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

Contents

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.