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Occupational Therapist-led assessment of functional ability, cognition, mood, fatigue and quality of life in out of hospital cardiac arrest survivors

Monique Debsie-Smith¹, Anthony Bastin¹, Margie Crouch¹, Nikolaos Gorgoraptis¹, Méadbh Keenan¹

¹ Barts Health NHS Trust

Background

Following Out of Hospital Cardiac Arrest (OHCA) survivors may experience neurocognitive problems including cognitive impairment and fatigue which can affect functional ability and quality of life, but can be missed if not screened for. It is not clear what Occupational Therapist (OT)-led assessments are suitable for screening in the acute setting and virtual follow-up.

Materials and methods

OHCA inpatients were assessed using RUDAS, AMTS10 or FreeCog, in function, or remotely post-discharge using TeleCog. Individuals with cognitive impairment were offered further assessment in follow-up clinic within 3 months using TeleCog. Fatigue was examined using VAFS and health-related quality of life using EQ-5D-5L. Data was collected between November 2021 and August 2022.

Results

77 OHCA patients (median age 58 years (range: 23-83), 71 male, 6 female) were assessed; 54% in function and 93% using a standardised cognitive assessment. 50% of patients assessed using the RUDAS (N=32), FreeCog(N=40) or TeleCog (N=18) evidenced impaired memory. 21% of those assessed in function showed impairment of executive function. Patients reported fatigue (VAFS; N=20; mean: 5/10; SD: 2) and impaired quality of life EQ-5D-5L (N=44; mean: 58/100; SD: 26).

Conclusion

OT-led assessment using FreeCog, functional assessment, VAFS and EQ-5D-5L is feasible in a tertiary centre treating a high volume of OHCA patients. Advantages of FreeCog versus AMTS10 and RUDAS include executive function questions and availability of a virtual version. Impairments were noted in a significant proportion of patients whose needs may have not been identified otherwise.

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