

# Stroke researchers link ability to self-administer medication with memory loss

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Dr. Barrett is director of Stroke Rehabilitation Research at Kessler Foundation and chief of Neurorehabilitation Program Innovation at Kessler Institute for Rehabilitation. Credit: Kessler Foundation

Kessler stroke researchers and colleagues have identified an association between over-optimistic estimation of one's own ability to take medications accurately, and memory loss among stroke survivors. Results indicate that assessing patients for their ability to estimate

medication skills accurately may predict memory disorder. The article, "Stroke survivors over-estimate their medication self-administration ability (MSA), predicting memory loss," was epublished ahead of print on May 28 by *Brain Injury*. The authors are AM Barrett, MD, and J Masmela of Kessler Foundation, Elizabeth E Galletta of Hunter College, Jun Zhang of St. Charles Hospital, Port Jefferson, NY, and Uri Adler, MD, of Kessler Institute for Rehabilitation.

Researchers compared 24 stroke survivors with 17 controls, using the Hopkins Medication Schedule to assess MSA, the Geriatric Depression Scale to assess mood, and the Hopkins Verbal Test and Mini-Mental State Examination to assess [memory](#). Results showed that stroke survivors over-estimated their MSA in comparison to controls. Over-estimation of MSA correlated strongly with verbal memory deficit.

Strategies that enhance adherence to medication are a public health priority. "Few studies, however, have looked at cognitive factors that may interfere with MSA," commented Dr. Barrett. "While some stroke survivors have obvious cognitive deficits, many people are not aware that stroke survivors can be intelligent and high functioning, but still have trouble with thinking that can cause errors in medication self-management. These individuals may not realize their own deficits, a condition called cognitive anosognosia. Screening stroke survivors for MSA may be a useful approach to identifying [memory deficits](#) that hinder rehabilitation and community participation and contribute to poor outcomes."

Larger studies of left and right [stroke survivors](#) need to be conducted in the community and rehabilitation settings in order to determine the underlying mechanisms for both over-estimation and under-estimation of self-performance.

**More information:** [DOI: 10.3109/02699052.2014.915984](https://doi.org/10.3109/02699052.2014.915984)

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