so pronounced improvements in indicators were noted. In the first group, compared to the second group, recovery of life skills was observed earlier (p=0.05).
Conclusions: It is necessary and expedient to develop and modify therapy for patients with ischemic stroke with a burdened history. The effectiveness of the developed modified therapy has been confirmed in two third-party clinical databases and can be widely used in clinical practice.
Disclosure of interest: No

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Concentration of D-dimer as a predictor of ischemic stroke in COVID-19 in Tashkent

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Background and aims: D-dimer is a fibrin-degradation product which is increased in thrombotic events, indicating fibrinolysis. Measuring the level of D-dimer parameters from the early stage of the disease can also be useful in managing of COVID-19 and a predictor of thromboembolic complications.
Methods: We observed 40 patients among them 37.5% (15) was female as well as 62.5% (25) was male. During analyzing D-dimer level in their blood, the characteristics of the observed patients by age and sex, it was found that the average age of the patients was 60,5 (48-79) years. All patients were divided in 2 groups according to pneumonia in COVID-19 30 patients (15 female and 25 male) and thromboembolic complication in COVID-19 such as ischemic stroke 22 patients (8 female and 14 male).
Results: 1st group 22 patients (8 female and 14 male) with pneumonia in COVID-19 showed a moderate increase in terms of D-dimer level from 268ng/ml to 738ng/ml. 2nd group 18 patients (7 female and 11 male) with ischemic stroke in COVID-19 had a significant rise of D-dimer level in blood from 1195 ng/ml to 4873ng/ml. Most of the cases males D-dimer results were higher than females D-dimer.
Conclusions: Our research show a strong association between D-dimer levels and ischemic stroke in COVID-19 patients. Consequently, call for the daily assessment of D-dimer to assess disease progress in severely infected patients is preferable. Thus, anticoagulation therapy should be started once the D-dimer levels are >1000 ng/ml.
Disclosure of interest: No

2571

FEASIBILITY LEARNINGS AND STAKEHOLDER INFORMED REFINEMENTS FOR A COMPARATIVE EFFECTIVENESS TRIAL: TELEHEALTH-ENHANCED ASSESSMENT AND MANAGEMENT AFTER STROKE – BLOOD PRESSURE (TEAMS-BP)

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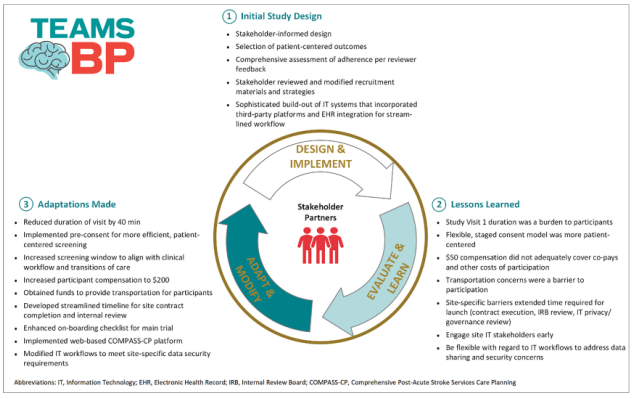
Background and aims: Hypertension is the strongest and most modifiable risk factor for secondary prevention of stroke. We previously demonstrated the effectiveness of a transitional care model for increasing blood pressure (BP) self-monitoring at 90 days post-discharge, which laid the groundwork for the current comparative effectiveness trial, Telehealth-Enhanced Assessment and Management After Stroke-Blood Pressure (TEAMS-BP). TEAMS-BP compares two evidence-based, stakeholder-vetted interventions for post-stroke BP management among adult stroke survivors discharged home: in-person Intensive Clinic Management (ICM) versus Intensive Tailored Telehealth Management (ITTM). TEAMS-BP consists of an 18-month feasibility phase followed by a multi-year trial.
Methods: The in-progress feasibility phase design seeks to: 1) demonstrate ability to screen, randomize, treat, and follow participants (n=100 across 3 sites) in a patient-centered randomized controlled trial and 2) identify study procedure modifications to enhance full trial success. Outcomes include 3-month systolic BP, patient activation, participation and adherence measures, and organizational readiness. Feasibility evaluation is guided by structured stakeholder engagement, encompassing clinical, patient/caregiver, information technology, community, health system, and policy-maker feedback to inform study improvements.
Results: As of 1/13/2023, 13 participants have been enrolled from 77 pre-screened eligible cases. Study interventions have been successfully delivered to 4 randomized participants. We have identified and implemented strategic modifications to optimize site start-up procedures, participant enrollment, and patient-centeredness (Figure).
Conclusions: Lessons learned from the TEAMS-BP feasibility evaluation have demonstrated the value of a pilot that enables real-time assessment of stakeholder-driven data to prepare for optimal implementation of a large-scale comparative effectiveness trial to improve post-stroke BP management.



Disclosure of interest: Yes

REHABILITATION AND RECOVERY

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CIRCADIAN TEMPERATURE IN MODERATE TO SEVERE STROKE PATIENTS

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