Cerebrovascular Diseases

Online only Supplementheft: Cerebrovasc Dis 41/S1/16: 1 - 313

25. European Stroke Conference

Abstract E-book 2016

Designed and produced by Marion R. Hennerici,
Webmaster of the European Stroke Conference
Cerebrovascular Diseases
e-ISBN 978-3-318-05885-7
e-ISSN 1421-9786)

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P 087

(Ongoing trial)

Blood pressure monitoring in the acute phase of intracerebral hemorrhage: preliminary results of the BP-MONICH study

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Background and purpose: Intracerebral hemorrhage has a higher mortality rate than ischemic stroke in the first four weeks from the event. Previous studies demonstrated the association between this negative outcome and clinical severity at admission, site and size of hemorrhagic lesion and rebleeding. The role of blood hypertension in the acute phase of this condition is still debated and more recent investigations had no conclusive results concerning intensive hypotensive treatment. Aim of this study is the evaluation of the possible influence of blood pressure variability on clinical outcome in hemorrhagic strokes. Material and methods: All patients admitted to our Stroke Unit for spontaneuos intracerebral hemorrhage between January 2014 and January 2015 were enrolled. Demographic and clinical data, vascular risk factors and radiological findings were registered for each patient. A standardized 24-hours blood pressure monitoring was performed whithin 48 hours from symptom onset with a following registration after 5 days. Statistical analysis was performed using t-test and chi-square test. Results: 42 patients were enrolled (median age: 72 years; male: 71%). The main vascular risk factor was blood hypertension (64.3%). Antithrombotic or anticoagulant treatment was present in half of the patients. We observed a moderate severity at admission (median NIH: 10). 4 patients died during hospitalization. Median systolic and diastolic blood pressures were 152 mmHg and 84 mmHg, respectively. Only 8 patients was dipper during the blood pressure monitoring. We observed a significant association between higher mean values of nocturnal blood pressure and clinical severity at admission (p trend < 0.01) and a concomitant association between the non-dipper status and clinical outcome (OR: 2.143; 95%CI: 1.438 - 2.733; p < 0.01). Conclusion: Preliminary results of this study confirmed the influence of blood pressure trend on clinical severity at admission and functional outcome. The importance of a blood pressure monitoring also in the acute phase of intracerebral hemorrhage is related to the possibility of a prompt therapeutical intervention to restore a more pressure physiological trend.

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(Ongoing trial)

The effects of cholesterol level on the performance of CANTAB subtests in healthy adults

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Hypercholesterolemia is a proven risk factor for ischaemic stroke and vascular dementia in young adults.The present study investigated the differences between adult subjects with normal level of total cholesterol, LDL-cholesterol and triglycerides and subjects with hypercholesterolemia in CANTAB subtests performance.
Methods: We analyzed spatial planning, working memory and reaction time data from 57 healthy volunteers with normal everyday functioning (22 males and 35 females), who ranged in age from 44 to 55, mean age 50,37 (SD=3.379). The subjects were tested twice with four CANTAB subtests in different modes.
Results: We found significant differences between both groups in several outcome measures, assessing the performance of Stocking of Cambridge (SOC) and Intra-Extra Dimensional Set Shift (IED). Patients with hypercholesterolemia - total cholesterol > 6.2 mmol/l showed significantly lower incidence of problems solved in minimal moves, compared with those without hypercholesterolemia ($P < .05$); there were significant differences, as well, between those with abnormal levels of LDLcholesterol (>4,1 mmol/l) and those with normal levels of LDL in outcome measures of total latency for IED($P <= .05$), all in the direction of slow performance for those with hypercholesterolemia. We found moderate to high significant correlations: 1/ between SOC subtests measures ($P<.05$) in clinical and in clinical no follow mode; 2/ between the outcome measures of Motor Screening (MOT), Spatial Working Memory (SWM) and IED subtests, assessing the subjects reaction time. Statistically significant group differences found, demonstrate that hypercholesterolemia in normal adult subjects worsens the CANTAB tasks performance and this shows a risk of early cognitive impairment, related to abnormal levels of cholesterol. Our study is in progress.