*i*CAHE JC Critical Appraisal Summary
Journal Club Details

Journal Club location	Flinders Medical Centre
JC Facilitator	Pamela Hewavasam
JC Discipline	Speech Pathology
CAT completed by:	Matt Ransom

Question

Does early cognitive impairment after stroke predict outcomes at 6-12 months post-stroke?

Review Question/PICO/PACO

P: Humans over the age of 18 years with a stroke

I: Early cognitive assessment - domain-general or domain-specific cognitive assessments

O: Outcome within the "activity" and "participation" domains of the International Classification of Functioning, Disability and Health (ICF) at 6–12 months post-injury

Article/Paper

Mole, J.A. and Demeyere, N., 2018. The relationship between early post-stroke cognition and longer term activities and participation: A systematic review. Neuropsychological rehabilitation, pp.1-25.

Please note: due to copyright regulations CAHE is unable to supply a copy of the critically appraised paper/article. If you are an employee of the South Australian government you can obtain a copy of articles from the DOHSA librarian.

Article Methodology: Systematic review

The International Centre for Allied Health Evidence (*i*CAHE)
For more information on CAHE Journal Clubs email iCAHEjournalclub@unisa.edu.au
To receive CAHE updates register online at www.unisa.edu.au/cahe

Ques No.	Yes	Can't Tell	No	Comments
1	✓			**Did the review address a clearly focused question?** This review aimed to answer two specific questions: (1) whether domain-general or domain-specific cognitive assessments have a more consistent relationship with outcomes 6–12 months post-stroke, and (2) which cognitive domains are associated with these outcomes.
2		✓		**Did the authors look for the appropriate sort of papers?** Quantitative research – non-intervention studies? Difficult to tell **Is it worth continuing?** Yes
3		✓		**Do you think the important, relevant studies were included?** Search strategy not clearly defined. What specific terms were used? PsycINFO, MEDLINE, CINAHL, and EMBASE were each systematically searched in April 2017. The search terms were grouped into four main areas: population-related, time related, assessment-related, and outcome-related, and were systematically combined. Further studies were identified by searching the reference lists of identified articles and review papers.
4	✓			**Did the review's authors do enough to assess the quality of the included studies?** Yes – Used Downs and Black's (1998) Quality Index modified for use with non-intervention studies See table 3
5	✓			**If the results of the review have been combined, was it reasonable to do so?** Results of the included studies were not combined in a metanalysis. This was appropriate for the study design and aims of the study.
6				**What are the overall results of the reviews?** Early cognitive impairment predicted activities and participation 6–12 months poststroke. This relationship was more consistent when domain-specific cognitive assessment was used. For the domain of activities, visuospatial perception/construction, visual memory, visual neglect, and attention/executive functioning predicted functioning 6–12 months post-stroke. Early domain-specific cognitive assessment may be clinically informative of longer-term activities. For the domain of participation, further well-controlled studies are needed to determine the relationship with early post-stroke cognitive impairments. The authors concluded that acute cognitive impairment predicts activities 6–12 months post-stroke, even when controlling for confounding factors. This relationship was more consistent when domain-specific cognitive assessment was undertaken.

The International Centre for Allied Health Evidence (*i*CAHE)
For more information on CAHE Journal Clubs email iCAHEjournalclub@unisa.edu.au
To receive CAHE updates register online at www.unisa.edu.au/cahe

8	Journal Club to discuss	**Can the results be applied to the local population? Choose relevant context issues. The following are only suggestions to prompt discussion.** **CONTEXT ASSESSMENT** – *Infrastructure* – *Available workforce (? Need for substitute workforce?)* – *Patient characteristics* – *Training and upskilling, accreditation, recognition* – *Ready access to information sources* – *Legislative, financial & systems support* – *Health service system, referral processes and decision-makers* – *Communication* – *Best ways of presenting information to different end-users* – *Availability of relevant equipment* – *Cultural acceptability of recommendations* *Others*
9		**Were all important outcomes considered?**
10		**Are the benefits worth the harms and costs?**
11		**What do the study findings mean to practice (i.e. clinical practice, systems or processes)?**
12		**What are your next steps?** ***ADOPT, CONTEXTUALISE, ADAPT*** **And then (e.g. evaluate clinical practice against evidence-based recommendations; organise the next four journal club meetings around this topic to build the evidence base; organize training for staff, etc.)**
13		**What is required to implement these next steps?**

The International Centre for Allied Health Evidence (*i*CAHE)
For more information on CAHE Journal Clubs email iCAHEjournalclub@unisa.edu.au
To receive CAHE updates register online at www.unisa.edu.au/cahe