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Audit of Stroke Care in a Sri Lankan Stroke Unit

Udaya Ranawaka^{1,2}, *Gayani Tissera*², *Shehan Silva*²,
*Yamuna Nanayakkara*², *Chathuri Goonetilleke*²,
*Piyuminie Muwanwella*¹, *Vidura Sooryabandara*¹,
*Kelvin Hill*³, *Romesh Markus*⁴

¹Faculty of Medicine, University of Kelaniya, Ragama, Sri Lanka, ²Colombo North Teaching Hospital, Ragama, Sri Lanka, ³National Stroke Foundation, Melbourne, Australia, ⁴St. Vincent's Hospital, Sydney, Australia

Background and Rationale: Data on quality of stroke care is limited from Sri Lanka, and available data suggests poor quality of care. We sought to evaluate quality of care in a Sri Lankan tertiary care centre using internationally accepted criteria.

Methods: All patients admitted with acute stroke to the Stroke Unit of the Colombo North Teaching Hospital, Ragama over a 2-year period (January 2015-December 2016) were prospectively enrolled. Stroke care was evaluated with the Stroke Foundation, Australia Acute Stroke Audit Tool.

Results: 156 patients were studied {54.5% males; mean age (SD) 59 years (9.3); 83.3% ischaemic stroke}. 92.3% were living with spouse/ family. Private transport was the mode of arrival in 87.8%. CT scanning was done in 92.2%. None of the patients received thrombolysis. 39.7% were functionally independent (mRS 0–2) at 7–10 days. 71.6% were discharged on anti-hypertensives. Of those with ischaemic stroke, 88.2% received anti-platelets and 95.5% statins. Swallowing screening was done in 92.5%, and formal swallowing assessment by a speech therapist in 52.6%. Assessment by a physiotherapist was done in 96.7%, occupational therapist in 85.8%, mental health specialist in 96.8%, and communication assessment by a speech therapist in 76.6%. Multi-disciplinary team met with care-givers in 83.1%. Care-giver needs assessment was done in 96.1%, and 90.3% of care-givers received training in home care. 52.6% were discharged home with rehabilitation support, and 32.1% were transferred for in-patient rehabilitation. All patients/care-givers received education before discharge, 96.1% received a community care plan, and 93.5% were given a discharge summary.

Conclusion: Quality of acute stroke care was satisfactory in almost all the domains studied. Care related to neuro-imaging, secondary preventive treatments, multi-disciplinary team assessment, provision of early rehabilitation services, patient education, care giver support and discharge planning was especially good. Stroke care of good quality is feasible even in resource-limited settings.

Synergistic Effect of Combining MLC601 and Rehabilitation on Post-Stroke Recovery: The Chimes-E Study

*Nijasri Suwanwela*¹, *Chun Fan Lee*²,
*Christopher L.H. Chen*³, *Sherry H. Young*⁴,
*San San Tay*⁴, *Thirugnanam Umamathi*⁵, *Annabelle Y. Lao*⁶,
*Hermiginildo H. Gan*⁷, *Alejandro C. Baroque II*⁸,
*Jose C. Navarro*⁸, *Hui Meng hang*⁹, *Joel M. Advincula*¹⁰,
*Sombat Muengtaweepongsa*¹¹, *Bernard P.L. Chan*¹²,
*Carlos L. Chua Chua*¹³, *Nirmala Wijekoon*¹⁴,
*H. Asita de Silva*¹⁴, *John Harold B. Hiyadan*¹⁵,
*K.S. Lawrence Wong*¹⁶, *Niphon Pongvarin*¹⁷,
*Gaik Bee Eow*¹⁸, *Narayanaswamy Venketasubramanian*¹⁹

¹Chulalongkorn University, Thailand, ²School of Public Health, The University of Hong Kong, Hong Kong, ³Pharmacology, National University of Singapore, Singapore, ⁴Rehabilitation Medicine, Changi General Hospital, Singapore, ⁵Neurology, National Neuroscience Institute – Tan Tock Seng Campus, Singapore, ⁶Neurology, Davao Medical School Foundation Hospital, Davao City, Philippines, ⁷Neurology, Jose Reyes Memorial Medical Center, Manila, Philippines, ⁸Neurology, University of Santo Tomas Hospital, Manila, Philippines, ⁹Neurology, National Neuroscience Institute – Singapore General Hospital Campus, Singapore, ¹⁰Neurology, West Visayas State University Medical Center, Iloilo City, Philippines, ¹¹Neurology, Thammasat University, Pathum Thani, Thailand, ¹²Neurology, National University Health System, Singapore, ¹³Neuroscience, University of the Philippines, Philippine General Hospital, Philippines, ¹⁴Pharmacology, University of Kelaniya, Ragama, Sri Lanka, ¹⁵Neurology, Baguio General Hospital and Medical Center, Baguio City, Philippines, ¹⁶Neurology, Chinese University of Hong Kong, Prince of Wales Hospital, Shatin, Hong Kong, ¹⁷Neurology, Siriraj Hospital, Bangkok, Thailand, ¹⁸Neurology, Penang Hospital, Penang, Malaysia, ¹⁹Neurology, Raffles Neuroscience Centre, Singapore

Background and Rationale: MLC601 has been shown to enhance natural neuro-repair mechanisms after stroke and may also facilitate rehabilitation-stimulated recovery processes. We aimed to assess the effect of MLC601 and concomitant rehabilitation on stroke recovery in the CHIMES-E study to test the hypotheses that there would be a synergistic effect.

Methods: The CHIMES-E study recruited 880 subjects aged ≥ 18 years with acute ischemic stroke (AIS), National Institute of Health Stroke Scale (NIHSS) 6–14, and pre-stroke modified Rankin Scale (mRS) ≤ 1 in a planned double-blind extension study of CHIMES trial with MLC601 or matching placebo given for 3 months in addition to standard stroke care and rehabilitation prescribed by the treating physicians. From Month (M) 3 to M24, mRS was compared between MLC601 and placebo.

Results: The study population had a mean age of 61.8 ± 11.3 with 318 (36%) women. Data on rehabilitation and mRS at M3 were available in 807 (91.7%) subjects. Treatment groups were balanced in baseline characteristics except for NIHSS mean score being high-