

Insights into Neuropsychological Assessment Rates of Participation in the BC Psychosis Program

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Introduction

The BC Psychosis Program (BCPP) provides care for inpatients presenting with treatment-resistant psychosis (TRP). Patients are approached to undergo neuropsychological assessments as part of routine clinical care, though patients face several potential clinical barriers in completing these assessments. This study aims to: 1) estimate the rates of cooperation in conducting neuropsychological assessments in an inpatient population presenting with TRP, and 2) further explore threats to obtaining valid assessments.

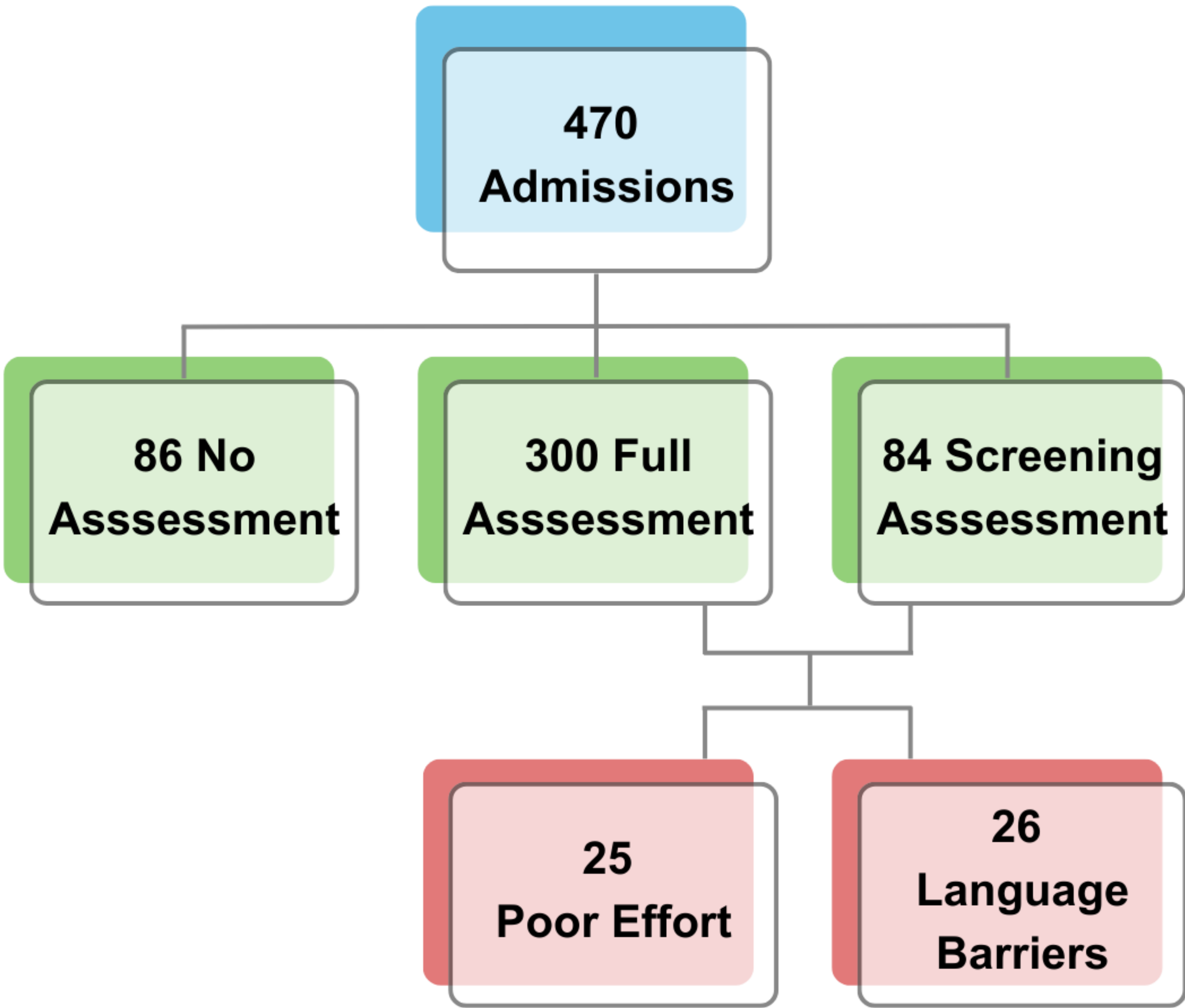
Methodology

As part of the program, all admissions are routinely approached for neuropsychological evaluation. A neuropsychological database of 470 consecutive admissions to the BCPP from the year 2012 until through November 2021 was analyzed. From this pool we determined the percentage of cases who completed full assessment or screening assessments. A full assessment consists of at least verbal and nonverbal IQ testing, verbal and nonverbal memory testing, and multiple aspects of executive functioning testing. A screening assessment involves brief testing using at least 3 cognitive tests but no intellectual assessment. From the subset who participated with testing, we further identified the percentage of cases with behavioural ratings of poor effort and who presented with English language barriers. We also identified the percentage of cases who presented with acute symptoms during testing. Lastly, we determined the average number of testing sessions patients completed and the average duration of these sessions.

Table 1: Demographics and Sample Characteristics (N=470)		
Continuous Variable	M	SD
Age	38.20	13.45
Education (years)	11.54	2.13
Age at First Admission (years)	23.33	8.69
Duration of Illness (years)	14.73	11.57
Duration of Hospitalization (days)	174.93	90.18
Premorbid IQ	95.50	14.86
PANSS Total (admission)	93.55	19.25
RAPP Total (admission)	17.01	9.40
GAF (admission)	25.00	6.61
GAPS (admission)	26.23	6.48
CGI (admission)	5.80	0.86
SOFAS (admission)	28.71	7.39
Categorical Variable	N	%
Sex		
Female	140	29.8
Ethnicity		
Caucasian	321	68.3
Chinese/East Asian	47	10.0
First Nations	27	5.7
Other	67	14.3
Undergoing ECT	79	16.8
Primary Diagnosis		
Schizophrenia	291	61.9
Schizoaffective	117	24.9
Other	54	11.5
Note: PANSS = Positive and Negative Symptoms Scale; RAPP = Routine Assessment of Patient Progress ; GAF = Global Assessment of Functioning; GAPS = Global Assessment of Psychiatric Symptoms; CGI = Clinical Global Impressions Scale; SOFAS = Social and Occupational Functioning Assessment Scale		

Results

Of the patients admitted to the program, 63.8% (n= 300) completed a full neuropsychological assessment, 17.9% (n= 84) completed a screening assessment, and 18.3% (n= 86) did not participate. Of the patients who completed full or screening assessments (n = 384), 6.5% (n= 25) were rated to have demonstrated poor effort during testing, while 6.8% (n= 26) were determined to be facing English language barriers. 116 (24.7%) were determined to be symptomatic during testing. On average, patients completed 2 (SD = 0.979) testing sessions, spanning an average of 4.5 (SD = 15.165) days.



Conclusions

This study suggests that inpatients presenting with TRP face unique clinical challenges that may influence their rates of participation in neuropsychological assessments. Despite this, a large majority of patients in such clinical settings can be expected to participate in assessments that provide clinically useful information. Patient cooperation through the reduction of barriers may enhance clinical care. These data further alert clinicians to consider the barriers that impact the validity of results, and to take the necessary steps in modifying assessment practices.