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Clinicians' experience of identifying and managing patients with cognitive impairment and dementia in stroke rehabilitation

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Introduction: Pre-existing dementia is associated with poorer functional outcome after stroke but there is a lack of clarity and guidance about decision-making, care processes and outcomes for these patients. In this study we explored how stroke clinicians decide whether a person has pre-existing cognitive impairment in the absence of formal diagnosis, and the impact this knowledge may have on clinical decision-making about stroke rehabilitation.

Methods: Our qualitative study used semi-structured face-to-face interviews with 23 purposively sampled members of stroke multidisciplinary teams from acute, post-acute and community settings across the stroke pathway from 2 UK NHS stroke services. Participants were recruited from 6 professions (nurses, medics, therapists, psychologists), with a range of 2–25 years of experience. Interviews were audio-recorded, transcribed and analysed using thematic analysis.

Results: Clinicians used a range of resources to decide whether a patient had pre-existing cognitive impairments or dementia, mainly relying on social histories from families. Emerging major themes which informed decisions about ongoing rehabilitation were informed by multiple sources and influenced by clinician beliefs, knowledge and understanding of the patient, and working practices. Subthemes were identified within each. Clinicians appeared to modify clinical practice based on beliefs about rehabilitation potential and knowledge of dementia.

Conclusion: Recommendations for practice were drawn from the themes, including a need for more standardised training for staff on pre-existing cognitive impairments. This research aims to contribute to improving care for people with pre-existing cognitive impairments and dementia in stroke services.