pursuing a nominally 'protective' strategy of vitamin B12 supplementation in the context of continued nitrous oxide exposure.

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PROSPECTIVE STUDY DETERMINING THE PREDICTIVE VALUE OF INATTENTION IN THE EVALUATION OF SUSPECTED ACUTE STROKE: A TERRITORY WIDE STUDY

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Introduction 25%-30% of patients admitted with acute stroke are stroke mimics. Clinical assessment plays a major role in diagnosis in the hyperacute clinical setting. Identifying physical signs that correctly identify stroke is therefore important. A retrospective study¹ suggested that the presence of sensory inattention (or neglect) was seen exclusively in stroke patients, suggesting that inattention might be a reliable discriminator between stroke and mimics. This study aimed to test that hypothesis.

Methods Prospective assessment of suspected stroke patients for the presence of neglect (NIHSS definition). Neglect could be visual and/or somatosensory. The presence of neglect was then correlated with eventual diagnosis at 48 hours. Sensitivity, specificity and predictive values were calculated. A post-hoc analysis evaluated the correlation of neglect with large vessel occlusion in patients who underwent angiography.

Results 115 patients were recruited, 70 ultimately with stroke and 45 with other diagnoses. Neglect was present in 27 patients (of whom 23 had stroke) and absent in 88. This yielded: sensitivity 32.9%, specificity 91.1%, positive predictive value 85.2%, and negative predictive value 41.9%. Two patients with neglect had a diagnosis of functional illness, one a seizure, and one a brain tumour. Neglect was present in 7 out of 8 patients with large vessel occlusion (sensitivity 87.5%) and was absent in all patients who did not have large vessel occlusion on angiogram.

Conclusion When present, neglect is a strong predictor of organic pathology and large vessel occlusion. However, it is not 100% specific and can be seen in functional presentations.

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DIABETIC ULNAR NEUROPATHY WITH NON-LOCALIZING ELECTROPHYSIOLOGY: A NERVE ULTRASOUND STUDY

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Introduction The classification and management of diabetic ulnar mono-neuropathy with non-localizing electrophysiology (NL-UN) is challenging, as this could be due to a focal axonal lesion at the elbow that may require surgery or, be part of

the mono-neuritis multiplex spectrum of diabetic neuropathy. The distinction cannot be made by clinical examination and electrophysiology.

We investigated the value of nerve ultrasound in this situation.

Methods We analysed ulnar nerve ultrasound in 9 consecutive diabetic patients (5 males, mean age 65.4 years) with 12 NL-UN affected nerves. The ulnar neuropathy was clinically and electrophysiologically severe in 9 nerves and moderate in 3.

Results Ultrasound showed diffuse ulnar nerve abnormality in 9 nerves (75%) and focal nerve abnormalities at the elbow in 3 (25%)

Conclusions The majority of NL-UNs in this small sample of patients with diabetes were not due to focal lesions at the elbow. This is in contrast with the nerve ultrasound findings in non-diabetic patients with NL-UN, which almost invariably show a focal lesion at the elbow (Pelosi et al, 2018), and confirms that the pathophysiology of ulnar mono-neuropathy is different and more complex in diabetes.

Ultrasound appears to be a useful tool to classify NL-UN in the patient with diabetes and larger studies are indicated.

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'MY MIGRAINE VOICE: BURDEN OF MIGRAINE AND IT'S MANAGEMENT IN AN AUSTRALIAN COHORT'

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Introduction Migraine is the greatest cause of disability under the age of 50. It impairs ability to function, work and maintain relationships. This survey aimed to assess the impact of migraine and its management.

Methods A questionnaire was sent to patients >18 years old who had taken at least one preventive treatment for migraine in the past. We report here the Australian results.

Results 68% were women, mean age 41 years. 53% were in paid employment whilst 13% received a disability allowance due to migraine. All patients (n=320) in the Australian survey had ≥ 4 migraine days each month. 90% had taken at least one preventive (274), with 80% (194) needing to change the preventive treatments previously. Common comorbidities were depression (41%), anxiety (40%), chronic pain (29%), sleep disorder (25%) and overweight (24%).

Diagnosis rate on initial GP visit was 57%, with 26% receiving a diagnosis in <1 month and 55% by 6 months.

There was greater retention of use (60%) and satisfaction (60%) with acute therapies, compared with use (43%) and satisfaction (53%) with preventives. Dissatisfaction with preventives included lack of efficacy (54%) and too many side effects (36%). Most (>60%) patients reported fear of the next attack, feeling hopeless and difficulty thinking clearly during attacks. Employers were often (69%) aware of the