

Introduction: Spirituality and religiousness are not so far extensively investigated in patients after stroke.

Objectives: The aim of this preliminary study is to explore whether self-reports in two questionnaires measuring the personal experience of spirituality and religiousness can influence cognition and more specifically performance on neuropsychological tests examining attention.

Methods: Fifteen male stroke patients participated voluntarily one year after their hospitalization. The mean age of the patients was 75.58 years (SD = 7.50, range 61–90), level of education 15.47 years (SD = 3.82). In addition to that, fifteen controls with similar demographics, free of physical and mental diseases, were also examined. Depressive symptoms of the participants were assessed with the 15-item Geriatric Depression Scale. The Daily Spiritual Experience Scale, the Systems of Belief Inventory (SBI-15R) and a number of standardized tests examining attention were administered: Trail Making Test-Part A (TMT-A) time to completion, the Digit Span (WAIS-III) greatest forward span, the Ruff 2 & 7 Selective Attention Test automatic detection speed (ADS) and controlled search speed (CSS).

Results: indicated that there was a statistically significant difference between the control group and the stroke group in attention. No statistically significant difference was found between the two groups regarding the levels of spirituality and religiousness.

Conclusions: Although spirituality and religiousness may be related with quality of life, cognitive functioning such as attention does not seem to be influenced by these variables one year post-stroke. Future research should further investigate the possible influence of the abovementioned factors in post-stroke recovery and rehabilitation.

Keywords: Attention; stroke; religiousness; Spirituality

EPP0855

Stroke patients and visual memory: Exploring the role of spirituality and religiousness

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Introduction: The relationship of spirituality, religiousness and stroke is a topic of interest.

Objectives: The aim of this preliminary study is to explore whether self-reports in two questionnaires measuring the personal experience of spirituality and religiousness can influence cognition and more specifically performance on neuropsychological tests examining visual memory.

Methods: Fifteen male stroke patients participated voluntarily one year after their hospitalization. The mean age of the patients was 75.58 years (SD = 7.50, range 61–90), level of education 15.47 years (SD = 3.82). In addition to that, fifteen controls with similar demographics, free of physical and mental diseases, were also examined. Depressive symptoms of the participants were assessed with the 15-item Geriatric Depression Scale. The Daily Spiritual Experience Scale, the Systems of Belief Inventory (SBI-15R) and a

number of standardized tests examining visual memory were administered: visual perception (copy condition) and memory (Rey-Osterrieth Complex Figure Test-number of correct components on immediate and delayed recall trials and recognition-true positive responses).

Results: indicated a statistically significant difference between the control group and the stroke group in performance regarding visual memory. There was no statistically significant difference between the two groups regarding the levels of spirituality and religiousness.

Conclusions: Visual memory does not seem to be influenced by spirituality and religiousness one year post-stroke. Future research should further investigate the possible influence of the abovementioned factors in post-stroke recovery and rehabilitation.

Keywords: stroke; Spirituality; religiousness; visual memory

EPP0856

Does spirituality and religiousness influence verbal functions in stroke patients?

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Introduction: Patients after stroke may experience different cognitive and emotional changes based on the levels of their spirituality and religiousness.

Objectives: This preliminary study aims to explore whether self-reports in two questionnaires measuring the personal experience of spirituality and religiousness can influence cognition and more specifically performance on neuropsychological tests examining verbal functions.

Methods: Fifteen male stroke patients participated voluntarily one year after their hospitalization. The mean age of the patients was 75.58 years (SD = 7.50, range 61–90), level of education 15.47 years (SD = 3.82). In addition to that, fifteen controls with similar demographics, free of physical and mental diseases, were also examined. Depressive symptoms of the participants were assessed with the 15-item Geriatric Depression Scale. The Daily Spiritual Experience Scale, the Systems of Belief Inventory (SBI-15R) and a number of standardized tests examining verbal functions such as word list learning (number of words on immediate and delayed recall), story learning (number of words on immediate and delayed recall).

Results: showed a statistically significant difference between the control group and the stroke group in performance regarding verbal functions, with the first group showing higher scores. No statistically significant difference was found between the two groups regarding the levels of spirituality and religiousness.

Conclusions: Although spirituality and religiousness may be related with quality of life, cognitive functions such as verbal functions are not influenced one year post-stroke.

Keywords: Spirituality; verbal functions; stroke; religiousness