

12th European Stroke Conference

May, 2003; Valencia, Spain

This meeting, probably attended by a couple of thousand delegates took place from 21st to 24th May in Spain's third largest city. A significant cohort of vascular neurologists and stroke physicians/care of the elderly physicians from the UK attended, but I think it reasonable to say that particularly amongst the former group there was some disappointment at the content of the meeting. This largely reflects an absence of important clinical trials that have come to fruition recently (with one notable exception – the Asymptomatic Carotid Surgery Trial – although sadly preliminary results of this study were not presented at the ESC).

Clopidogrel continues to be aggressively marketed and a multitude of further trials are planned to follow on from MATCH (clopidogrel plus aspirin versus clopidogrel alone to prevent recurrent (cerebro)vascular events) and there is promise for ximelgatran (a direct thrombin inhibitor) for the prevention of stroke and embolism in patients with AF.

Cerebral microbleeds are increasingly found on haemosiderin sensitive gradient echo MR sequences, many presenting as minor non-disabling stroke or "TIA" which may historically have been thought to be due to small ischaemic stroke. Not just in the elderly (probably reflecting cerebral amyloid angiopathy) but also in the younger patient are such changes being found.

What to do with the PFO in cryptogenic stroke remains a vexing question for the neurovascular clinician. An afternoon session attempted to provide some insight, but it probably gave greater insight into dogmatic practice in some centres than into understanding uncertainty. It became readily apparent that PFOs are being detected in many young patients seeing physicians with nonspecific symptoms such as dizziness and closure is being offered in the belief that the PFO is to blame. We heard from a German centre that has admirable experience in endovascular closure of PFOs in almost 1200 patients although there seems to be a 3% risk of developing AF thereafter (despite or because of closure?). The same unit suggested, after analysing data from 597 patients that the annual cerebral ischaemia recurrence rate after the index event and before the closure was 24% and that this fell to 2% after closure.

This annual recurrence rate is quite at odds with the single prospective study of PFO and/or ASA in cryptogenic stroke (appreciating the former series almost certainly included some patients with definite paradoxical embolism who are likely to be at higher risk) and the

casual observer could easily be misled to the belief that any PFO found in any patient with a stroke should be closed. Of course what we need are appropriately designed randomised trials and fortunately these are commencing.

During the final session, recent trial data was presented, the most clinically interesting being findings from the Stroke Prevention by Oral Thrombin Inhibitors in Atrial Fibrillation (SPORTIF III) study and the Women's Health Initiative (WHI).

SPORTIF III looked at the novel oral direct thrombin inhibitor Ximelgatran, which is a fixed BD dosing oral anticoagulant, which achieves therapeutic efficacy on day 1 and requires no blood coagulation monitoring, which is obviously a highly attractive feature. Ximelgatran was compared with dose-adjusted warfarin, with a target INR of 2-3. SPORTIF III was a randomised open-label trial, with blinded end-point assessment involving 3,407 patients at 259 sites in 23 countries across Europe, Asia and Australia. Recruited patients had non-valvular AF plus at least one other risk factor for stroke. 1.6 % of patients per year on ximelgatran had strokes compared to 2.3% on warfarin in the intention to treat analysis. There was a relative risk reduction in stroke of 41% ($p=0.018$) in the on treatment analysis of Ximelgatran patients vs. warfarin treated. There was no significant difference in the rates of haemorrhagic stroke or fatal bleeding between treatments. The main problem identified with this new drug however, was a greater than 3 times the upper limit of normal elevation of transaminases in 6.5% of patients. This was not associated with any symptoms and reduced after drug cessation.

The WHI study is the first randomised placebo controlled trial of combined estrogen plus progestin in the primary prevention of cardiovascular disease, in healthy post menopausal women. The study included 8,102 women, aged 50-79, in 40 clinical centres across the USA. An excess risk of stroke was found in all age groups, independent of vascular risk factors, including hypertension, diabetes, smoking and hypertension. There were 133 strokes in the HRT treatment group and 93 in the placebo group. For all stroke the intention-to-treat hazard ratio (HR) was 1.33 (95% CI: 1.02, 1.73) This excess risk was apparent in all age groups.

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Neuro-behavioural Rehabilitation in Severe Brain Injury: Challenging Behaviour and Complex Neuro-disability

16th September 2003

A conference aimed at therapists and nurses from rehabilitation, acute medical wards and nursing homes with sessions dedicated to Rights and Risks in Severe Brain Injury and Multidisciplinary approaches to rehabilitation.

Programme:

- Concepts of Neuro-disability
- Positive Approaches to emergency management in severe brain injury
- Neuropsychiatry of challenging behaviour and complex disability
- Emergency management in severe brain injury: controversies
- The Mental Health Act and brain injury
- Postural Management in brain injury and challenging behaviour - what can we do?
- Positive approaches to nursing in challenging behaviour
- Medical management
- From sound to symphonies - Assessment of communications in severe brain injury and challenging behaviour

Venue: Royal College of Physicians, London

More information is available from the Conference Administrator on tel: 020 8780 4500 ext 5236 conferences@rhn.org.uk

