

Subjective Cognitive Complaints after Stroke: A Systematic Review

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Background: Most studies to date have assessed poststroke cognitive impairment objectively, whereas less attention is paid to subjective cognitive complaints (SCC). We, therefore, systematically searched the literature to summarize and evaluate the current knowledge about poststroke SCC. *Methods:* Articles were included in this review if the study evaluated SCC in adult stroke survivors, and the publication was an original empirical article from which the full text was available. There were no year or language restrictions. *Results:* Twenty-six studies were found on poststroke SCC. There is a huge heterogeneity among these studies with respect to stroke sample, SCC definitions, and instruments used, but they all showed that SCC are very common after stroke. Other main findings are that SCC tend to increase over time and that there is moderate agreement between patients and their proxies on prevalence and severity of patients' SCC. Furthermore, SCC are inconsistently associated with current depressive symptoms and objective cognitive performances, whereas they may predict future emotional and cognitive functioning. *Conclusions:* This review highlights that poststroke SCC are highly prevalent and that clinicians should take such complaints seriously. More research is, however, needed to gain further insight into poststroke SCC, to be able to accurately inform patients and relatives, and to develop adequate treatment programs. Based on the limitations of the studies to date, suggestions are made on how both future research and ultimately patient-centered care may be improved in stroke survivors. **Key Words:** Cerebrovascular disease—stroke—cognition—subjective cognitive complaints—systematic review.

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Introduction

Cognitive impairment is common in both the acute and chronic phase after stroke and can be evaluated either objectively (using neuropsychological tests) or subjectively (using self-report measures or interviews). To date, most studies investigating poststroke cognition have focused on objective assessment, whereas subjective cognitive complaints (SCC), defined as whether individuals report cognitive difficulties and if so what these are and whether they are irritating and/or worrying for them, are too often ignored. Research on SCC in the general population has typically focused on memory complaints, whereas recent studies have begun to suggest that complaints about other cognitive domains (including attention, executive

Table 1. List of criteria for assessing the quality of studies included

Each criterion receiving 1 point if:

<p>Study sample</p> <ul style="list-style-type: none"> A. Specific inclusion and exclusion criteria are reported. B. Participants are compared with nonparticipants with regard to baseline factors (eg, sociodemographic and stroke characteristics). C. Time interval after stroke (ie, mean and SD or median and range) is reported. D. More than 1 sociodemographic variable (eg, age, gender, education level) of the patient group is described. E. More than 1 clinical variable (eg, type of stroke, lesion side, location, stroke severity) is reported. F. When SCC is evaluated in a longitudinal study, number or percentages of dropouts are reported. <p>Design</p> <ul style="list-style-type: none"> G. The study is prospectively designed. H. The process of data collection is described sufficiently to make replication possible. I. SCC are one of the primary or secondary outcomes. J. SCC are evaluated by a psychometrically sound measure (ie, published questionnaire or standardized interview rather than questions devised by the authors). K. At least one of the following variables is considered in relation to SCC: demographic characteristics, clinical characteristics, emotional complaints (eg, depression or anxiety), fatigue, stress, personality characteristics, or OCP. L. Poststroke SCC are compared with those found in a nonstroke control sample. M. Agreement between self-assessment and proxy assessment of SCC is evaluated. <p>Statistical methods</p> <ul style="list-style-type: none"> N. Recognized statistical techniques are used to analyze the SCC data.

Abbreviation: OCP, objective cognitive performances; SCC, subjective cognitive complaints.

functioning, language, etc.) should also be assessed.¹ The consensus in this field is that SCC are important to attend because they negatively affect daily functioning and quality of life, increase health care consumption, and may be an early indication of cognitive decline.¹⁻⁴ In this systematic review, we aim to summarize and evaluate what is currently known from the literature about SCC in stroke patients.

Materials and Methods

Search Strategy

A systematic literature search was conducted in MEDLINE, EMBASE, PsychINFO, Cochrane library databases, and ClinicalTrials.gov (last updated in April 2013) using key words and synonyms (see [Appendix 1](#)). Reference lists of all included articles were additionally hand searched for relevant publications. Research articles were included if they met the following criteria: (1) the study evaluated patient-reported SCC in adult (≥ 18 years) stroke survivors and (2) the publication was an original empirical article from which the full text was available. Searches were not limited by language or year of publication. When studies reported identical results using the same patient sample, only the most recent publication was included.

Quality Assessment

Two reviewers (M.W.A.v.R. and R.E.M.) independently assessed titles, abstracts, and full-text reports on eligibility. The quality of each of the selected articles was subsequently determined by these raters using a 14-item

checklist ([Table 1](#)). We devised our own tool for this review because an internationally accepted instrument for assessing the quality of observational epidemiological studies does not currently exist.⁵ Disagreement between the raters about eligibility and/or quality was solved by discussion. The scores each article received were intended for descriptive purposes only.

Results

Study Characteristics

Twenty-six studies in total were included (see [Fig 1](#)). They were published between 1987 and 2013. Twenty studies used a cross-sectional design, 4 were longitudinal, and 2 were randomized controlled trials. Five out of the 26 compared stroke patients with a nonstroke control group. There is a huge sample size range across the publications (12-1251), and the samples are quite heterogenic. Twelve studies, for example, included only first-ever stroke patients, 8 evaluated just subjects with a specific stroke type or location (eg, thalamic stroke or left-sided stroke), and 9 focused on independent and home-living subjects only. Mean age of the patients in 3 studies was 50 years or younger (ie, young stroke),⁶⁻⁸ whereas the other publications were more focused on the elderly population (mean age up to 73 years⁹). Studies furthermore differed in the time interval after stroke when the patients were assessed: 9 publications evaluated them in the early phase (≤ 6 months after stroke), 13 in the chronic phase (> 6 months after stroke), and 4 in both phases. See [Table 2](#) for an overview of the study characteristics.

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