RESULTS: A total of 6004 claims were reviewed, of whom 224 out of 258 with dementia fulfilled criteria of VD or AD diagnostic. Subjects with mixed dementia were excluded from the analysis. Total prevalence was 4.3% in population above 64 years old and increased with ageing; 64.3% was of AD type, and 28.1% of VD. The total cost of dementia per patient per a 6-month-period was significantly higher for VD than for AD; 10.316€ versus 8.209€, p < 0.05. The proportion of cost attributable to caregivers was the main component of burden in both types; 85.5% in AD versus 84.4% in VD. CONCLUSIONS: Prevalence of dementia increases with ageing, although no sociodemographics differences could be identified. Health care costs are substantial for this disorder, particularly for VD in comparison with AD. Cardiovascular risks prevention in VD should be associated to a positive impact in health care resources utilization for this dementia.

PNL2

STROKE SEVERITY AND EARLY OUTCOMES AFTER FIRST-EVER ISCHEMIC STROKE

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OBJECTIVES: Assess value of admission stroke severity in predicting outcomes at discharge for patients with first-ever ischemic stroke in Taiwan. METHODS: Data was prospectively collected from 360 first-ever ischemic stroke patients consecutively admitted to a medical center. Stroke severity was evaluated with NIH stroke scale (NIHSS) and categorized as mild (0–6), moderate (7–15), or severe (16–38). Functional independence status was assessed by modified Barthel Index (MBI) on a scale of 0–20. We studied three discharge outcomes: 1) status based on combined measure of neurological impairment and disability (excellent, good, improved, poor); 2) neurologic changes (better, stationary, worse); and 3) functional changes (better, stationary, worse). For each outcome, a separate polytomous logistic regression model with least favorable category as the reference group was constructed, controlling confounding factors. RESULTS: Patients (58% male) had mean age 64.9 ± 12.7 (range 18–93), median NIHSS 6 and median MBI 12 on admission. Median length-of-stay was 7 (range, 1–122) days; in-hospital deaths 8%. Twenty-two percent (22%) of patients were excellent status (NIHSS ≤1 and MBI ≥19), 33% good (NIHSS ≤6 and MBI ≥12 but not excellent). Twenty-two percent (22%) of patients had better neurologic change (decrease on NIHSS ≥5), 61% stationary (NIHSS changed within ±3); functional change, 14% better (MBI changed from <12 to ≥12), 75% stationary (MBI remained <12 or ≥12). The odds ratio (OR) for moderate and severe (versus mild) stroke patients to achieve excellent status were 5.18 (1.94–13.85) and 4.12 (1.38–12.30, respectively). The OR for moderate stroke patients to have good or improved outcome was 1.38 (0.10–12.36), for severe stroke 0.04 (0.01–0.13). The OR for moderate and severe (versus mild) stroke patients to have better neurologic change were 5.18 (1.94–13.85) and 4.12 (1.38–12.30, respectively). CONCLUSIONS: Admission NIHSS is predictive of clinical outcomes of acute hospitalization after first-ever ischemic stroke.