

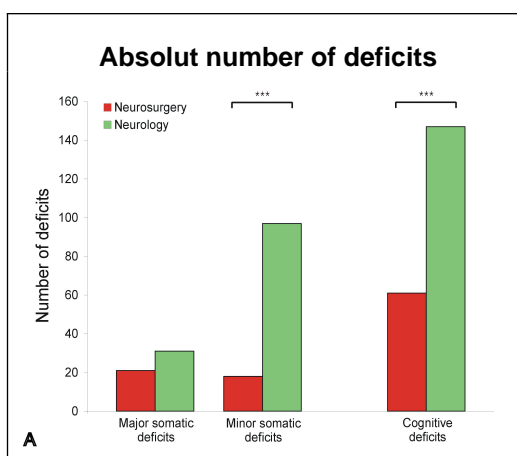
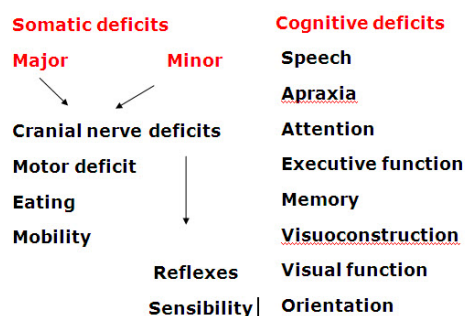
Introduction

For survivors of aneurysmal subarachnoid hemorrhage (SAH), somatic and cognitive deficits can affect long-term outcomes. We were interested in comparing the deficits identified in SAH patients, including cognitive, at discharge by neurosurgeons and deficits identified by neurologists upon admission to the rehabilitation unit on the same day. The assessment of deficits might have an impact on referring patients to rehabilitation.

Methods

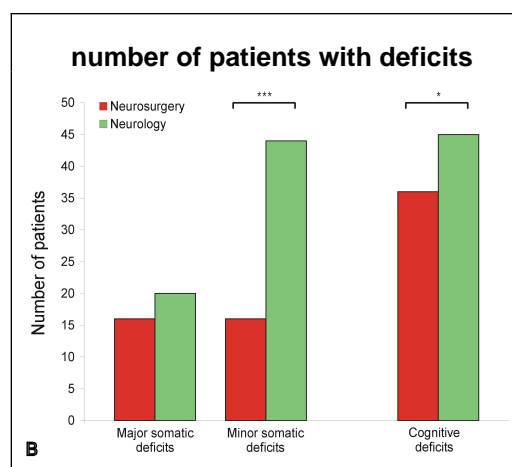
This retrospective study included 494 SAH patients treated between 2005-2010. Of these, 50 patients were discharged to an affiliated rehabilitation unit. Deficits were grouped into 18 categories and summarized into three groups: major somatic, minor somatic and cognitive deficits.

Types of assessed deficits



Results

Of the patients included in the study (n=50), 29 patients were female and 21 were male. The mean age was 52.5 years (SD 8). On admission to the neurosurgical department two patients presented with a SAH Hunt/Hess grade I, 19 patients with grade II, ten patients with grade III, nine patients with grade IV, and ten patients with an SAH grade V. Major somatic deficits were identified in 16 and 20 patients (P=0.53), minor somatic deficits in 16 and 44 (P<0.0001) patients, and cognitive deficits in 36 and 45 (P<0.04) by neurosurgeons and neurologists, respectively. The absolute number of deficits in daily activities identified by the neurosurgeon and neurologist were 100 vs, 275. Neurosurgeons and neurologists assessed 21 and 31 major somatic deficits (P=0.2), 18 and 97 minor somatic deficits (P<0.0001), and 61 and 147 cognitive deficits (P<0.0001), respectively.



Conclusions

Significant differences in assessment of cognitive and minor somatic deficits between neurosurgeons and neurologists exist. Possibly due to different training, time spend on assessment and lack of consequences. Based on these findings it is evident that for the neurosurgeon, there needs to be an increased awareness in the assessment of cognitive deficits and a more routine interdisciplinary approach, including the use of neuropsychological evaluations, to ensure a better triage of patients to rehabilitation or for discharge home.

Learning Objectives

By the end of this session the participants should be

- 1) aware that cognitive deficits after SAH are more frequent than expected and
- 2) that an interdisciplinary approach including neuropsychologists is useful in patient care

References

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