

# Cognitive Function After Stroke (CogFAST)

## Principal Investigator

**Rajesh Kalaria**  
Institute for Ageing and Health,  
Newcastle University,  
Campus for Ageing & Vitality,  
Newcastle upon Tyne NE4 5PL, UK.  
[r.n.kalaria@ncl.ac.uk](mailto:r.n.kalaria@ncl.ac.uk)

## Summary

<b>Country</b>	UK
<b>Principal Investigator</b>	Raj Kalaria
<b>Contact person (email)</b>	<a href="mailto:Raj.kalaria@ncl.ac.uk">Raj.kalaria@ncl.ac.uk</a>
<b>Key publication/reference</b>	Allan et al. Brain 2011;134:3713-3724
<b>Years in which study conducted</b>	2002-2012
<b>Sample</b>	
<b>Size</b>	115
<b>Population: Hospital/community</b>	Hospital
<b>Selection: consecutive/random</b>	Stroke registries
<b>Admit with previous stroke?</b>	Yes
<b>Admit with TIA?</b>	?
<b>Age range</b>	75+
<b>Number of centres</b>	Multiple
<b>Control group: number, population, selection</b>	None
<b>Assessment</b>	
<b>Initial: Time and data collected/tests administered</b>	Not until 3m after stroke.

<b>Detailed</b>	3m: MedHx, neurological deficits, blood tests, CT, NΨ
<b>Subsequent (follow-ups)</b>	15m: repeat of 3m; NΨ: 1-8y (annually)
<b>Stroke-related data</b>	Oxford Community Stroke Project Classification
<b>Functional tests/data</b>	?
<b>Other medical tests/data</b>	APOE genotyping
<b>Neuropsychological tests</b>	CAMCOG, Cognitive Drug Research computerized battery, MMSE, etc.
<b>MRI scans, when and how many</b>	3m (n=110); 2y (n=50)
<b>PET scans</b>	No
<b>Psychiatric exams/diagnoses</b>	Dementia, depression (Cornell Depression Scale)
<b>Intervention trialled?</b>	No

CT=computed tomography scan, MedHx=medical history, VRF=vascular risk factors (hypertension, diabetes, atrial fibrillation, obesity, smoking etc.), NΨ=neuropsychological, TIA=transient ischemic attack, m=month, y=year

