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Submitting author: Mr C K CHEUNG

Post title: Clinical Psychologist, Haven of Hope Hospital, KEC

Stage Matters: Brief Overview of Mood Screening Service for Stroke Patients in Acute, Subacute and Day Rehabilitation Settings

Working Group on Rehabilitative Services, SDS, COC(CP) CHEUNG CK(1), LI S(1), CHO WV(2), Kwok I(3)(4), Lai F(5), LEUNG KK(6), MA E(5), MAK, A (7)

(1)Department of Clinical Psychology, Haven of Hope Hospital, (2)Department of Clinical Psychology, Caritas Medical Centre, (3)Department of Clinical Psychology, Pamela Youde Nethersole Eastern Hospital, (4)Department of Clinical Psychology, Tung Wah Eastern Hospital, (5)Department of Clinical Psychology, Kowloon Hospital, (6)Department of Clinical Psychology, Tung Wah Hospital, (7) Department of Clinical Psychology, MacLehose Medical Rehabilitation Centre

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Introduction

It is known that patients following stroke often experience emotional adjustment and some develop mood problems and disorders. The study pooled together the data from over 500 patients from hospitals across clusters to investigate the trends and characteristics of mood screening scores for stroke patients. Although suggested cut-off scores are available by overseas and local studies, it is hypothesized that the stages of stroke rehabilitation (i.e. acute, rehabilitation & convalescence, day rehabilitation) could be a moderating factor in affecting the overall distribution of level of distress. By contextualizing the patient journey, it may allow local adjustment of the cut-offs and thus improve the sensitivity of the tools.

Objectives

1. Overview the general distribution of mood screening scores across clusters and settings
2. Investigate the hypothesized stage difference in mood screening scores across stages of rehabilitation

Methodology

Available data of mood screening programs among different settings within the study period were pooled together. Descriptive statistics were computed for the distributions of the mood screening scales, including the Geriatric Depression Scale (GDS), Hospital Anxiety and Depression Scale (HADS), and Stroke Aphasic Depression Questionnaire (SADQ). Intergroup comparisons by ANOVA and post-hoc tests for means comparisons would be performed.

Result

1. The pooled data suggested that the mood screening scores resembled normal distribution and the proportion of patients exceeding clinical cut-offs are comparable to the known prevalences of mood problems and disorders among stroke patients for GDS and HADS (around 60% respectively*). 2. Stage difference was found with scores elevation more notable emerging at sub-acute stage of rehabilitation (e.g., means = 17 vs 12* in sub-acute/rehab vs acute in HADS total). Implications on the onset of mood symptoms in rehab settings and the local adjustment for cut-off were discussed. 3. SADQ scores were found to be atypical with clustering of scores below the cut-off (around 84%*), questioning the sensitivity of the tool in screening stroke patients. Implications on further research on the cut-off and the rater issue were discussed. *figures to be finalized