





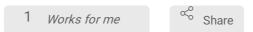
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Assessment of cognition as a predictor of prognosis in inpatients with brain damage: A Scoping Review Protocol

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ABSTRACT

Objective:

The purpose of this study is to determine what cognitive assessments are used to predict or determine outcomes in inpatients with brain damage.

Introduction:

The prognosis of hospitalized stroke and brain injury patients is related not only to physical function but also to cognition. Global mental functions such as the Mini-Mental State Exam (MMSE), Montreal Cognitive Assessment (MoCA), and Functional Independence Measure (FIM) are commonly used to assess cognition in stroke patients. It is not clear whether these assessments are used because they have better predictive discriminating ability than other assessments.

Inclusion criteria:

Patients with stroke, traumatic cerebral hemorrhage, or subarachnoid hemorrhage who are hospitalized are included in the study. Eligibility criteria will consist of studies that use cognitive assessments (global mental functions, higher brain function, memory, attention, neglect, apraxia, disorientation, executive function, multitasking, apathy) as exposure or covariates and examine the association between gait, falls, hospital discharge, activities of daily living, and quality of life. The study design will be observational, but case studies (case reports, case series), intervention studies, and systematic reviews will be excluded. In addition to peer-reviewed articles, conference abstracts will be included in the search. Countries and languages are not restricted. Methods:

Databases (PubMed, Web of Science, Scopus, CINAHL, Igaku Chuo Zasshi) will be used for searching. NPO Japan Medical Abstracts Society operates Igaku Chuo Zasshi. Results will be tabulated by country, publication type, study design, type of analysis (univariate or multivariate), names of cognitive assessments and when to assess them, and type and timing of theoutcome. In addition, we will also add whether there are exclusion criteria due to cognitive impairment such as aphasia and whether studies are comparing the MMSE, MoCA, and FIM-Cog with other cognitive assessments.

ATTACHMENTS

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KEYWORDS

Stroke, Brain damage, Cognition, Inpatient, Prediction

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