

Systems of Care in Minor Stroke & TIA: Cognition (INSIST-COG)

Principal Investigator

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Summary

Country	Australia
Principal Investigator	Frini Karayanidis
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Key publication/reference	
Years in which study conducted	Recruitment 2017-2018 Follow-up (funding dependent) 2019-2020
Sample	
Size	Target numbers: 120
Population: Hospital/community	Community
Selection: consecutive/random	Consecutive
Admit with previous stroke?	Yes
Admit with TIA?	Yes
Age range	40-90yrs
Number of centres	1
Control group: number, population, selection	50, healthy ageing, HMRI Volunteer Register
Assessment	
Initial: (when and what were the assessments?)	Post event: MedHX, VRF, CT 78%, MRI 39%

First detailed assessment	1-5y: NΨ, MRI, EEG, physiological, psychiatric
Follow-ups	Follow-up (funding dependent) 2019-2020
Stroke-related data	MRI
Functional tests/data	EEG during cognitive control tasks and at rest
Other medical tests/data	BP, BMI, WHR
Neuropsychological tests	NIH toolbox cognitive battery, TMT, MoCA
MRI scans, when and how many	2017 (1-5y post event): 43 T1, FLAIR and DWI
PET scans	No
Psychiatric exams/diagnoses	Depression and anxiety (HADS), quality of life (EQ-5D-3L)
Dementia diagnosis criteria	MoCA <19
Intervention trialled?	No

CT=computed tomography scan, MRI= magnetic resonance imaging, EEG= electroencephalogram, BP= blood pressure, BMI= body mass index, WHR = waist to hip ratio, TMT= trail making test, MoCA= Montreal Cognitive Assessment, HADS= hospital anxiety and depression scale, EQ-5D-3L= European quality of life scale, MedHx=medical history, VRF=vascular risk factors (hypertension, diabetes, atrial fibrillation, obesity, smoking etc.), NΨ=neuropsychological, TIA=transient ischemic attack, m=month, y=year

