EUROPEAN JOURNAL OF NEUROLOGY

Volume 29, Supplement 1, June 2022

Abstracts of the 8th Congress of the European Academy of Neurology

Vienna, Austria

Disclaimer:

This abstract volume has been produced using author-supplied copy. Editing has been restricted to some corrections of spelling and style where appropriate. No responsibility is assumed for any claims, instructions, methods or drug dosages contained in the abstracts: it is recommended that these are verified independently.

ean
european academy of neurology

HEAD OFFICE: Breite Gasse 4/7
1070 Vienna, Austria

PHONE: +43 1 889 05 03
FAX: +43 1 889 05 03 13
E-MAIL: headoffice@ean.org
WEB: www.ean.org

ISSN 1468-1331 (202206)29:6+1

Alteheld, L. 596
Altieri, M. 725, 815
Altmann, P. 204, 456, 860
Altomare, D. 148
Altomare, S. 881
Altuna, M. 214
Altunrende, B. 785
Alvarenga, J. 392
Alvares, A. 895
Alvarez, E. 628, 631, 634
Alvarez, V. 127
Alvarez-Baron, E. 402
Álvarez Bravo, G. 815, 858, 869
Alvarez de Azevedo, C. 908
Álvarez-Mariño, B. 585
Álvarez Muelas, A. 540
Álvarez Rodríguez, E. 900
Álvarez Sauco, M. 176, 445
Alvaro, B. 211
Alve, P. 424
Alves, F. 515, 840
Alves, G. 841
Alves, J. 666, 667, 872
Alves, L. 570
Alves, P. 82, 134, 638, 884
Alves Viturino da Silva, U. 486, 905
Alwagdani, A. 910
Alyavi, A. 555
Alyavi, B. 555
Amador, M. 606
Amarenco, G. 918
Amaro, S. 804
Amatachaya, P. 877
Amatachaya, S. 756, 877
Amato, M. 7, 215, 261
Amaya Pascasio, L. 758, 882
Ambawatte, S. 342
Ambrosino, P. 201
Ambroz, P. 846
Amelin, A. 178
Ameur, A. 891
Amin, F. 192, 417
Amiri, M. 126, 128, 711, 713
Amisano, P. 447
Amoiridis, G. 239
Amore, G. 166, 803
Amorim, J. 893
Amprosi, M. 114, 319, 653
An Haack, K. 59
Anagnostou, E. 108, 239, 515
Anagnostouli, M. 881
Ananeva, L. 854
Anan, I. 656
Anca-Herschkovitsch, M. 449
Andabaka, M. 188
Andelová, M. 726
Andersen, A. 243
Andersen, G. 596
Andonova, S. 906
Andrade, C. 720, 849
Andrade, M. 873
Andrade Zumárraga, L. 758
Andrée Larsen, V. 126, 128
Andreetta, F. 239
Andreev, M. 522, 847
Andreou, A. 13
Andrés Bartolomé, A. 907
Andresen, H. 185
Andresen, O. 157
Andrikogiannopoulos, P. 668
Andris, C. 688
Andrzejewska-Gorczynska, N. 554
Angela, C. 211
Angelini, L. 447, 452, 765
Angelin, L. 859
Angeloni, B. 896
Angelopoulou, E. 182, 530, 531, 877, 879, 889, 898, 907
Angelov, T. 651
Anheim, M. 117
Aniello, M. 881
Aniola, J. 554
Anna Luisa, A. 209
Annane, D. 61
Annen, J. 196, 713, 805, 846
Annetorp, M. 146
Annovazzi, P. 725
Annushkin, A. 551
Annushkin, V. 551, 878, 882
Ansari, S. 142, 207
Anschau, F. 888
Anshu, P. 896
Antal, A. 25
Antelmi, E. 323
Antia, N. 854
Antipin, V. 916
Antochi, F. 842, 909
Antognozzi, S. 343
Antoli Martinez, H. 400
Antonellou, R. 530
Antonelou, R. 898
Antonenko, A. 391
Antonenko, K. 391
Antoniazzi, E. 851
Antonini, A. 6, 178, 439, 440, 443, 446, 450, 451, 597, 619, 897
Antonioni, A. 683
Antonoglou, A. 182, 853, 858
Antonova, K. 878, 881
Antos, A. 176, 778, 858
Antozzi, C. 352, 469, 870
Antunes, A. 867, 870
Antunes, F. 838
Anwar, M. 742
Apap Mangion, S. 190
Apostolakopoulou, L. 878
Appeltshauser, L. 109
Appleton, P. 342
Appollonio, I. 260, 379, 537, 869
Aprile, D. 839
Aprile, F. 806
Aprile, M. 781
Aquila, F. 676
Aquilina, J. 913
Ara, R. 850
Ara Callizo, J. 900
Aragon-gawinska, K. 605
Aramini, S. 608
Aran, K. 753
Araú, A. 382
Arbia Boudjelthia, F. 863
Arbuzova, E. 860
Archelos-Garcia, J. 301
Archetti, S. 248
Ardashirova, N. 858
Ardicli, D. 58
Aremu, S. 870
Arena, I. 645, 799
Arends, M. 847
Arenga, M. 888
Arestova, A. 826
Aretini, P. 209, 676
Arévalo Bernabé, Á. 630
Argyropoulou, A. 668
Argyropoulou, C. 909
Arhan, E. 405
Arhire, N. 675, 873
Arias-Villaran, M. 871
Arici, D. 487
Aridon, P. 488
Arighi, A. 559, 846
Aringhieri, G. 107
Ariño, H. 98
Aristeidou, S. 108
Arıöz, B. 839
Arjona Padillo, A. 758, 855
Arkadir, D. 616
Arlati, F. 545
Arlati, S. 887
Armangué, T. 241, 358
Armenis, G. 515
Armentano, A. 497
Armon, C. 313
Arnaldi, D. 94, 101, 442, 496, 886
Arnaud-Hevi, L. 865
Arnesen, A. 453, 610
Arnold, D. 65, 150, 223, 285, 458
Arnold, M. 53, 76, 78, 718, 842
Arnould, S. 142, 207
Arola, A. 135
Arrambide, G. 347
Arranz, J. 214, 534
Arrese Regañón, I. 662
Arriola-Infante, J. 714
Arsava, E. 406
Arslan, D. 426, 860
Arteche-López, A. 649, 891
Artemiadis, A. 907, 908, 909
Artukoglu, B. 625
Artusi, C. 623
Arzimanoglou, A. 567
Arzt, M. 862
Arzumanian, N. 459
Ascencio Muñoz, L. 880
Asenbaum-Nan, S. 861
Ashina, M. 192, 417, 418
Ashkenazi, N. 467
Ashotn, N. 877
Asilova, N. 164
Asri, S. 773, 853
Assar, H. 289
Assenza, G. 399
Assis, P. 888
Assouline, A. 606
Astrea, G. 107
Ataniyazov, M. 697
Atri, A. 537
Atrous, A. 885, 901, 913
Attaallah, B. 695
Attarian, S. 59
Audronytė, E. 838
Auer, M. 188, 784
Auger, C. 347
Augusta Guimarães Dourado, J. 847
Aungst, A. 284
Aureli, F. 613
Aurilia, C. 86, 194
Avalos-Pavon, R. 313
Avanzini, I. 853
Avanzo, A. 876
Avelar Rodrigues, M. 915
Avenali, M. 684, 874, 896
Averchenkov, D. 459
Avetisyan, L. 391
Avila, L. 689
Ávila Rivera, M. 445
Avino, G. 557, 840
Avolio, C. 349
Avoni, P. 769, 803
Avorio, F. 914
Axelsson, M. 157
Axenhus, M. 68, 74
Ay, S. 416
Ayadi, K. 892, 917
Ayasse, N. 375

Cerebrovascular diseases 4

EPO-493

The potential Drug-Drug Interactions (pDDIs) which include antimicrobials in patients with acute ischemic stroke

D. Aleksic [1], S. Jankovic [2], M. Milosavljevic [2], S. Stefanovic [3]
[1] University of Kragujevac, Serbia, Faculty of Medical Sciences, Department of Neurology, Serbia [2] University of Kragujevac, Serbia, Faculty of Medical Sciences, Department of Pharmacology and toxicology, Serbia [3] University of Kragujevac, Serbia, Faculty of Medical Sciences, Department of Pharmacy, Serbia

Background and aims: Prevalence of post-stroke infection is up to 65% of patients. Potential drug–drug interactions (pDDIs) are among the leading preventable causes of adverse drug events. Antimicrobials are among the common drug groups in studies about pDDI.
Methods: A 3-years retrospective study was conducted at the Clinic of Neurology, University Clinical Center Kragujevac, Serbia. A total of 696 patients with acute ischemic stroke (AIS) have been hospitalized in the neurological intensive care unit (NICU). The Micromedex softwer was used to determine pDDIs which include antimicrobials.
Results: From 552 (79.3%) AIS patients with antimicrobials a total of 323 (46.4%) patients were exposed to 109 different pDDIs. The most common pDDIs were Ciprofloxacin-Diclofenac (16.09% of patients), Diclofenac-Levofloxacin (10.20%) and Aspirin-Levofloxacin (9.05%). The most common contraindicated pDDIs was Ceftriaxone-Ringer Solution (6.90%). Fatal outcome was more frequent ($p<0.01$) in the group of AIS patients (43.7%/28.6%) who were exposed to pDDIs which insclude antimicrobials. Binary logistic regression showed that gender ($p<0.01$, B=0.623, 95% CI 0.439–0.884) and the number of prescribed drugs ($p<0.01$, B=1,255, 95% CI 1.203–1.310) were significant factors associated with his pDDIs in AIS patients.
Conclusion: A total of 46.4% of patients with AIS stroke were exposed to pDDIs which include antimicrobials and fatal outcome was more prevalent in group of AIS patients with this pDDIs. Gender and number of prescribed drugs were significant factors associated with pDDIs which include antimicrobials in AIS patients.
Disclosure: Nothing to disclose.

EPO-494

Abstract withdrawn

EPO-495

Abstract withdrawn

EPO-496

The effectiveness of anticoagulant therapy in COVID-19 associated ischemic stroke

M. Ataniyazov, A. Khamidov
Tashkent Medical Academy, Tashkent, Uzbekistan

Background and aims: Study was aimed to study the effect of various anticoagulant agents used in COVID-19 associated ischemic stroke on hemorheological parameters.
Methods: 62 patients with COVID-19-associated acute ischemic stroke were selected for the study. These patients (n=62) were divided into three groups. In the group A, n=33 (53.12%) patients received heparin for 2 weeks at 24,000–36,000 ED per day, n=17 (27.4%) patients in the group B received enoxiparin 1mg/kg/day for 2 weeks, and group C n=12 (19.4%) patients received rivaroxaban 15–20 mg per day for 2 weeks.
Results: As a result of anticoagulant therapy in groups,the hemorheological parameters (D-demir, fibrinogen, prothrombin time, APTT) were regressed in the groups A, B and C of patients in the following order: D-dimer from 581.4±1.6 ng/ml to 334.8±2.1 ng/ml; from 628.6±1.4 ng/ml to 336.7±2.3 ng/ml; from 541.1±1.9 ng/ml to 496.6±1.4 ng/ml, fibrin degradation products from 7.71±1.1 μg/ml to 3.6±1.3 μg/ml; from 7.42±0.9 μg/ml to 3.8±1.19 μg/ml, from 7.52±1.2 μg/ml to 3.71±1.3 μg/ml, prothrombin time from 15,2±1.1sec to 9.4±0.8 sec; from 14.9±1.1 sec to 9.6±0.8 sec; from 15,6±1.1 sec to 9.2±0.8 sec, APTT from 31.51±1.29 sec to 24.16±0.8 sec; from 28.2±1.71 sec to 26.9±1.65 sec; from 29,76±1.13 sec to 25.21±1.26 sec;(respectively, $p<0.001$).
Conclusion: All anticoagulants have a significant positive effect on fibrinogen and prothrombin time, heparin and enoxyparin are effective against D-dimer, heparin and riboraxaban are effective against APTT. However, riboraxaban has almost no positive effect on D-dimer while enoxiparin has almost no positive effect on APTT.
Disclosure: Nothing to disclose.