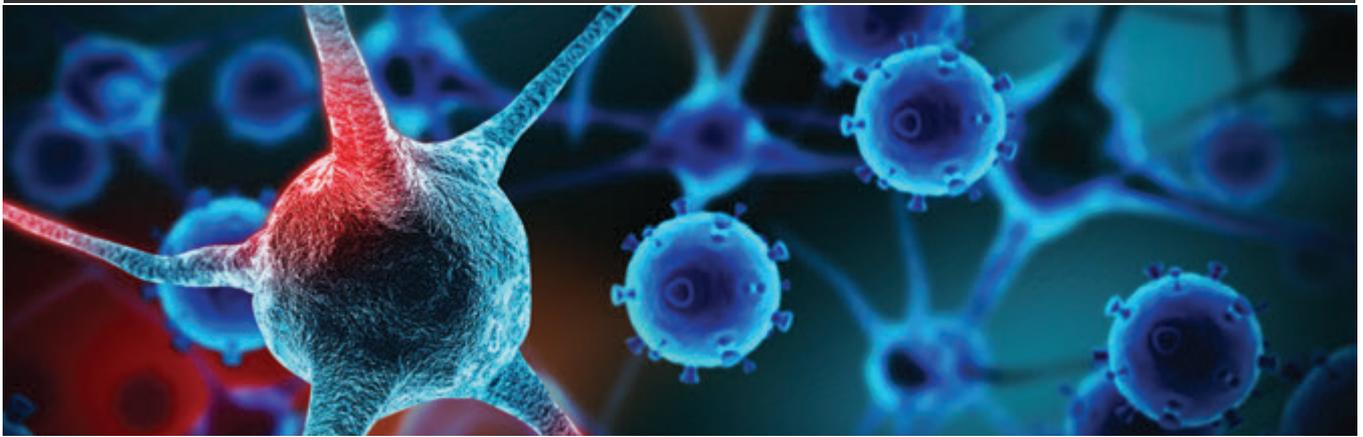


STROKEUPDATE

Vol.10 - Issue 1 - January 2017



Welsh Stroke
Conference

European Stroke
Conference

Stroke
Books

LATE THROMBOLYSIS TREATMENT FOR ISCHAEMIC STROKE IS SAFE

The DIAS-3 trial (Efficacy and Safety Study of Desmoteplase to Treat Acute Ischaemic Stroke [phase 3]) did not demonstrate a significant clinical benefit of desmoteplase administered 3 to 9 hours after stroke in patients with major artery occlusion. "Stroke" Journal in its

December 2016 issue presented the results of the prematurely terminated DIAS-4 trial together with a post hoc pooled analysis of the concomitant DIAS-3, DIAS-4, and DIAS-J (Japan) trials to better understand the potential risks and benefits of intravenous

desmoteplase for the treatment of ischaemic stroke in an extended time window. The trial showed that late treatment with intravenous 90 µg/kg desmoteplase is safe, increases arterial recanalization, but does not significantly improve functional outcome at 3 months.

Stroke Mimic Diagnoses Presenting to a Hyperacute Stroke Unit

Stroke services have been centralised in several countries in recent years. Diagnosing acute stroke is challenging and a high proportion of patients admitted to stroke units are diagnosed as a non-stroke condition (stroke mimics). "Clinical Medicine" Journal from the Royal College of Physicians, London has published a study aims to describe the stroke mimic patient group, including their impact on stroke services. The authors analysed routine clinical data from 2,305 consecutive admissions to a stroke unit at St George's

Hospital, London. Mimic groupings were derived from 335 individual codes into 17 groupings. From 2,305 admissions, 555 stroke mimic diagnoses were identified (24.2%) and 72% of stroke mimics had at least one stroke risk factor. Common mimic diagnoses were headache, seizure and syncope. Medically unexplained symptoms and decompensation of underlying conditions were also common. Median length of stay was 1 day; a diagnosis of dementia ($p=0.028$) or needing MRI ($p=0.006$) was associated with a longer

stay. The study concluded that despite emergency department assessment by specialist clinicians and computed tomography brain, one in four suspected stroke patients admitted to hospital had a non-stroke diagnosis. Stroke mimics represent a heterogeneous patient group with significant impacts on stroke services. Co-location of stroke and acute neurology services may offer advantages where service reorganisation is being considered.

RCP guideline calls for suspected stroke patients to be scanned within 1 hour of hospital admission

New guidance for the treatment of stroke from the Royal College of Physicians (RCP), London calls for all patients to receive an urgent brain scan within 1 hour of being admitted to hospital.

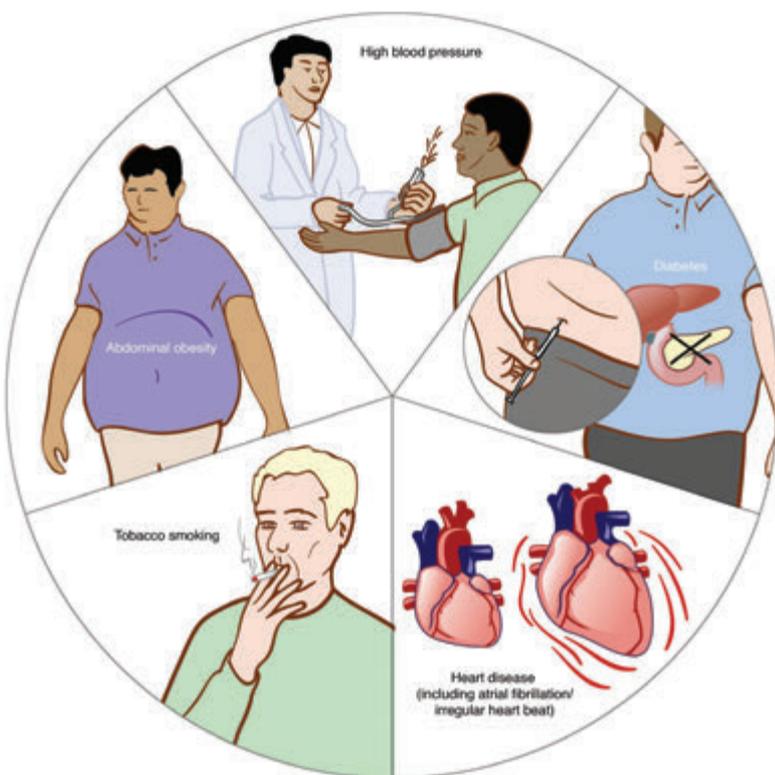
A 1-hour limit for diagnostic assessment, which is a major reduction in the time limit from the previous guidance of 12 hours, is recommended to identify the cause of a stroke and to ensure patients receive the best treatment at the earliest opportunity.

This is according to the latest clinical guideline, published by the RCP's Stroke Programme on October 2016, which forms part of the fifth edition of the National Clinical Guideline for Stroke – the standard for stroke care in the UK. The new edition of the guideline is the first to be published online only, to enable free access for all clinicians.

The guideline recommends that all acute stroke hospitals have access to brain scans 24 hours a day and calls for local stroke services to be

organised to minimise the time to treatment for the maximum number of people, even if this means that some hospitals currently providing acute stroke services hand over treatment to bigger regional centres. These changes will also help more people to receive 'clot-busting' treatments for acute stroke designed to reopen the blocked artery in the brain, treatments which reduce long-term disability for patients and care costs for the NHS.

Risk Factors and Cognitive Relevance of Cortical Cerebral Microinfarcts



Cardinal Stroke Risk Factors

It was recently demonstrated that cerebral microinfarcts (CMIs) can be detected in vivo using 3.0 tesla (T) magnetic resonance

imaging. The authors investigated the prevalence, risk factors, and the longitudinal cognitive consequence of cortical CMIs

on 3.0T magnetic resonance imaging, in patients with ischaemic stroke or transient ischaemic attack (Stroke Journal December 2016).

A total of 231 patients undergoing 3.0T magnetic resonance imaging were included. Montreal Cognitive Assessment was used to evaluate global cognitive functions and cognitive domains (memory, language, and attention visuospatial and executive functions). Cognitive changes were represented by the difference in Montreal Cognitive Assessment score between baseline and 28-month after stroke/transient ischemic attack. The cross-sectional and longitudinal associations between cortical CMIs and cognitive functions were explored using ANCOVA and regression models.

The study concluded that Cortical CMIs are a common finding in patients with stroke/transient ischaemic attack. Associations between CMI with atrial fibrillation and white matter hyperintensities suggest that these lesions have a heterogeneous cause, involving microembolism and cerebral small vessel disease. CMI seemed to preferentially impact visuospatial functions as assessed by a cognitive screening test.



26th EUROPEAN STROKE CONFERENCE
24-26 MAY 2017 | BERLIN | GERMANY

After the most successful 25 years' anniversary meeting in Venice with increasing numbers of international participants from all around the globe, the ESC will be hosted in Berlin, Germany's capital since our founding conference in 1990 in Düsseldorf. We will continue to prepare a highly scientific and educational program covering

new science beyond stroke (stroke and coexisting diseases, stroke and neuro-degeneration in aging populations, interdisciplinary clinical cooperation in acute stroke and stroke rehabilitation etc) with world experts in the field of stroke and concomitant research from Europe and all other continents.

Follow us

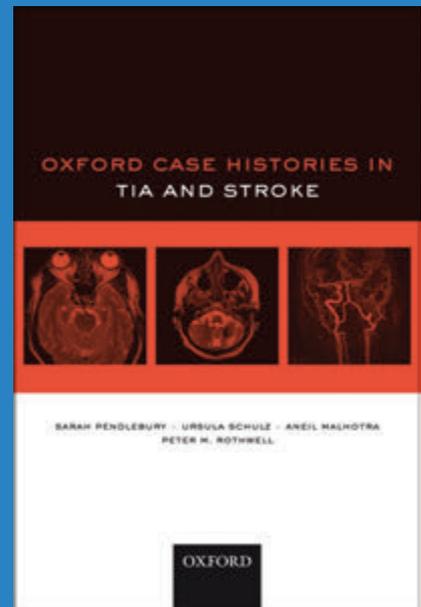


FACEBOOK
 @StrokeUpdate



TWITTER
 @StrokeUpdate

STROKE BOOKS



Oxford Case Histories in TIA and Stroke

Based around the core curriculum for specialist trainees, Oxford Case Histories in Stroke features 51 well-structured, peer-reviewed cases from the Oxford Hospitals giving detailed coverage of the specialty, including diagnostic and management dilemmas.

Each case comprises a brief clinical history and the relevant examination findings; details of investigations undertaken, followed by questions on differential diagnosis and management; and detailed answers and discussion. The question-and-answer format is designed to enhance the reader's diagnostic ability and clinical understanding.

Atrial Fibrillation in Transient Ischaemic Attack Versus Ischaemic Stroke

Compared with ischaemic stroke (IS), the association of atrial fibrillation (AF) with transient ischaemic attack (TIA) is less well established. The authors of this study (Stroke Journal December 2016) aimed to assess the proportion of AF in patients with TIA, and these patients' characteristics and secondary preventive treatment

in comparison to patients with IS. Hospital-based data on TIA and IS events, registered from July 2011 to June 2013, were obtained from the Swedish Stroke Register (Riksstroke). A time-based TIA definition (duration of symptoms <24 hours) was applied. AF was registered as present when previously known or diagnosed at

the time of assessment. The study concluded that AF is highly prevalent not only in IS but also in TIA patients, with proportions steeply increasing with age. In both TIA and IS, a substantial proportion of patients with AF were discharged without anticoagulant therapy.

WELSH STROKE CONFERENCE 2017

Looking forward for the 17th Welsh Stroke
Conference in June 2017

www.welshstrokeconference.co.uk



Editor:

Dr. Amer Jafar, FRCP

editor@strokeupdate.co.uk

© Copyright 2017