

Clinicians' experience of identifying and managing patients with dementia & pre-existing cognitive impairment in stroke rehabilitation

Verity Longley verity.longley@manchester.ac.uk

Supervised by Professor Audrey Bowen, Dr Sarah Peters, Dr Caroline Swarbrick

Division of Neuroscience and Experimental Psychology, Faculty of Biology, Medicine and Health
University of Manchester

Background

- People with dementia have poorer functional outcomes after stroke than those without.
- Are poorer outcomes linked to rehabilitation patients receive post-stroke?
- Research shows such patients do benefit from rehabilitation but are less likely to be referred.
- Clinicians have to decide if patients possess rehabilitation potential early after stroke.
- Unknown whether dementia impacts on decisions about rehabilitation potential.

Aims

To identify a) factors influencing decision-making about stroke rehabilitation for people with pre-existing dementia/cognitive impairment
b) how these factors influence clinical practice



Methods

- Individual semi-structured interview with healthcare professionals.
- Purposive sampling from multi-disciplinary stroke teams (acute, inpatient rehabilitation and community services) across two NHS Trusts in Greater Manchester.
- 23 participants from range of professions (OT, Physio, SALT, Nursing, Medicine, Psychology).
- Range of 2 - 25 years experience.
- Audio recorded and transcribed interviews.
- Findings analysed using Thematic Analysis.

Findings

Factors influencing decision-making for ongoing rehabilitation

Gaining understanding of the patient

"We've got a lady that did have dementia before she came in, and [everyone in the team is saying], 'she's really confused...she's not safe to go home'. Actually I've been and assessed her and there's a lot more cognitive going on than a worsening dementia, like perceptually she has no awareness of her left side..." (OT/Physiotherapy)

Clinician's knowledge and expectation of cognitive impairment/dementia

"I wouldn't expect anything to improve [if a patient has a pre-existing cognitive impairment... I just wouldn't expect [them] to change." (OT/Physiotherapy)

Constraints of the model of rehabilitation service delivery

"I think it's been so difficult for me to describe who has got rehab potential... Sometimes it is a gut instinct as well and, yeah, I think it would be good if we did have maybe a bit more guidance on that..." (OT/Physiotherapy)

"We can do what we can to support them but we're not able to rehabilitate them in the sense that they're going to improve" (SLT/Psychology)

Clinician's role within the team

"We generally just like tell the GP that, well...new medical management, we've never actually thought about the social side of things or the like cognitive side of things...Well, it's the GP's problem...Like figure it out." (Nursing/Medical)

Outcome on clinical practice

Accommodate cognitive impairments in rehabilitation

"Trying to get strategies to work on [the deficit], so whether that's compensatory or teaching or equipment or further practice or things like that." (OT/Physiotherapy)

Deprioritise the patient

"If somebody's got quite significant cognitive problems and I feel that they are not going to make massive difference by [...] giving daily therapy, then I will de-prioritise them over...somebody who would benefit from daily input". (SLT/Psychology)

Decision – should the patient receive ongoing rehabilitation?

Conclusions

- Need to distinguish pre-stroke from post-stroke cognitive impairments to identify rehabilitation needs.
- Limited by narrow concept of rehabilitation (functional improvement) towards goals appearing service-led rather than patient-centred.
- Decisions influenced by participants' own knowledge and understanding of dementia, acknowledged to be limited.
- Patients with dementia have difficulty demonstrating rehabilitation potential within limited time frames.
- More support and revised service models required in order to deliver care clinicians feel is in patients best interests.
- Next steps: ongoing cohort study comparing care processes & development of recommendations.