

Normal

1. Nurse notifies MD
2. Nurse presents depression score at Intake Conference
3. Team develops interprofessional care goal and determines appropriate follow-up (i.e. pharmacotherapy, referral to Psychology or Geriatric Psychiatry, etc.)

6 - 30

1. Nurse presents scores at Intake Conference
2. Team develops interprofessional care goal and determines appropriate follow-up (i.e. pharmacotherapy, referral to Psychology or Geriatric Psychiatry, etc.)

No

HADS

Depression = 0 - 3
Anxiety = 0 - 3

Normal

Watchful waiting (nurse presents scores at Intake Conference & team develops interprofessional care goal to closely monitor patient’s mood/anxiety status)

Depression = 4 - 7
Anxiety = 4 - 7

1. Nurse notifies MD
2. Nurse presents scores at Intake Conference
3. Team develops interprofessional care goal and determines appropriate follow-up (i.e. pharmacotherapy, referral to Psychology or Geriatric Psychiatry, etc.)

Depression = 8 - 21
Anxiety = 8 - 21

1. Nurse notifies MD
2. Nurse presents scores at Intake Conference
3. Team develops interprofessional care goal and determines appropriate follow-up (i.e. pharmacotherapy, referral to Psychology or Geriatric Psychiatry, etc.)
Glenrose Inpatient PSD Screening Process

1st week of admission, prior to team conference

Results reported to team

Referral to mental health expert

Prior to discharge

PSD SCREEN

Query Depression

Watchful Waiting

Not depressed

Talk therapy

Medication

Monitor

Screen as appropriate
GRH Stroke Inpt; Dec 2013-Sept 2014 Trial

- Reviewed 146 cases
- At admission:
  - 111 pts received the HADS
  - 7 received the SADQ-10
  - 1 received PHQ-9
PSD Screening at Glenrose Rehabilitation Hospital

HADS-D at Admission

<table>
<thead>
<tr>
<th>Score Category</th>
<th>Number of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>37</td>
</tr>
<tr>
<td>Watchful Waiting</td>
<td>48</td>
</tr>
<tr>
<td>Depression</td>
<td>26</td>
</tr>
</tbody>
</table>
Psych tx

• 101 pts of 146 were referred to psychology
  • 55% received ax only (56/101)
  • 45% received ax+tx (43/101)
  • .02% received only tx (2/101)

• HADS Group:
  • 46% of „depressed” grp received tx (20/26 or 77% of this grp were assessed, including mood)
  • 35% of „watchful waiting” grp received tx (17/48)
  • 24% of „normal” grp received tx (9/37)
Post-stroke screening...

- Can lead to better assessment and more timely treatment...and in rehab, time often matters.
- Relies on nurses’ expertise and unique role.
- Is worth it...but takes time and energy to implement.
- Is a positive, evidence-based change. [http://www.strokebestpractices.ca](http://www.strokebestpractices.ca)

“Change starts when someone sees the next step.” William Drayton
Questions?

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