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RISK FACTORS FOR RECURRENT ISCHEMIC STROKE: A SINGLE-CENTER STUDY IN HO CHI MINH CITY**Quyen Pham Thi Ngoc*¹, Kien Quach Hoang²,
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Background and aims: There are limited data regarding risk factors for recurrence of ischemic stroke in Vietnam. Our aim was to identify the risk factors for recurrent ischemic stroke in Vietnam.

Methods: This is a retrospective observational study including 88 patients with diagnosis of recurrent ischemic stroke admitted to the Neurology Department of Ho Chi Minh City University Medical Center from December 2019 to July 2020. The risk factors were registered and compared between early (within 1 year after the index stroke) and late recurrence (1 year or more after the index stroke).

Results: The most common vascular risk factors were hypertension (90%), diabetes (32%) and smoking (27%). Non-compliant antiplatelet therapy was found in 55 (66%) patients. Regarding the TOAST classification, the etiology could be classified in 69 (78%) patients: large artery atherosclerosis in 43 (49%), small vessel disease in 21 (24%), cardioembolism in 5 (6%) patients. Early recurrence was observed in 45 (51%) patients and late recurrence in 43 (49%) patients. About the etiology according to the TOAST classification, there were no significant differences between early and late recurrence groups ($p=0.883$).

Conclusions: Hypertension and non-compliant antiplatelet therapy were most common risk factors alerting to compliant risk factor prevention in reducing stroke recurrence. The highest rate of recurrence was in large artery atherosclerosis stroke suggesting of large artery atherosclerosis as an important etiology in recurrent ischemic stroke.

Disclosure of interest: No

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MODIFIED THERAPY IN POSTCOVID PATIENTS WITH ISCHEMIC STROKE: IS THERE ANY EFFECTIVENESS?**Dilshoda Akramova*^{1,1}, Gulnora Rakhimbaeva¹,
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Background and aims: The study and development of modified therapy in patients with ischemic stroke who previously had COVID-19 infection would contribute to the adjustment of approaches to the treatment in order to early rehabilitation and increase the effectiveness of treatment.

Methods: The initial parameters of the state of body functions according to the Sf-36, MOCA, HADS, Rivermide, Rankin and NIHHS scales were studied in 40 patients aged 60.7 ± 0.92 years. The second group of patients with the same data and consisting of 30 people aged 60.3 ± 1.4 years underwent the same study of the parameters of the state of body functions. The first group received a modified therapy consisting of standard therapy and anticoagulants with a transition to rivoraxaban 20 mg + therapy with 2-ethyl-6-methyl-3-hydroxypyridine succinate according to the scheme + enhanced exercise therapy. The second group received only standard therapy. The therapy lasted 3 months.

Results: Against the background of modified therapy, the rehabilitation time accelerates, which is confirmed by a significant ($p < 0.01$) improvement in the indicators of the scales. In the second group of patients, not