

6. Is the MoCA appropriate for use throughout the continuum of stroke care; that is during presentation to medical care when cognitive and /or functional concerns are noted, with suspected vascular cognitive impairment and in acute care, through rehabilitation both inpatient care and in the community?

The MoCA is a relatively new screening tool available for use by clinicians without the significant history that others tools may have. At the present time, research into the use of the MoCA on the continuum of care post stroke is still developing. Several recent trials of the MoCA with stroke have indicated that the MoCA has potential for use at various points in post stroke care and as a result, support is developing for use of the MoCA as a tool to identify cognitive impairment in acute, sub-acute and long term stroke care (Dong, et al., 2010;Godefroy et al., 2011;Pendlebury, Cuthbertson, Welch, Mehta, and Rothwell, 2010; Toglia, Fitzgerald, O'Dell, Mastrogiovanni,& Lin, 2011).

While the evidence for the use of the MoCA is developing, as with any screening tool, positive results (indicating cognitive impairment) should be followed up with further, more comprehensive cognitive testing. Several studies have indicated that while the MoCA demonstrates strong sensitivity to detecting cognitive impairment, it does so at a risk to specificity (accurately identifying those without cognitive impairment). Toglia, Fitzgerald, O'Dell, Mastrogiovanni, and Lin (2011) found that the MoCA was better able to identify cognitive deficits than the MMSE in a small study (N=72) of people following mild stroke in the sub-acute stage (median time post stroke 8.5 days).

Dong, Sharma, Chan, Venketasubramanian, Teoh, Seet, Tanicala, Chan and Chen (2010) found that the MoCA was more sensitive than the MMSE in detecting cognitive impairment in patients within two weeks of a stroke in a study of 100 patients in an acute stroke unit.

Godefroy, Fickl, Roussel,Auribault, Bugnicourt, Lamy, Canaple, andPetitnicolas, (2011) found high sensitivity (accurately identifying those with cognitive impairment, but low specificity (not able to accurately identify those without cognitive impairment) in acute stroke (average of 6.6 days post stroke) and concluded it had moderate sensitivity to detect cognitive impairment in this population.

Pendlebury, Cuthbertson, Welch, Mehta, and Rothwell (2010) assessed 413 people with either TIA or stroke at either 6 months or 5 years post event living in the community. Their findings indicated that the MoCAwas better able to identify cognitive impairment in this population than the MMSE, supporting its use in both short term and long term post stroke follow up.

References

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