PREVALENCE OF COGNITIVE DECLINE POST STROKE: PRELIMINARY DATA FROM THE CIPS-TER STUDY

Eleonora Barucci[1], Arianna Cavaliere[1], Giulia Salti[5], Benedetta Formelli[1], Filippo Fratini[1], Francesca Cecchi[2], Cristina Polito[2], Eleonora Pavan[2], Costanza Parenti[3], Giacomo Redi[3], Marzia Baldereschi[3], Antonio Di Carlo[3], Emilia Salvadori[4], Anna Poggesi[1, 5]

[1]NEUROFARBA Department, University of Florence, Italy, [2]Don Carlo Gnocchi Foundation, Florence, Italy, [3]Italian National Research Council, Neurosciences Institute, Florence, Italy, [4]Department of Biomedical and Clinical Sciences, University of Milan, Italy, [5]Careggi University Hospital, Stroke Unit, Florence, Italy

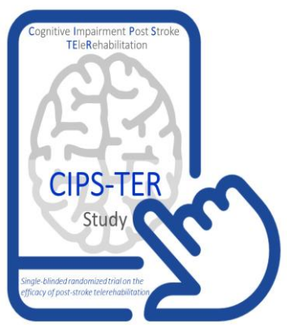
INTRODUCTION

Post-stroke cognitive impairment encompasses all forms of mild to severe cognitive impairment when onset is temporally associated with stroke. The cognitive profile of post-stroke cognitive impairment is heterogeneous and depends on the type, location, and severity of cerebrovascular lesions. Epidemiological data report that approximately 75% of stroke survivors experience cognitive changes in the acute phase, 47% if we exclude patients with pre-dementia. At a medium-long term cognitive impairment persists in approximately 50% of patients, a majority fulfilling criteria for mild cognitive disorder, and it is correlated with worse outcomes in terms of recurrence of new cerebrovascular events, disability, and death. These latter could maximally benefit from cognitive treatment options.

AIMS

The study aims are:

- To assess the incidence of post-stroke cognitive impairment soon after stroke;
- To estimate the number of patients who could benefit from cognitive rehabilitation treatment.



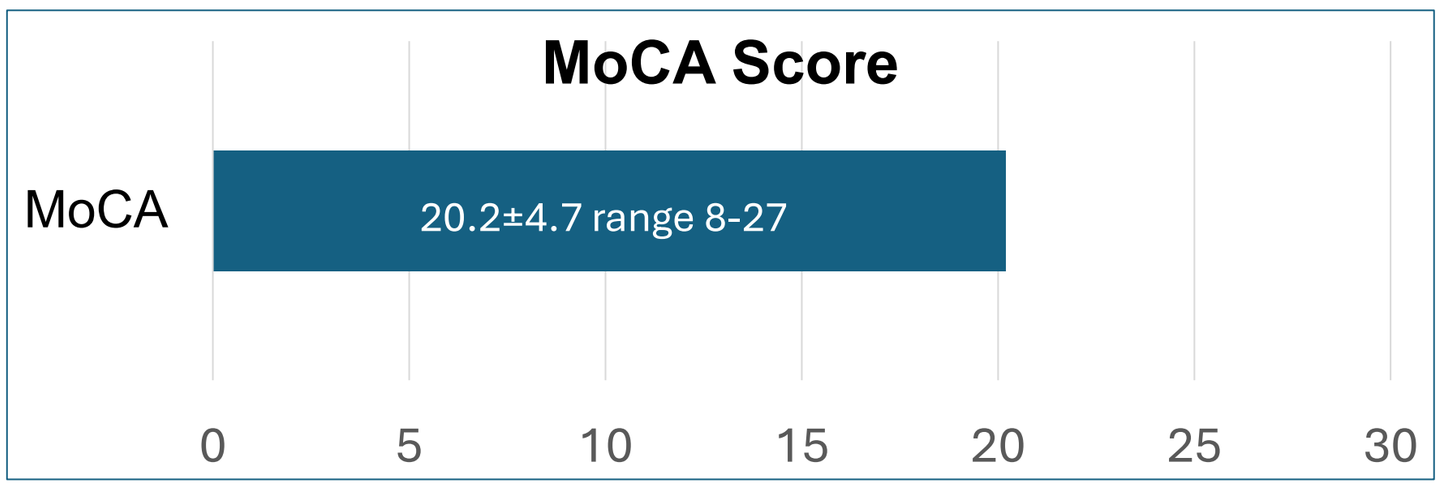
METHODS

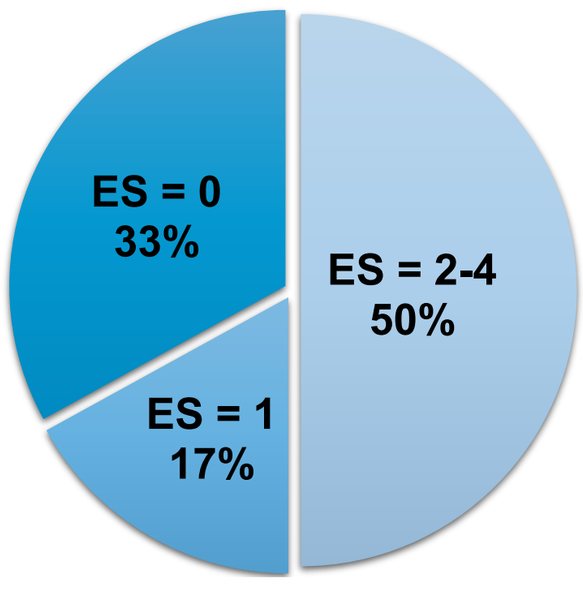
Data come an ongoing longitudinal observational study ongoing at the Stroke Unit in Careggi University, where consecutive patients admitted for ischemic/hemorrhagic stroke are assessed within 5-21 days from onset. Patients are enrolled if they are able to provide informed consent. These undergo a baseline assessment aimed at collecting the following data: demographics, index stroke characteristics, global cognitive efficiency (MoCA), and pre-existing cognitive impairment (IQ-Code).

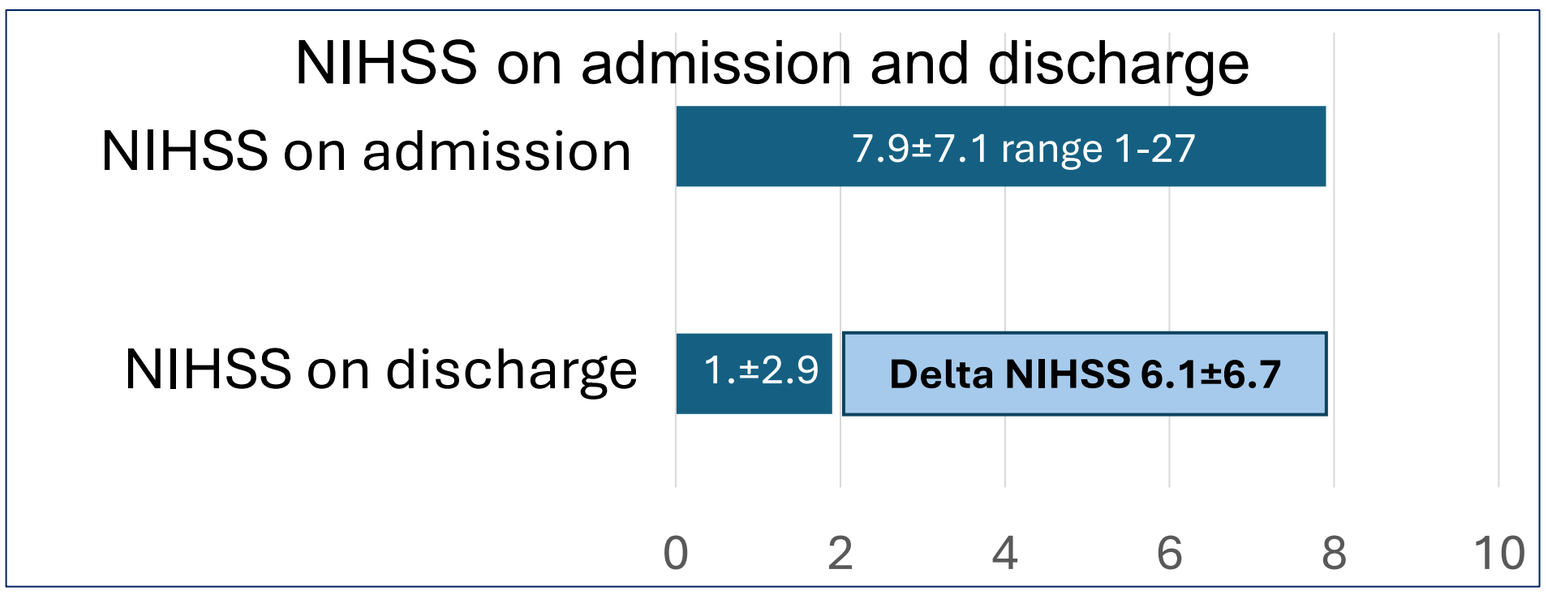
RESULTS

Since April 2024, 184 patients have been evaluated for enrollment, of whom 112 patients signed written informed consent. Reasons for exclusion were: coma, severe aphasia, severe visual or auditory deficits, or refusal. Excluded patients were older (mean age 73.4±16.7 vs. 68.5±15.9 years) with more severe stroke at admission (total NIHSS 11.2±9.14 vs. 7.85±7.06).

	Enrolled patients N=112
Age (years)	68.5 ± 15.9
Sex (female)	52 (46%)
Ischemic stroke	106 (95%)
Pre-existing dementia	8 (7%)
IQ-Code Score	3.05 ± 0.2
MoCA Score	20.2 ± 4.64
NIHSS at admission	7.85 ± 7.06







CONCLUSIONS

Our sample confirms that more than half of stroke patients show post-stroke cognitive deficits in the very acute phase. Such patients, in the absence of prior dementia, could benefit from cognitive rehabilitation treatment. The longitudinal design of our study will allow the assessment of cognitive performances 6 months after stroke.

ACKNOWLEDGEMENT

CIPS-TER - Ministry of University and Research, PRIN 2022

MNESYS – PNRR, Mission 4 Component 2, European Union-Next Generation EU Next.

CONTACT INFORMATION

Eleonora Barucci eleonora.barucci@unifi.it

Anna Poggesi MD, PhD anna.poggesi@unifi.it

24-28 Ottobre 2025
Padova Congress
55° CONGRESSO SOCIETÀ ITALIANA DI NEUROLOGIA