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| 5F5-1 | 31 Mar | 10：45-11:00 | Chi 中 |
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| Title of presentation演講題目 | Comparing Diagnostic Utility and Equating Scores of the Montreal Cognitive Assessment-5 Minutes Version (MoCA5) to the Mini-Mental State Examination (MMSE) in patients with Stroke |
| Abstract / ppt摘要 / 幻燈 | **Background:** Cognitive impairment is common in the aging population, especially prevalent in patients with stroke. Accurate and timely evaluation of cognitive abilities is essential for proper patient management. Two of the most commonly used cognitive screening scales, the mini-mental state examination (MMSE) and the Montreal Cognitive Assessment (MoCA), are widely used in daily clinical practice and research. Yet, performing MoCA is too time-consuming (~15 minutes) as screening test. A newly developed abbreviated version of MoCA, the Montreal Cognitive Assessment-5 minutes version (MoCA5), is suggested to have equal usefulness as MoCA in detecting cognitive impairment in patients with stroke.**Aims:** The study purpose was to compare the diagnostic utility of the MoCA5 to that of the MMSE and to develop equated scores for future administration.The aims of this analysis were to compare the clinical utility of MoCA5 and MMSE in stroke patients in subacute phase. In addition, a conversion formula was derived between scores of MMSE and MoCA5.**Method:** Patients admitted to medical and/or stroke wards with a primary diagnosis of stroke were recruited. All participants in the clinical sample were administered the MoCA5 and the MMSE during initial interview. The MMSE-MoCA5 relationship was examined retrospectively in a sample of 147 stroke patients. Pearson’s correlation coefficient and simple linear regression were computed. Conversion table of MMSE-MoCA5 was derived after the analysis. **Results:** MoCA5 total score was found to be significantly correlated with the total MMSE score. Pearson’s r was used to examine the relationship between MMSE and MoCA5 in individuals with subacute stroke. A statistically significant result was found. Simple linear regression was used to predict MMSE score from MoCA5 score in the sample. Statistical analysis showed that MoCA5 was a significant predictor of MMSE. **Conclusion:** MoCA5 has been shown to have diagnostic utility as a cognitive screening and detecting cognitive impairment in patients with stroke. A MMSE-MoCA5 conversion table could also be made. MoCA5 could be used as a quick and practical cognitive screening scale for daily use. *(We plan to put the information in internet for participant to download, so you could either provide an abstract or ppt of your presentation)**(我們計畫把資料放在雲盤給參加者下載，請提供摘要或ppt)* |