thrombolysis. Data collected included age, baseline National Institute of Health Stroke Scale (NIHSS) score, onset time, arrival time, CT imaging & reporting time and outcomes of the event.

Results From 656 admissions, 70 cases of thrombolysis were recorded 56 cases of endovascular thrombectomy. The mean time from onset to arrival was 85 minutes, from arrival to CT was 31 minutes and from door to needle time (DNT) was 108 minutes. Multiple regression analysis revealed an inverse linear association between onset to arrival time and DNT. Age, stroke severity and gender were not shown to impact treatment times. The results showed that there was a paradoxical association between arrival time and DNT. The cause for this was not clearly identified but similar to previous studies is likely to be contributed by a lack of urgency when initiating management.^{1 2}

Conclusion For every 30-minute delay in hospital arrival, there was a 13-minute reduction in DNT. In light of this, education trials to promote 'time equals brain' understanding amongst stroke first responders is being implemented to aim to reduce DNT to less than 80 minutes. The results of this are anticipated to be available in mid 2019.

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030

MANAGEMENT AND ATTITUDES TOWARDS PERSONS WITH EPILEPSY IN GENERAL PRACTICE: HOW FAR HAVE WE COME?

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Introduction Previous surveys of general practitioners (GP) attitudes regarding epilepsy and people with epilepsy (PWE), conducted 20–30 years ago^{1,2}, identified the need for further education in epilepsy care for GPs. This follow up study of GPs in Sydney, Australia, was conducted to determine the degree of changes in knowledge, attitudes and management of PWE, to evaluate if there had been significant improvement during this period.

Methods A piloted questionnaire addressing epilepsy investigations, preferred care provider and attitudes towards epilepsy was developed and completed by a representative sample of Sydney GPs.

Results A total of 52 completed responses were received. 36 out of 47 GPs (77%) chose neurologists as the most important care giver, followed by the GP (9/47; 18.7%), 25/51 respondents (49%) mentioned they never personally initiated anti-epileptic medication (AEM) and another 27% (14/51 GPs) rarely commenced AEM therapy. 6/50 GPs did not mention EEG as a routine investigation and 21/50 did not

mention MRI as routine for PWE. The five most commonly prescribed AEMs, according to frequency were sodium valproate (42), carbamazepine (37), levetiracetam (31), lamotrigine (16) and phenytoin (15). Newer AEMs, available for over a decade in Australia were not mentioned. Emotional, behavioral psychosocial issues were perceived to be more common amongst PWE.

Conclusion The study indicates little perceptual shift regarding GP's attitudes to epilepsy, and significant deficiencies in knowledge, particularly with regards to investigations and management. The findings reinforce a need for more formal training of GPs caring for PWE.

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033

CLUSTER OF CREUZFELDT-JAKOB DISEASE IN THE SOUTH WESTERN SYDNEY LOCAL HEALTH DISTRICT POPULATION IN THE PAST 5 YEARS

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Introduction Noting a perceived increased case-load of Creutzfeldt-Jakob disease (CJD) patients at Liverpool Hospital, in the South-Western Sydney Local Health District (SWSLHD), the authors questioned the accepted death from CJD incidence of 1 per million.

Methods We reviewed the District Health-Information-Exchange (HIE) database for all admissions with CJD diagnoses in SWSLHD hospitals, over a 5-year period 2014–2018. The SWSLHD services a population of 1,001,437. The HIE identified cases were reviewed according to World Health Organization (WHO) diagnostic criteria as used by the Australian national CJD registry. Definite and probable CJD cases were included in the study. Incidence per year was calculated from the final case number across the 5-year SWSLHD population.

Results 26 patients coded with a diagnosis of CJD were identified from HIE database over the period. These cases were critically reviewed and 20 confirmed as definite (n=4) or probable CJD (n=16) cases. The diagnoses of excluded patients (n=6) were herpes simplex encephalitis, paraneoplastic encephalitis, delirium, and 2 with progressive multifocal leukoencephalopathy. Calculated incidence based on 5-year SWSLHD population was 4.16 cases per 1 million population/year.

Conclusions In the 5-year period, we note an incidence of definite and probable CJD cases in the SWSLHD population, four times the national and worldwide reported rates. Cases from the last 2-months of 2018 are pending at the time of submission, which may alter these observations. These findings