ANTITHROMBOTIC USE AND MORTALITY OUTCOMES IN ISCHAEMIC STROKE PATIENTS WITH ATRIAL FIBRILLATION: A SCOTTISH DATABASE STUDY

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Background Current AF guidelines recommend using oral anticoagulants (OAC) in all eligible patients after an ischaemic stroke. This study examined the prescribing of antithrombotics in stroke patients with AF and its impact on one-year all-cause mortality.

Methods This is a population-based study using data from the Scottish Stroke Care Audit, Prescribing Information System, Scottish Morbidity Record 01, and the National Records of Scotland. This study included first-ever ischaemic stroke patients with AF between July 1, 2010, and June 30, 2015, who survived up to six months. Logistic regression and cox proportional hazards models were developed to describe variable associations.

Results There were 4547 patients with a mean age of 78.2 (±9.8) years and 51.4% were women. Overall, 2927 (64.4%) patients were prescribed an OAC, 2190 (48.2%) patients an antiplatelet, and 245 (5.3%) patients neither, within the first six months after stroke. Patients who were independent in activities of daily living and those living in less deprived areas had greater odds of receiving a prescription for an OAC. In comparison, the oldest patients (>85 years) and those living in more deprived areas had greater odds of receiving a prescription for an OAC. In activities of daily living and those living in less deprived areas had greater odds of receiving a prescription for an OAC. Of the patients that were on anticoagulation, the proportion with a diagnosis of hypertension was similar between 2019 (52.9%) and 2021 (52.0%) but rose to 60% in 2022. In 2019, all ICH patients diagnosed with hypertension were on an antihypertensive. Whereas, in 2021 23.1% of ICH patients had a diagnosis of hypertension but were not on any antihypertensive treatment.

Conclusions This study highlights the prescribing patterns and benefits of antithrombotics in secondary prevention. Both OAC and antiplatelets were associated with better survival within one year after stroke.

A DESCRIPTIVE ANALYSIS OF THE RISE IN INTRACEREBRAL HAEMORRHAGE AS A PERCENTAGE OF STROKE PATIENTS POST COVID-19

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Background COVID-19 had an unprecedented effect on acute stroke services, both directly and indirectly. Intracerebral haemorrhage (ICH) appears to be increasing as a percentage of stroke patients post COVID-19 and is reported to have risen in Grampian from 13.6% of total strokes in 2019, to 17.7% in 2021. In this descriptive analysis we use the NHS Grampian Stroke Audit data to explore the factors which could have contributed to this rise.

Results The number of ICH patients on anticoagulation increased from 16.7% in 2019 to 18.4% in 2021. Of these, the proportion on a direct oral anticoagulant (DOAC) has increased from 66.7% in 2018 to 78.3% in 2021.

Of the patients that were on anticoagulation, the proportion with a diagnosis of hypertension was similar between 2019 (52.9%) and 2021 (52.0%) but rose to 60% in 2022. In 2019, all ICH patients diagnosed with hypertension were on an antihypertensive. Whereas, in 2021 23.1% of ICH patients had a diagnosis of hypertension but were not on any antihypertensive treatment.

Conclusions The rise in the number of intracerebral haemorrhages post COVID-19 will likely be multifactorial. In this descriptive analysis there appears to be an increase in the number of ICH patients on anticoagulation, and also an increase in patients with untreated hypertension. Potential confounders include excess alcohol use or stress both of which increase the risk of ICH and are known to have risen during COVID-19.