

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Screening and follow-up care for cognitive and emotional problems after transient ischemic attack and ischemic stroke: a national, cross-sectional, online survey among neurologists in the Netherlands
AUTHORS	Slenders, Jos; Van den Berg-Vos, RM; Visser-Meily, Johanna; van Heugten, Caroline M.; Kwa, Vincent

VERSION 1 – REVIEW

REVIEWER	Ihara, Masafumi Kokuritsu Junkankibyō Kenkyū Center, Neurology
REVIEW RETURNED	08-Jan-2021

GENERAL COMMENTS	<p>In this article, J.P.L. Slenders et al found that stroke care practice at neurology departments in the Netherlands is highly variable with regard to screening, information provision and follow-up care for cognitive and emotional problems in stroke survivors. Their findings are interesting but there are still several critical points to be addressed.</p> <p>Major points</p> <ol style="list-style-type: none">1. The nature of hospital is important to interpret the data but the authors did not mention about differences in the answers among university hospitals, large general hospitals, and small general hospitals.2. Was there any difference in the answers between TIA and ischemic stroke in this survey? In general, ischemic stroke has a worse effect on cognition than TIA. The authors should discuss this point.3. This survey is the results only in the Netherlands. The situation of stroke treatment varies from country to country and the significance of this research should be discussed from an international perspective.4. Four respondents used other screening instruments for cognitive problems in this survey (Table 2) but no information was provided about other screening instruments.
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REVIEWER	Langhammer, Birgitta Oslo Metropolitan University, Department of Physiotherapy
REVIEW RETURNED	17-Feb-2021

GENERAL COMMENTS	<p>The paper is interesting and focus on an important issue regarding persons with stroke: the need for a standard examination of cognitive and emotional problems.</p> <p>Comments:</p> <p>The paper is interesting and well written.</p> <p>The paper focuses on an important issue related to acute stroke and possible problems that, if unnoticed by the professionals, may give persons with stroke and their relatives unnecessary frustrations.</p> <p>Two small question regarding the sample: Are there only neurologists involved in the stroke units in the Netherlands, not MDs with other specialties? And for a country with many inhabitants 78 Dutch hospitals seem little? And even less with only 52 neurologist 67% of all? Or did I misunderstand?</p>
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REVIEWER	Sarfo, Fred Kwame Nkrumah University of Science and Technology, Neurology Unit, Department of Medicine
REVIEW RETURNED	05-Apr-2021

GENERAL COMMENTS	This is a well written and focused manuscript assessing the practices of neurologists in screening stroke survivors for cognitive and behavioral deficits. It is an important addition to the literature on gaps in post-stroke care.
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VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Dr. Masafumi Ihara, Kokuritsu Junkankibyō Kenkyū Center Comments to the Author:

In this article, J.P.L. Slenders et al found that stroke care practice at neurology departments in the Netherlands is highly variable with regard to screening, information provision and follow-up care for cognitive and emotional problems in stroke survivors. Their findings are interesting but there are still several critical points to be addressed.

Major points

1. The nature of hospital is important to interpret the data but the authors did not mention about differences in the answers among university hospitals, large general hospitals, and small general hospitals.

We thank the reviewer for his suggestion to add additional insight in the relationship between the nature of the hospital and the type of screening for emotional and cognitive problems. We added two columns in Table 2 and Table 3 to differentiate our results to university and general hospitals. After doing so we concluded that the results are largely the same between university and general hospitals. Therefore, we added the following texts in the revised manuscript:

Revised version, Results, page 9

All respondents from university hospitals (100%) reported to use validated screening instruments when a screening was performed, whereas 35 respondents from general hospitals (83%) reported to use validated screening instruments when screening was performed. Apart from the use of validated screening instruments, screening for cognitive problems after TIA and ischemic stroke was overall comparable between university and general hospitals.

Revised version, Results, page 10

Apart from the timing of screening, screening for emotional problems after TIA and ischemic stroke was overall comparable between university and general hospitals.

Revised version, Discussion, page 11

These results were comparable between university and general hospitals.

2. Was there any difference in the answers between TIA and ischemic stroke in this survey? In general, ischemic stroke has a worse effect on cognition than TIA. The authors should discuss this point.

We acknowledge that the effects on cognition might differ between TIA and ischemic stroke. Consequently, the reviewer addresses a relevant point, since in the questionnaire we did not differentiate between both diagnoses. Therefore, we added the following limitation to our discussion:

Revised version, Discussion, page 11

Besides, in the current questionnaire, no distinction was made between TIA and ischemic stroke. While patients with TIA and ischemic stroke receive comparable follow-up treatment in the Netherlands, it is not known whether the results of the current paper differ between TIA and ischemic stroke.

3. This survey is the results only in the Netherlands. The situation of stroke treatment varies from country to country and the significance of this research should be discussed from an international perspective.

The reviewer marks an important point: stroke care differs per country, while emotional and cognitive problems after stroke are universal. While our results are based on the Netherlands, previous research in the UK and Canada showed comparable results. Therefore, we believe that our discussion appeals to an international readership. Accordingly, we added the following to our discussion:

Previous version, Discussion, page 11

National guidelines recommend screening for cognitive and emotional problems in all stroke patients. Nevertheless, almost half of the respondents reported that they only sometimes, or even never, screened patients for cognitive and emotional problems after TIA or ischemic stroke, which is in accordance with the findings of other studies.(12-17, 19) Previous studies found considerable practice variation for other aspects of stroke care as well, such as secondary prevention and mobilization after stroke.(20, 21)

Revised version, Discussion, page 11

National guidelines recommend screening for cognitive and emotional problems in all stroke patients. Nevertheless, almost half of the respondents reported that they only sometimes, or even never, screened patients for cognitive and emotional problems after TIA or ischemic stroke. Our findings focussed on the clinical practice in the Netherlands and are in accordance with international studies, viz. from the United Kingdom and Canada, which also showed low compliance rates with guideline recommendations to screen for cognitive and emotional problems after stroke.(12-17, 19) Since cognitive and emotional problems after stroke are universal, these low compliance rates might hinder optimal treatment of the consequences of stroke internationally. Therefore, it is important to identify and overcome barriers for screening.

4. Four respondents used other screening instruments for cognitive problems in this survey (Table 2) but no information was provided about other screening instruments.

We provided an extra footnote at the bottom of Table 2 with information about the other screening instruments used by the respondents.

Revised version, Table 2, page 19

§ Other screening instruments included the Cambridge Cognitive Examination (CAMCOG) (n = 1), the

Symbol Digit Modalities Test (SDMT) (n = 1), the Assessment tool for long-term Consequences After Stroke (SIGEB) (n = 1) and a neuropsychological examination (n = 1).

Reviewer: 2

Dr. Birgitta Langhammer, Oslo Metropolitan University, Sunnaas Sykehus HF Comments to the Author:

The paper is interesting and focus on an important issue regarding persons with stroke: the need for a standard examination of cognitive and emotional problems.

Comments:

The paper is interesting and well written.

The paper focuses on an important issue related to acute stroke and possible problems that, if unnoticed by the professionals, may give persons with stroke and their relatives unnecessary frustrations.

Two small question regarding the sample:

Are there only neurologists involved in the stroke units in the Netherlands, not MDs with other specialties?

The reviewer underlines an important point and describes the situation in the Netherlands correctly: only neurologists are involved in stroke units in the Netherlands. As this is not the case in some other countries, we added the following in the method section with regard to the situation in the Netherlands, to clarify our considerations for an international readership.

Previous version, Materials and Methods, page 6

A nationwide, cross-sectional, online survey was conducted in the Netherlands between October 2018 and October 2019. Neurologists in all Dutch hospitals with an inpatient neurology ward were invited to participate in this survey.

Revised version, Materials and Methods, page 6

A nationwide, cross-sectional, online survey was conducted in the Netherlands between October 2018 and October 2019. Neurologists in all Dutch hospitals with an inpatient neurology ward were invited to participate in this survey. In the Netherlands only neurologists, and no other specialists, act as treating physicians at stroke units.

And for a country with many inhabitants 78 Dutch hospitals seem little? And even less with only 52 neurologist 67% of all? Or did I misunderstand?

By the time that the questionnaire was developed, in 2018, there were 78 hospitals in the Netherlands with a stroke unit. A list of all hospitals with a stroke unit can be found on the website of the national government of Netherlands (which unfortunately is only available in Dutch):

<https://www.zorginzicht.nl/openbare-data/open-data-ziekenhuizen-en-zelfstandige-behandelcentra---medisch-specialistische-zorg> → 'Openbaar databestand MSZ verslagjaar 2018 draaitabel per indicator'

While this number is correct, it seems less than it actually is, since some hospitals have more than one location.

In all of these 78 hospitals a neurologist was invited to complete the questionnaire and 52 (67%) completed the questionnaire. These numbers were understood correctly by the reviewer.

Reviewer: 3

Dr. Fred Sarfo, Kwame Nkrumah University of Science and Technology Comments to the Author:

This is a well written and focused manuscript assessing the practices of neurologists in screening stroke survivors for cognitive and behavioral deficits. It is an important addition to the literature on gaps in post-stroke care.

We would like to thank the reviewer for his valuable time.