

# What do UK occupational therapists think should be used to identify post-stroke spatial neglect in inpatient and community settings?

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## Introduction to Spatial Neglect

Spatial neglect (neglect) is a disabling syndrome frequently associated with stroke (1). It causes individuals to neglect (pay no or insufficient attention to stimuli) towards one side of space (2,3). Identification of neglect ensures patients receive appropriate rehabilitation (4). The tools used to screen/diagnose post-stroke neglect vary among professionals and countries (2,5). Research has failed to look at the screening/diagnosis of post-stroke neglect in the different clinical settings. Furthermore, it has not identified the best way to screen/diagnose neglect from the viewpoint of UK occupational therapists.

### Aim of the study:

To explore what UK occupational therapists think is best practice for the screening/diagnosis of post-stroke neglect in inpatient and community settings.

Addressing the following questions:

1. What assessment tools should be used?
2. Is there a difference in the tools chosen for an inpatient and an outpatient/community setting?
3. Which assessment tool is the most important?
4. What properties are important in a screening/diagnostic tool for neglect?

## Methods

### Survey:

- Hosted by Qualtrics XM Platform
- A total of 13 questions (11 close-ended, 2 open-ended, i.e., free-text responses) split into four sections:

**A** Demographic questions providing background information on respondents

**B** Questions on the tools that should be used to screen/diagnose post-stroke neglect in an inpatient and outpatient/community setting

**C** Questions on the properties that are important in a screening/diagnostic tool for neglect

**D** Further comments on preceding topics

### Participants inclusion criteria:

- Registered with The Health and Care Professions Council (HCPC) as an occupational therapist
- Currently providing services to stroke patients
- Has treated at least one patient with neglect in the past 12 months

## Results

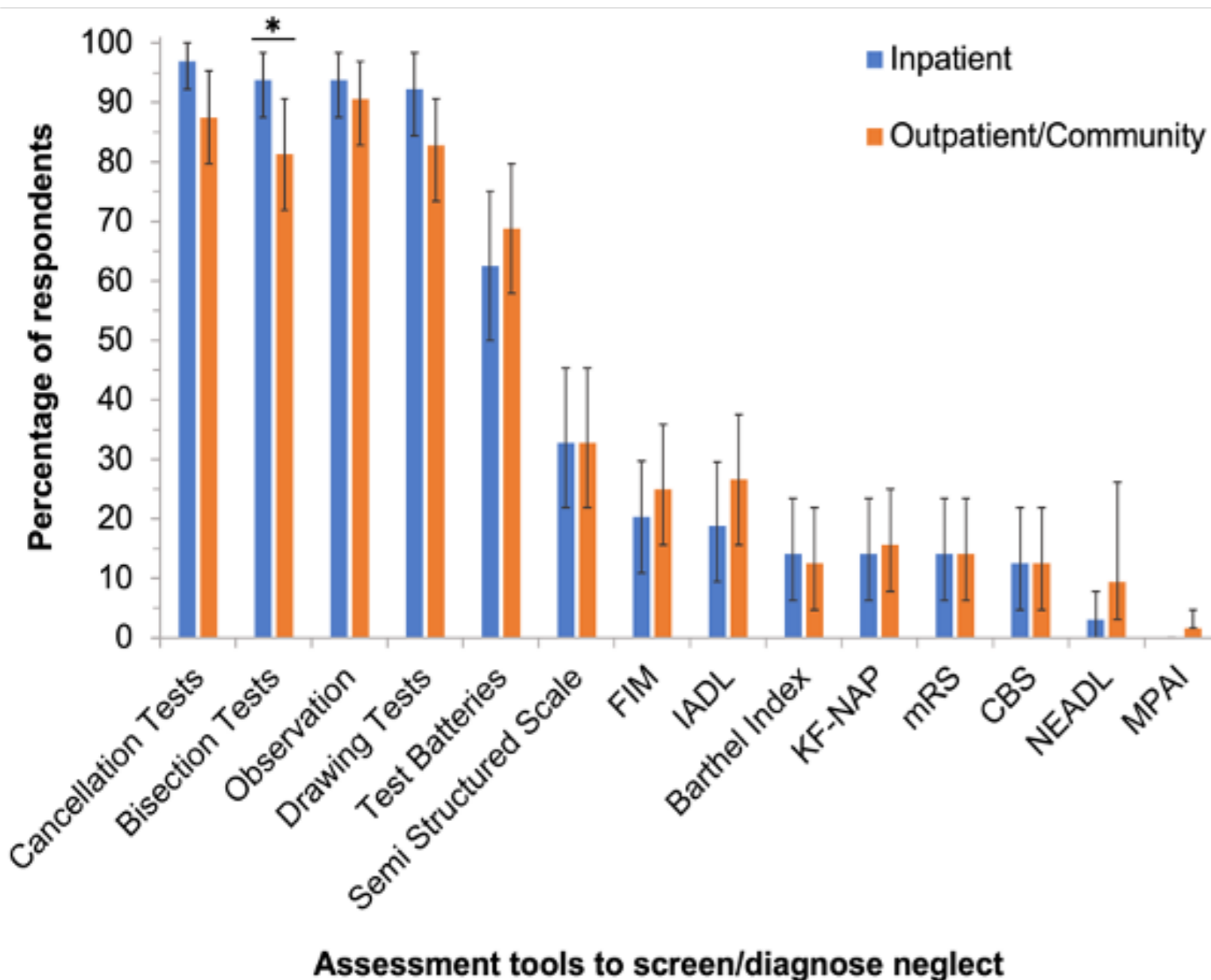
### Participant Characteristics:

A total of 64 participants:

- Clinical setting of work (able to select more than one): 63% inpatient, 48% community, 11% outpatient
- > 60% worked with stroke patients for less than 10-years
- > 75% had seen 10+ patients with neglect in the past 12 months.

### 1. Cancellation tests, bisection tests, observation and drawing tests were the most popular tools selected to be used in an inpatient and an outpatient/community setting

Participants selected the tools they think should be used to screen/diagnose post-stroke neglect in an inpatient and an outpatient/community setting.

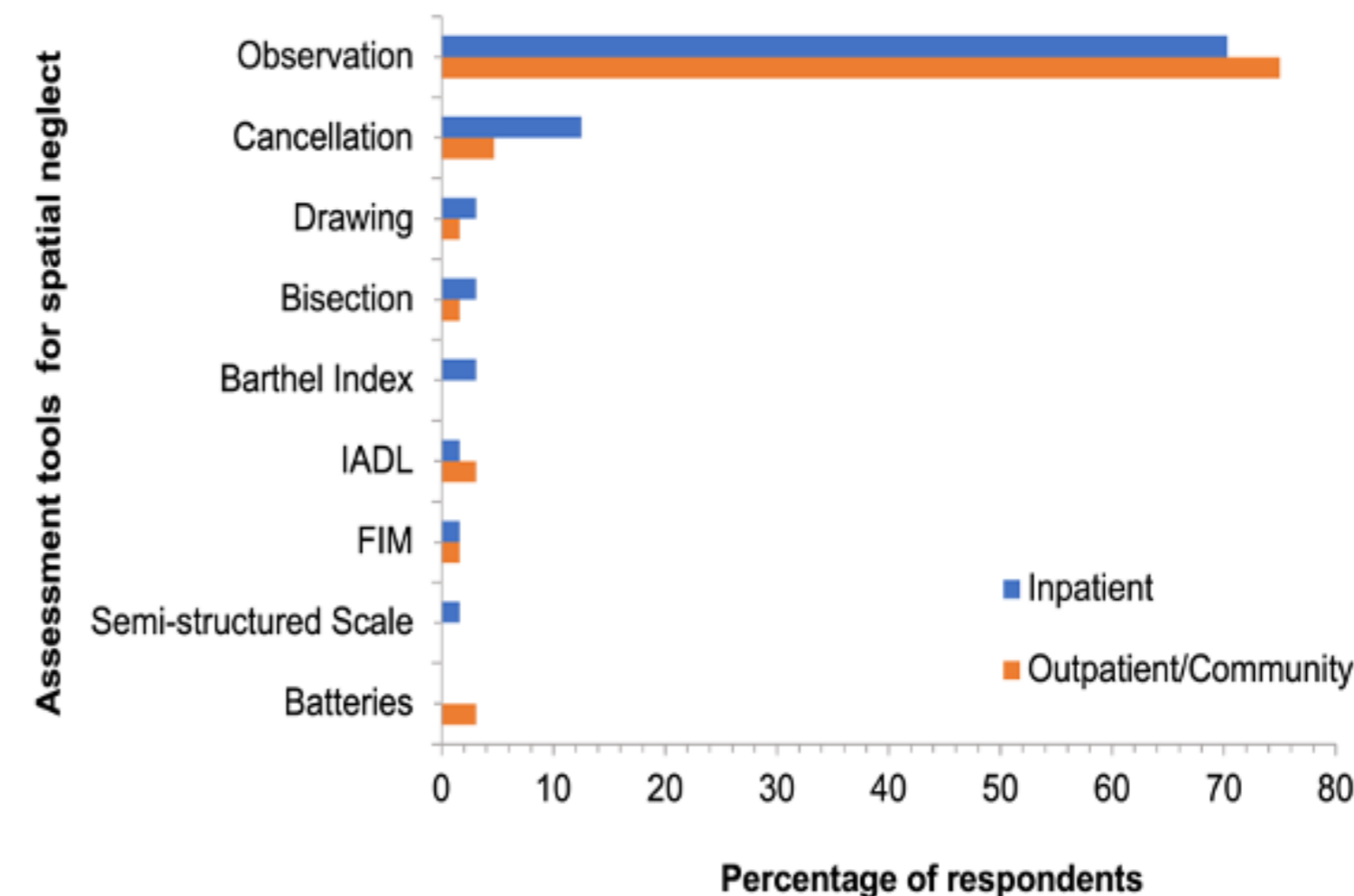


**Figure 1.** Percentage of respondents who selected a tool to screen/diagnose post-stroke neglect in each setting. Error bars represent 95% confidence interval. Asterisks indicate a significant difference between the number of respondents who selected a tool for an inpatient and outpatient/community setting: \* =  $p \leq .05$ .

### 2. Bisection test was the only tool more likely to be selected for use in one setting (inpatient) than the other

### 3. Observation was rated as the most important tool that should be used to screen/diagnose post-stroke neglect

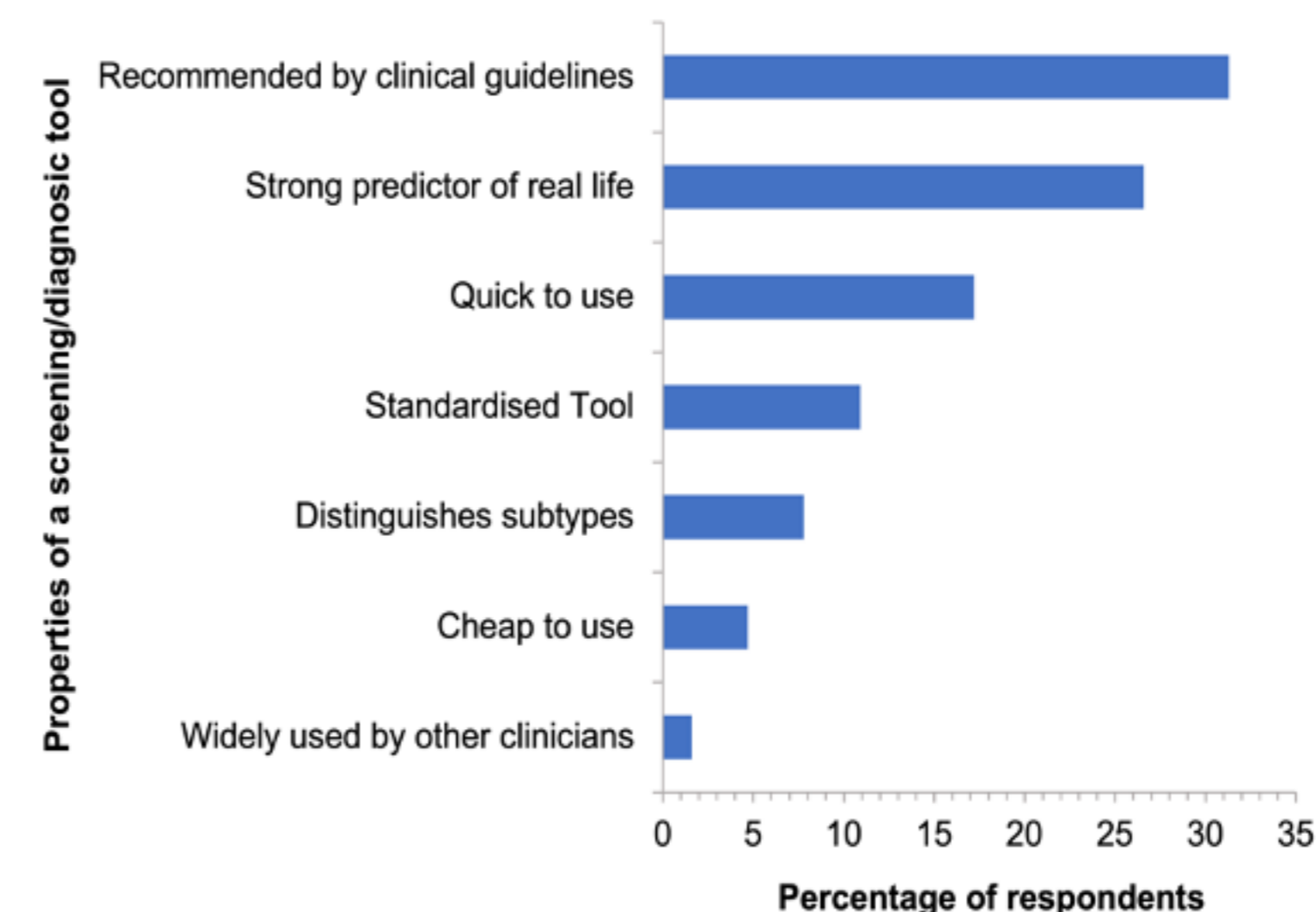
Participants ranked the tools they previously selected based on their importance in an inpatient and outpatient/community setting



**Figure 2.** Percentage of respondents who ranked a tool as most important for an inpatient and outpatient/community setting. Tools that failed to be ranked as most important were excluded from the figure.

### 4. OTs felt that it was the most important that a screening/diagnostic tool for neglect is recommended by clinical guidelines

It is also important that a screening/diagnostic tool is a 'strong predictor of real life' and 'quick to use'.



**Figure 3.** The percentage of respondents who ranked a property as the most important.

## Discussion

The assessment tools that UK OTs recommended (observation, cancellation, drawing, and bisection tests) are similar to those currently being used to screen/diagnose neglect as reported in an international multidisciplinary study (2).

Bisection test was more likely to be selected for use in one setting (inpatient); however, other studies (2, 6) have concluded that bisection tests, more specifically the line bisection test, are not used as frequently in current clinical practice.

In both inpatient and community services, UK OTs reported that observation was the most important tool. The European Academy of Neurology does not include observation in its recommendations for rapid screening but does recommend cancellation tests for primary screening and if possible, the addition of the Catherine Bergego Scale (CBS) (7). However, our study revealed that it was not a popular tool for use in either an inpatient or outpatient/community setting and most participants selected that they did not know the tool.

Occupational therapists value tools that are recommended by clinical guidelines, a strong predictor of real-life and quick to use.

## Conclusion

The findings reiterate the appetite for evidence-based guidelines to help occupational therapists with the screening/diagnosis of post-stroke neglect.

## References

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