

JOINT EVENT

11th International Conference on **Vascular Dementia** & **27th Euro-Global Neurologists Meeting**

July 23-25, 2018 | Moscow, Russia

Ischemic cerebrovascular accidents in very old persons

Drini Dobi, Olsi Taka, Ermir Roci, Entela Basha, Eris Ranxha and Mira Rakacolli
University Hospital Center "Mother Teresa", Albania

Statement of the Problem: Presently, there is limited information on stroke care in the very old (80 years and older). Population aging is a summary term to describe shifts in the age distribution of a population toward older ages, most marked in highly developed countries. The number of people aged 80 and above is growing faster than any other age group. In 2006, people aged 80 and over were approximately 19% of the population in developed countries and around 10% in developing countries. The purpose of this study is to evaluate vascular risk factors, stroke subtypes and clinical outcomes in very old patients admitted at our hospital with acute stroke.

Methodology & Theoretical Orientation: We included in this study 252 stroke patients admitted to Service of Neurovascular Disorders in University Hospital Centre "Mother Teresa", Tirana, Albania from February 2015 to December 2016. We assess if there were any significant differences between patients under 80 years old compared with older patients (80 years or older), with regard to vascular risk factors, stroke type and clinical outcome.

Findings: Of 252 patients, 189 patients were less than 80 years, 63 were 80 years old and older. Younger patients were more likely to have diabetes (30.6% versus 16.2%, $p < 0.001$). Older patients were more likely to have ischemic heart disease (38% versus 30.1% $p = 0.02$), or atrial fibrillation (34.5% versus 15.2%, $p < 0.001$). Older patients were more likely to have Total Anterior Circulation Infarcts (TACI) strokes (17.6% versus 11.1%, $p < 0.009$) or Partial Anterior Circulation Infarct strokes (PACI) (30.1% versus 23.5%, $p = 0.04$). Outcome data, which was available for 91% patients, showed that older patients stayed longer in hospital (median length of stay 23 days versus 18 days, $p = 0.008$) and had a higher inpatient mortality 14% versus 3.7%, ($p < 0.001$).

Conclusion & Significance: Very elderly patients have a different risk factor profile, have more anterior circulation infarcts and have a worse prognosis-with increased mortality and increased length of stay in hospital.

Recent Publications

1. Di Carlo A, Lamassa M, Pracucci G, et al. (1999) European BIOMED Study of Stroke Care Group Stroke in the very old: clinical presentation and determinants of 3-month functional outcome: a European perspective. *Stroke* 30:2313-9.
2. Bamford J, Sandercock P, Dennis M, et al. (1988) A prospective study of acute cerebrovascular disease in the community: the Oxfordshire Community Stroke Project 1981-86. 1. Methodology, demography and incident cases of first-ever stroke. *J Neurol Neurosurg Psychiatry* 51:1373-80.
3. Engelter ST, Bonati LH and Lyrer PA (2006) Intravenous thrombolysis in stroke patients of ≥ 80 versus < 80 years of age- a systematic review across cohort studies. *Age Ageing* 35:572-80.
4. Kasner SE, Chalela JA, Luciano JM, et al. (1999) Reliability and validity of estimating the NIH Stroke Scale Score from medical records. *Stroke* 30:1534-7.
5. James C Grotta et al. (2016) 6th edition Stroke, pathophysiology, diagnosis and management. .

Biography

Drini Dobi was born in January 27th, 1969, and graduated as PhD in University of Tirana, Albania in 1992, and has done the specialization course in Neurology from 1994-1998 in University Hospital Centre Tirana, Albania. After his specialization, he has done some other mini specialization course for neurorehabilitation in Institute Carlo Besta, San Carlo, and Don Carlo Gnocchi Milano, Italy and mini specialization course for neurosonology in UHC & Sestre Milosrdnice, Zagreb, Croatia. He has lot of publications in some medical periodic and has participated in some of AAN Annual Meetings with his works, EFNS and EAN conferences, with his works too, and some other Neurological Conferences abroad. His Masters is in Rehabilitation in Parkinson Disease, in 2005 and PhD in Physical Rehabilitation after stroke in 2015. He is also the Member of EAN Scientific Panel of Neurorehabilitation, Scientific panel of neurotoxicology, and General Neurology.

drinidobi@hotmail.com