Prevention Of Decline in Cognition After Stroke Trial (PODCAST)

Principal Investigator

Professor Philip Bath
Nottingham City Hospital
Hucknall Road
Nottingham
NG5 1PB
UK
philip.bath@nottingham.ac.uk

Summary

Country	UK
Principal Investigator	Professor Philip M Bath
Contact person (email)	philip.bath@nottingham.ac.uk
Key publication/reference	Bath et al. PLoS One 2017; 12(1):e0164608
Years in which study conducted	2010-2014
Sample	
Size	83
Population	Hospital
Selection	Consecutive
Admit with previous stroke?	Yes
Admit with TIA?	No
Age range	60+
Number of centres	19
Control group: number, population, selection	Randomised partial factorial trial in patients with recent stroke. No normal/community population
Assessment	

Initial:	Within 7 months: medical history, function, VRF, t-MMSE
First detailed assessment	• Clinical: ACE-R, MMSE, MoCA, TICS, Trails A+B, Stroop, IQ-CODE, verbal fluency (animal) • Telephone: MMSE, TICS
Follow-ups	• Clinical: 6, 18 months • Telephone: 12 months
Stroke-related data	• Type (CT scan), impairment (NIH Stroke Scale), IS cause • Vascular risk factors (hypertension, diabetes, IHD, atrial fibrillation, obesity, smoking, alcohol)
Functional tests/data	Disability (Barthel index), dependency (modified Rankin Scale), quality of life (EQ-5D, EQ-VAS)
Other medical tests/data	• Blood pressure • Lipids (TC, TG, HDL, calculated LDL)
Neuropsychological tests	No more than above
MRI scans, when and how many	None
PET scans	None
Psychiatric exams/diagnoses	Mood (Zung depression scale)
Dementia diagnosis criteria	DSM IV
Intervention trialled?	• Intensive vs guideline BP lowering • Intensive vs guideline lipid lowering

CT=computed tomography scan. VRF=vascular risk factors


STRKG