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A CASE OF DELAYED POST-HYPOXIC LEUKOENCEPHALOPATHY COMPLICATING DRUG OVERDOSE

¹Min Fong*, ¹Nicholas Rigby, ²Paul Pun, ³Roger Mitchell, ¹Daniel Schweitzer, ¹Andrew Swayne*. ¹Centre for Neurosciences, Mater Hospital, Brisbane, QLD, Australia; ²Mater Health Psychiatry Services, Mater Hospital, Brisbane, QLD, Australia; ³Department of Radiology, Mater Hospital, Brisbane, QLD, Australia

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Introduction Delayed post-hypoxic leukoencephalopathy (DPHL) is a syndrome characterised by neurological deterioration following a period of recovery after an initial hypoxic event with striking white-matter change on magnetic resonance imaging. We present a case characterised by insidious onset and a fluctuating course of cognitive and neuropsychiatric symptoms.

Methods Single case report.

Results A 61 year old lady, with a background history of previously well managed bipolar affective disorder, was found unresponsive following an intentional overdose of temazepam and tramadol. She was hypotensive, hypoxic and required ventilatory and inotropic support. Following extubation, the patient had residual left-sided weakness and MRI confirmed a right frontal watershed infarction. A three week period of clinical improvement was followed by marked deterioration firstly with fluctuating mood and other neuropsychiatric symptoms which progressed to severe impairment of cognition and alertness. There was generalised slowing on the EEG and the CSF was unremarkable. Repeat neuroimaging undertaken on day 41 of the admission, revealed new symmetric and confluent cerebral white matter changes with high signal on the Diffusion Weighted Images (DWI) and Fluid Attenuated Inversion Recovery (FLAIR) images. The patient was managed with supportive care and sustained a clinically significant recovery (MOCA 26/30), despite ongoing cognitive impairments including working memory and deficits in social cognition including mood instability and disinhibition. Repeat neuroimaging 3 months after initial presentation revealed partial resolution of the white matter changes.

Conclusion A diagnosis of DPHL should be considered in patients with variable mood and cognition following initial improvement after a hypoxic event.

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DO CLINICAL NURSE SPECIALIST LED STROKE FOLLOW-UP CLINICS REDUCE POST-STROKE HOSPITAL READMISSIONS AND RECURRENT VASCULAR EVENTS?

¹Alex Kao, ¹Jeremy Lanford, ¹Lai-Kin Wong, ²Anna Ranta*. ¹Neurology, Capital and Coast District Health Board and University of Otago, Wellington, New Zealand; ²Capital and Coast District Health Board and University of Otago, Wellington, New Zealand

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Introduction Post-discharge stroke follow-up clinics have been associated with improved outpatient care and reduced readmission. Pre-2014 there was no consistent follow-up care offered at Wellington Hospital. Our aim was to determine whether the establishment of a clinical nurse specialist

(CNS) follow-up clinic reduced the readmission 12-month rate.

Methods This is a sequential comparison of patient admitted with stroke one year prior and one year after the clinic was established in 2013. The primary outcome was hospital 12-month hospital readmission rate; main secondary outcome was recurrent vascular event. Patients were identified from the hospital discharge records and underwent detailed electronic chart review. Results were adjusted for differences in baseline characteristics.

Results We identified 874 patients; 439 pre- and 435 post-nurse clinic implementation. There was no significant difference between the one-year readmission rate after the establishment of the stroke follow up clinic (adjusted OR=1.06; 95% CI, 0.85–1.64; p=0.804) and no difference in recurrent composite vascular events at one-year (adjusted OR=1.20; 95% CI, 0.68–2.11; p=0.528). The median (IQR) time to follow-up to clinic after discharge was 85 (63–98.5) days. There was a trend towards a reduction in vascular events when limiting the analysis to patients who actually attended clinic, but this trend disappeared when adjusting for baseline inter-group differences.

Conclusions There was no reduction in the one-year hospital readmission or vascular event recurrence rate for patients with stroke following the establishment of a nurse specialist led stroke follow up clinic. Earlier timed follow-up and the psychosocial value offered by these clinics requires further evaluation.

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RECENT TRENDS IN STROKE REPERFUSION IN NEW ZEALAND

¹Andrew Leighs, ²Anna Ranta*. ¹Medicine, University of Otago, Wellington, New Zealand; ²Capital and Coast District Health Board and University of Otago, Wellington, New Zealand

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Introduction Stroke reperfusion therapy improves patient outcomes. Here we describe recent trends in the stroke reperfusion intervention rates, treatment delays, and complications across New Zealand.

Method All 20 DHBs enter acute stroke reperfusion treatment information into a compulsory, centralized, Ministry of Health (MoH) approved and funded Stroke Register. The data from 1/1/2018 through 30/9/18 was cleaned and analysed to explore trends in intervention rates, time delays, and complication rates.

Results In the nine-month study period there were a total of 544 (320 males, mean (SD) age 70.6 (14.5) years) patients thrombolysed and 193 patients underwent thrombectomy. For the January-June period, for which MoH stroke denominator rates were available, there was a thrombolysis rate of 10.4%. The overall median time (interquartile range, IQR) for onset-to-door was 76 minutes (48–118), door-to-computed tomography (CT) scan was 23 (15–36) minutes and CT-to-needle was 33 (20–51) minutes. The overall median (IQR) time delay from hospital arrival to thrombolysis was 59 (40–85) minutes and onset-to-needle median (IQR) time was 145 (110–196). There were a total of 26 (4.8%) symptomatic intracerebral haemorrhages (sICH) for the nine-month period. This compares with a thrombolysis rate of 9.85% and door-to-needle time median of 64 minutes in 2017.