Renji CSVD Cohort Study (RCCS)

Principal Investigator

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Summary

Country	China
Principal Investigator	Professor Qun Xu
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Key publication/reference	Cao et al. Int Psychogeriatr. 2017; 29;793-803 Sun et al. Front Aging Neurosci. 2016
Years in which study conducted	Since 2012, mostly recruited since 2015 (62%)
Sample	
Size	200
Population: Hospital/community	Hospital
Selection: consecutive/random	Consecutive (since 2015)
Admit with previous stroke?	Yes
Admit with TIA?	No
Age range	Inclusion criteria: 50–85
Number of centres	1
Control group: number, population, selection	52, community population, age, sex and education matched people with normal cognition and brain imaging
Assessment	
Initial assessment	Within 1 week: Med Hx , VRF, NIHSS

First detailed assessment	At least 4 weeks after symptomatic stroke due to small vessel disease: NΨ covering attention, executive, memory, language and visuo-spatial function, MMSE and/or MoCA, HDRS
Follow-ups	Every one year (NΨ and MRI) for those with moderate or severe white matter lesions for 4 years (plan)
Stroke-related data	VRFs, NIHSS
Functional tests/data	MRS, ADL, IADL
Other medical tests/data	Blood analysis
Neuropsychological tests	NΨ
MRI scans, when and how many	Within 1 week (screening MRI: T1, T2 Flair, DWI, MRA) and at least 4 weeks since stroke(research MRI: T1, T2 Flair, SWI, DTI, 3D-MPRAGE, fMRI)
PET scans	No
Psychiatric exams	Depression (Hamilton)
Dementia diagnosis criteria	VCI diagnostic criteria suggested by Vascular Contributions to Cognitive Impairment and Dementia -A Statement for Healthcare Professionals From the American Heart Association/American Stroke Association (Stroke , 2011;42:2672-2713).
Intervention trialled?	No

VRF=vascular risk factors (hypertension, diabetes, hyperlipidemia, smoking etc.); NΨ=neuropsychological battery; Med Hx=medical history; MRS=Modify Rankin Scale