

## Cognitive impairment predicts outcomes for ICU survivors

July 1 2022



For intensive care unit survivors, cognitive impairment at hospital



discharge is associated with the risk of new physical disability at six-month follow-up, according to a study published in the July issue of the *American Journal of Critical Care*.

Gerardo Eman, M.D., from the Albert Einstein College of Medicine in Bronx, New York, and colleagues examined the association between cognitive impairment at hospital discharge among intensive care unit survivors from two cohort studies and six-month outcomes. At hospital discharge, <u>patients</u> were screened using the Montreal Cognitive Assessment (MoCA)-Blind; vital and physical disability status were assessed at six months after discharge. A total of 320 of 423 patients enrolled were alive at hospital discharge.

The researchers found that 66.6 percent of patients (213 patients) were able to complete the MoCA near discharge, while 14.7 percent could not complete it due to cognitive impairment. The median score was 17 among MoCA completers. Lower MoCA scores were seen in association with older age and blood transfusion during hospitalization. At follow-up, 82.6 percent of the 213 patients were alive, 23.3 percent of whom had new severe physical disabilities. There was no significant association seen for discharge MoCA score with six-month mortality (adjusted odds ratio, 1.03; 95 percent confidence interval, 0.93 to 1.14), but a significant association was seen with the risk of new severe disability at six months (adjusted odds ratio, 0.85; 95 percent confidence interval, 0.76 to 0.94).

"Future research could focus on developing approaches to integrate cognitive assessment at the <u>hospital discharge</u> time point as a potential prognostic enrichment strategy for rehabilitation interventions geared toward improving disability outcomes after critical illness," the authors write.

More information: Gerardo Eman et al, Utility of Screening for



Cognitive Impairment at Hospital Discharge in Adult Survivors of Critical Illness, *American Journal of Critical Care* (2022). <u>DOI:</u> 10.4037/ajcc2022447

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Citation: Cognitive impairment predicts outcomes for ICU survivors (2022, July 1) retrieved 19 April 2024 from

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