



ACCEPTABILITY OF REMOTE COGNITIVE AND CLINICAL FOLLOW-UP ASSESSMENT IN THE OXFORD BRAIN HEALTH CLINIC

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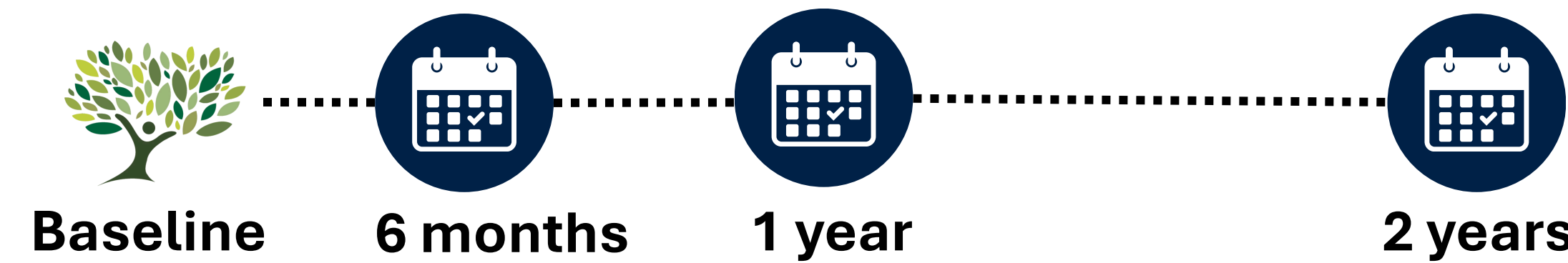
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BACKGROUND

- NICE recommends post-diagnostic monitoring in memory services, but increasing demand limits routine follow-up.
- Remote assessment offers one solution but is rarely implemented in clinical settings, and tools are typically designed with younger, research-selective cohorts.
- Acceptability in older, clinical populations is unclear.

Aim: To evaluate the acceptability of a flexible remote follow-up study for NHS patients attending the Oxford Brain Health Clinic (OBHC)¹

STUDY DESIGN & PARTICIPANTS



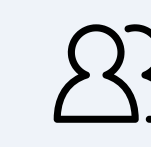
Flexible Assessment



Cognitive Test
Oxford Cognitive Testing Portal (OCTAL) or TICS



Self-report questionnaires
Mood, memory, daily activities, well-being



Informant Questionnaires
Memory, daily activities, psychiatric symptoms

Flexible Format



Online



Telephone



In person

95 consented
(after being contacted up to 2 years after their BHC appointment; 108 did not)

75 started
(82% of those who consented)

61 completed
(81% of those who started the task)

20 declined after consent:
• Fatigue/time constraints = 8
• Visual impairments = 1
• Loss of contact = 1
• Unknown = 10

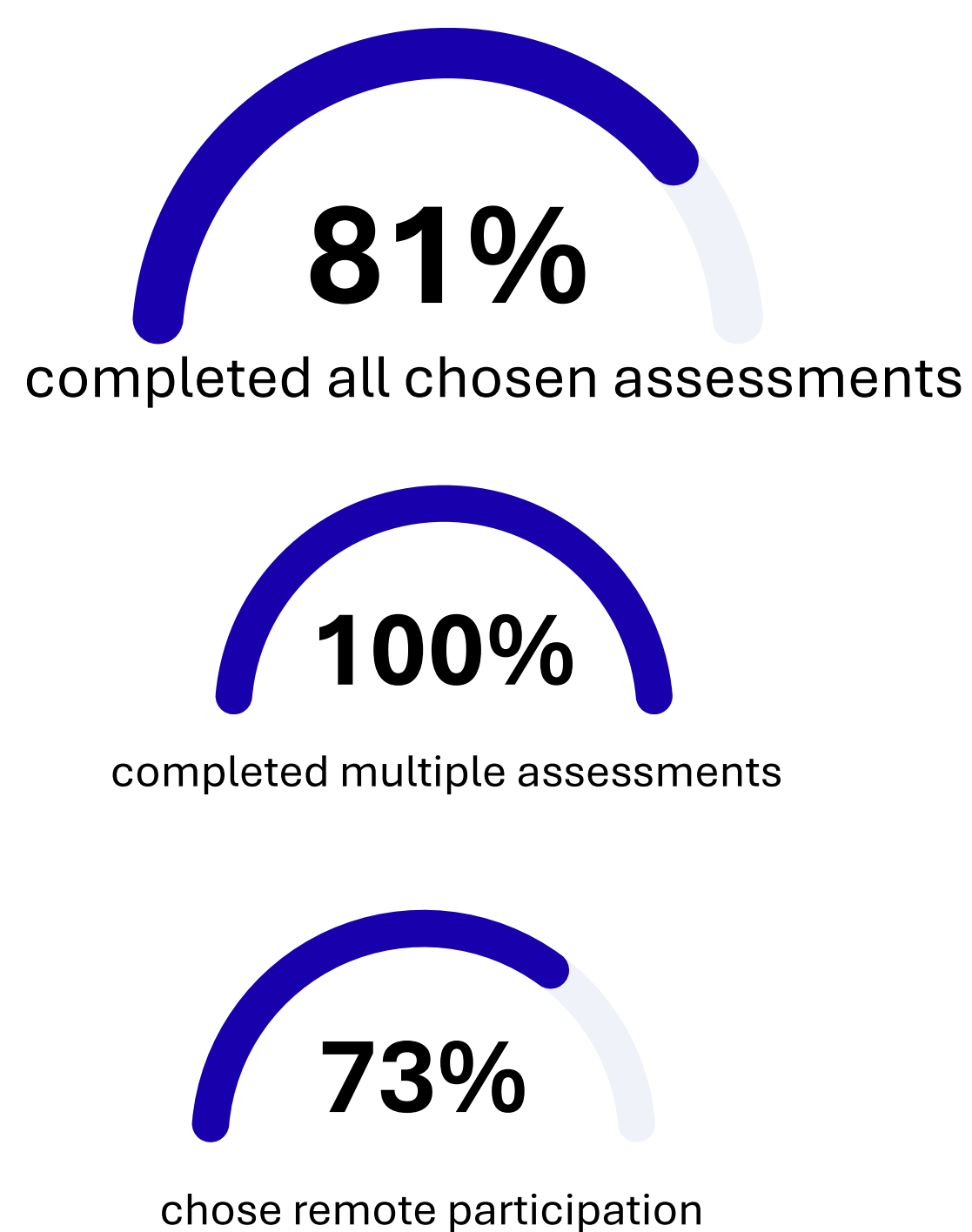
14 abandoned after starting:
• Fatigue/time constraints = 2
• Visual impairments = 1
• Technical issues = 3
• Task difficulties = 2
• Unknown = 6

Also completed by demographically similar healthy volunteers aged 65-92 (mean: 75 years; n = 70 with 88% completion rate).

Extensively co-produced with patients and the public to prioritise participant choice

RESULTS

1. High completion of remote follow-up in the clinical population

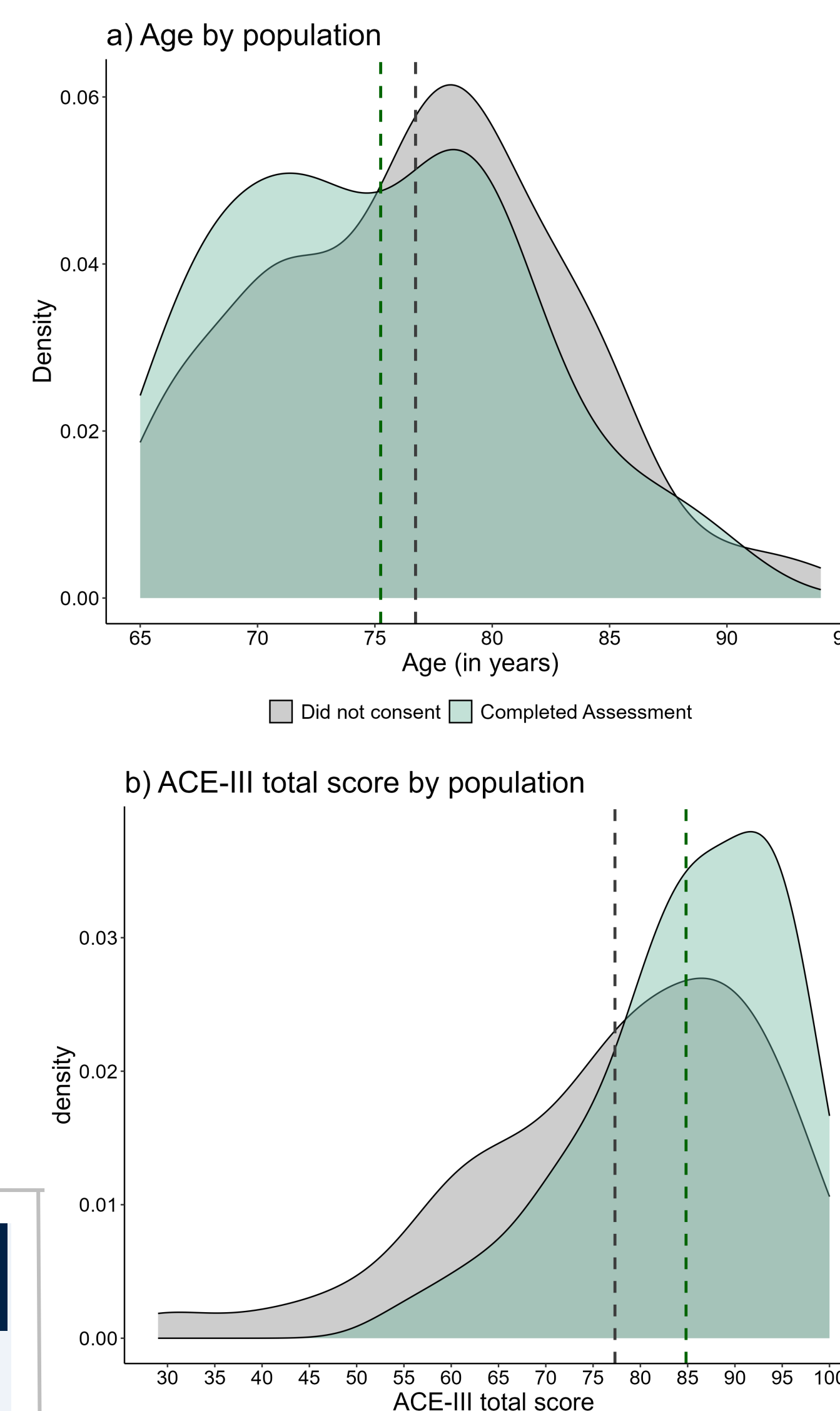


2. Older age and diagnosis were not barriers to participation

Participation was not associated with age, sex, diagnosis, education or ethnicity for patients or healthy volunteers.

	OBHC patients who completed study (n=61)	OBHC patients who did not consent/complete (n= 142)	p
Baseline age in years, mean (range, sd)	75.25 (65-90, 6.23)	76.73 (65-94, 6.40)	.13
Sex, % Female	54.10%	45.10%	.24
Baseline ACE-III total score, mean (range, sd)	84.67 (55-99, 10.30)	77.31 (29-99, 10.30)	<.001
Education in years, mean (range, sd)	13.75 (8-21, 3.25)	13.84 (8-30, 3.51)	.88
Diagnosis, % (n)			
Dementia Related Diagnosis	20.4% (10)	42.1% (10)	.23
Mild Cognitive Impairment	42.9% (21)	25.6% (21)	
No Dementia Related Diagnosis	36.7% (18)	32.3% (18)	
Time between baseline & follow-up in months, (range, s.d.)	16.85	13.57	.06

OBHC = Oxford Brain Health Clinic, s.d. = Standard deviation, ACE-III = Addenbrookes Cognitive Examination-III.



3. Digital cognitive performance reflected expected age and cognitive differences

Participants completed the Oxford Cognitive Testing Portal (OCTAL) or mini-OCTAL. Results below are from:

- Object-in-Scene (OIS): visual episodic memory task
- Digit Symbol Substitution Task (DSST): processing speed and attention task

Mini-OCTAL correlation with age (Healthy Volunteers, n = 55)

	r	q (FDR)
OIS Location error	0.59	<.001*
DSST Correct (n)	-0.35	.03*
DSST Reaction time	0.32	.04*

r = Spearman's correlation coefficient; q(FDR) = False discovery

Mini-OCTAL correlation with ACE-III (OBHC patients, n = 43)

	r	q (FDR)
OIS Correct rate	0.46	.009*
OIS Location error	0.44	.007*
DSST Correct (n)	0.49	.007*
DSST Reaction time	0.46	.007*

r = Spearman's correlation coefficient; q(FDR) = False discovery

CONCLUSIONS

Meaningful patient choice may enable acceptable and practical remote monitoring within NHS memory services.

- The co-produced, flexible remote follow-up was acceptable to patients attending a memory assessment service (the Oxford Brain Health Clinic), with high completion rates.
- Participation was not systematically biased by demographic factors or diagnosis and study engagement was observed across a range of cognitive abilities and diagnoses.

References: ¹O'Donoghue et al., 2022, BMJ Open.

