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The Greek version of the Montreal cognitive assessment in coronary artery disease in Cyprus

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Introduction: Mild cognitive impairment (MCI) is defined as a transitional state between normal ageing and early dementia characterized by an increased impairment of cognitive functions for persons of particular age and educational level (without affection of basic activities of daily living), but not meeting the diagnostic criteria for dementia (Gauthier et al. 2006).

Aims: To assess the psychometric properties of the Greek version of MOCA (MoCA-Gr) in a Greek-Cypriot population with chronic heart disease (CHD) and the comparison of the tools MoCA-Gr and MMSE on the detection of MCI and the relation of demographic factors with MCI were also investigated.

Methods: The study is a methodological survey to validate MoCA-Gr in a specific population. A convenience sample of 150 persons with known CHD were 99 healthy persons (free of heart disease history). MoCA and MMSE questionnaires, along with demographic and clinical information were completed. Content, construct and concurrent validity were assessed. Also, the internal consistency (Cronbach’s alpha) and stability (test-retest) were investigated.

Results: The AUC was found to be 0.834 (p<0.001) indicating that the MOCA-Gr can discriminate between CHD patients and healthy group (Picture 1). Cronbach’s a was also found to be good (0.774).Specificity was found to be 58% and sensitivity 93%.MOCA-Gr and MMSE total scores are highly correlated (r=0.766 p<0.001) within the sample of 150 CHD patients and also highly correlated (r=0.761 p<0.001) within the total of 249 persons (150 CHD + 99 Healthy control group).

Conclusions: MoCA-Gr may assess mild cognitive impairment among CHD patients with good psychometric properties and be more sensitive than MMSE in detecting MCI.