factors using descriptive statistics. A multivariable logistic regression model was used to assess the association between cancer and prevalence of stroke survivorship. Covariates were assessed for effect modification and confounding using the maximum likelihood estimation method. **Results:** We analyzed 89,285 subjects. The prevalence of cancer and the prevalence of suffering from the effects of a stroke were 2.09% and 1.56%, respectively. Cancer was significantly associated with an increased prevalence of stroke survivorship with an odds ratio (OR) of 1.56 (95%CI: 1.24 – 1.98) after adjusting for age, sex, smoking status, education, household income, dyslipidemia, hypertension, diabetes. The association was stronger in younger age groups: the youngest age group (18 – 49 years) had the highest OR (6.49, 95%CI:2.01 – 20.94) for suffering from the effects of a stroke in association with the presence of cancer. **Conclusions:** In Canada, the presence of active cancer increases the odds of suffering from the effects of a stroke, particularly in the youngest age group.

## P.074

### Management, timing of anticoagulation and outcomes of patients with cerebral venous sinus thrombosis: a single centre chart review

*G Mak* (Hamilton)* *N Chan* (Hamilton), *K Perera* (Hamilton)

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**Background:** Cerebral venous sinus thrombosis (CVST) accounts for <1% of all strokes. Our objectives were to describe the clinical features and examine the association between timing of anticoagulation therapy and outcomes in CVST patients. **Methods:** We conducted a retrospective chart review of patients admitted to Hamilton Health Sciences from 2015 – 2020 with imaging confirmed CVST. **Results:** We included 96 patients, mean age of 47.9 (SD 18.1). The most common clinical presentation was headache (43.8%). Brain trauma was the most common identified risk factor (15.6%), while 27% of individuals had no identified cause. Most patients (57.3%) received anticoagulation within 24hrs of identified CVST, while 26% had a delay (≥48hrs) and 16.7% were not anti-coagulated. The rationale for delaying or not starting anticoagulation included traumatic brain injury (31.8%), neurosurgical procedure (9.1%), presence of venous infarct and/or haemorrhage (27.1%) and unclear rationale (31.8%). At a median of 8 days, more patients without clear indications for delayed or no anticoagulation were disabled (defined by modified Rankin Scale, mRS, score ≥ 2) or dead (mRS 6), compared to those anti-coagulated in 24hrs (87.5% versus 31.8%; RR 2.75; 95% CI 1.74 – 4.35). **Conclusions:** Unjustified delay in anticoagulation may result in poorer clinical outcomes in CVST patients.

## P.075

### Incidence of Stroke Associated With Antithrombotic Agent Interruption

*HE Snyder* (St. Catharines)* *A Cao* (St. Catharines) *R Rana* (St. Catharines) *L Li* (St. Catharines), *F Masood* (St. Catharines)

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**Background:** Antithrombotic medications are used in the primary and secondary prevention of ischemic stroke. Previous studies have identified that up to 5.2% of ischemic strokes are associated with antithrombotic interruption, leading to significant mortality and healthcare burden. Our study aims to identify the prevalence of ischemic strokes presenting to a regional stroke centre associated with antithrombotic interruption, and to understand common reasons for medication interruption. **Methods:** A retrospective chart review was performed, which included 193 patients with ischemic stroke presenting to Greater Niagara General Hospital from January 2018-December 2019. Baseline demographics were recorded and patient medical records were reviewed for evidence of antithrombotic interruptions. **Results:** Table 1. **Conclusions:** Our cohort identified a significant proportion (8.3%) of ischemic strokes with documented antithrombotic interruption. Most common reasons for interruption were non-adherence and discontinuation due to previous adverse event. The results identify possible areas for improvement within patient education and safe re-initiation of antithrombotics following adverse events.

| **Baseline Demographics** | **Total Population (n=193)** | |
|---|---|---|
| Median Age (mean) | 76 (72.8) | |
| Male Sex (%) | 107 (55%) | |
| Prior Ischemic Stroke (%) | 65 (34%) | |
| Atrial Fibrillation (%) | 58 (30%) | |
| Smoking History (%) | 66 (34%) | |
| Dyslipidemia (%) | 102 (53%) | |
| Hypertension (%) | 144 (75%) | |
| Diabetes (%) | 54 (28%) | |
| Median Baseline NIHSS | 5 | |
| Median INR | 1 | |
| | | |
| **On Antithrombotic** | 72 (37%) | |
| Antiplatelet (%) | 40 (21%) | 56% |
| Anticoagulant (%) | 32 (16%) | 44% |
| | | |
| **Antithrombotic Interruption** | 16 (8.3%) | |
| Non-adherent | 5 (2.6%) | 31% |
| Discontinued Due to Adverse Event | 7 (3.6%) | 44% |
| Perioperative/Periprocedural Discontinuation | 1 (0.5%) | 6% |
| Other/Unclear | 3 (1.6%) | 19% |

## P.076

### Hypertensive disorders in pregnancy are strongly associated with future stroke and hypertension: A systematic review and meta-analysis

*AR Switzer* (Calgary)* *EE Smith* (Calgary), *A Ganesh* (Calgary)

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**Background:** We aimed to evaluate the association between hypertensive disorders in pregnancy (HDP) and future risk of stroke, stroke death, and hypertension. **Methods:** Systematic searches were performed in MEDLINE and EMBASE up to

April 27th, 2020. Exposure of interest included the different types of HDP. Outcomes of interest included hypertension incidence, stroke incidence, stroke subtype, and stroke mortality. **Results:** Eighteen cohort and 1 case-control studies involving >10 million women were included in the meta-analysis. Pooled hazard ratios with 95% confidence interval generally adjusted for age at delivery, ethnicity, and vascular risk factors are listed in table 1. **Conclusions:** Increasing severities of HDP carry higher hazards of hypertension and stroke years later. HDP, including gestational hypertension alone, are also associated with future stroke mortality.

**Table 1. Pooled adjusted hazard ratios of outcomes for all types of HDP.**

| Outcome | Exposure | # of studies included | Pooled adjusted Hazard Ratio and 95% confidence intervals | Hetero-geneity I2 |
|---|---|---|---|---|
| All stroke | All HDP | 5 | 1.43 (1.22-1.66) | 80.7% |
| | Chronic hypertension in pregnancy | 1 | 3.40 (2.40-24.0) | NA |
| | Gestational hypertension | 5 | 1.38 (1.25-1.52) | 0% |
| | Preeclampsia | 12 | 1.56 (1.38-1.76) | 60.7% |
| Ischemic stroke | All HDP | 3 | 1.72 (1.26-2.35) | 74.7% |
| | Chronic hypertension in pregnancy | 2 | 2.40 (1.39-4.14) | 92.1% |
| | Gestational hypertension | 3 | 1.89 (1.34-2.67) | 61.1% |
| | Preeclampsia | 4 | 2.09 (1.63-2.66) | 74.9% |
| | Eclampsia | 1 | 4.58 (3.90-5.38) | NA |
| Hemorrhagic stroke | All HDP | 1 | 1.17 (1.24-2.36) | NA |
| | Gestational hypertension | 1 | 2.80 (1.31-5.99) | NA |
| | Preeclampsia | 2 | 1.42 (1.11-1.82) | 70.5% |
| Stroke mortality | All HDP | 1 | 1.88 (1.53-2.32) | NA |
| | Gestational hypertension | 1 | 2.97 (1.49-5.92) | NA |
| | Preeclampsia | 2 | 1.45 (0.81-2.60) | 66.0% |
| | Eclampsia | 1 | 1.56 (0.75-3.23) | NA |
| Hypertension | All HDP | 2 | 2.83 (1.34-6.00) | 99.8% |
| | Gestational hypertension | 3 | 2.97 (1.54-5.74) | 99.5% |
| | Preeclampsia | 6 | 2.55 (2.01-3.23) | 98.7% |

## P.077

### Mixed autoimmune hemolytic anemia: an unusual cause of ischemic stroke and extensive cerebral microbleeds

*M Wan* (Calgary)* *A Ganesh* (Calgary) *C Grassi* (Calgary), *A Demchuk* (Calgary)

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**Background:** Mixed autoimmune hemolytic anemia (mAIHA) is a rare autoimmune disorder that results in hemolysis with thrombotic complications like ischemic stroke. This is the first case report of cerebral microbleeds secondary to mAIHA. **Methods:** A literature review of mAIHA and cerebral microbleeds was conducted using the PubMed and Ovid MEDLINE databases from 1980 to 2021. **Results:** A 76 year old male with congenital deafness and rheumatoid arthritis presented with diffuse livedo reticularis and abdominal pain. He had fulminant hemolysis with new neurologic deficits and altered mental status. CT/CTA of the head and neck were unremarkable. MR brain revealed extensive cerebral microbleeds and multi-territory ischemic strokes. He was diagnosed with mAIHA, started on pulse methylprednisolone, and had no further microbleeds on follow-up MRI. From his clinical picture, common causes of cerebral microbleeds were ruled out such as cerebral amyloid angiopathy and hypertension. The pathogenesis of his microbleeds may be from concomitant severe hypoxia or a prothrombotic state, both previously reported in the literature. **Conclusions:** This is the first case report of extensive cerebral microbleeds secondary to mAIHA. When a patient develops acute neurologic deficits in the context of mAIHA, extensive cerebral microbleeds may be present possibly due to concomitant severe hypoxia versus a prothrombotic state.

# Other Adult Neurology

## P.078

### Clinical Milestones in PSP and MSA may be Appropriate Triggers for Palliative Care Intervention

*R Bessemer* (London)*, *T Gofton* (London)

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**Background:** Progressive supranuclear palsy (PSP) and multiple system atrophy (MSA) are progressive neurodegenerative disorders with complex symptom burden and unpredictable disease trajectories. The ideal timing of palliative care interventions is uncertain given the variable natural history of both diseases. **Methods:** A systematic review was conducted to identify publications investigating predictors of survival in PSP and MSA. A medical librarian assisted to ensure comprehensive