



→ Abstracts

Frequency of early rapid improvement in stroke severity during interfacility transfer

Background As interfacility transfer of patients with stroke becomes increasingly common, understanding fluctuations in deficits during transfer may help predict resource needs. We sought to characterize changes in NIH Stroke Scale (NIHSS) scores during transfer and identify factors associated with early rapid improvement (ERI).

Methods We used prospectively collected data from our Comprehensive Stroke Center's (CSC) stroke and telestroke network databases. We calculated changes in NIHSS scores for all patients transferred to our CSC after an initial telestroke evaluation from January 2010 to December 2015. Logistic regression identified factors associated with ERI, controlling for patient characteristics available on arrival.

Results Among the 505 patients included, the median initial NIHSS score was 11 (interquartile range [IQR] 5–18), and on CSC arrival, it was 9 (IQR 3–17), with a median change of 0 (–3 to –0). Of note, 74.5% of scores changed by fewer than 4 points (7% increased ≥ 4 points, and 19% decreased ≥ 4). In 85% of cases, the NIHSS score change did not cross a threshold to alter eligibility for thrombectomy. In multivariable modeling, ERI was associated with ability to ambulate before the index stroke (odds ratio [OR] 5.79, $p = 0.02$) and higher initial NIHSS (OR 1.06 per point, $p = 0.001$).

Conclusion These findings may be valuable for resource planning and for inclusion in thrombectomy alert activation processes at the receiving hospital.

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Functional gastrointestinal disorders negatively affect health-related quality of life in MS

Objective To determine the prevalence of functional gastrointestinal disorders, the demographic and clinical characteristics associated with the presence of functional gastrointestinal disorders, and the effects of these disorders with health-related quality of life (HRQOL) in a large, diverse population of persons with MS.

Methods In 2014, we surveyed participants in the North American Research Committee on Multiple Sclerosis registry regarding functional gastrointestinal disorders using the Rome III questionnaire. Participants also reported their sociodemographic characteristics, disability status using Patient Determined Disease Steps, the presence of comorbid depression and anxiety, health behaviors, and HRQOL using the RAND-12. We determined the prevalence of each gastrointestinal disorder using the Rome III criteria. Using multivariable logistic regression models, we assessed the factors associated with the presence of each bowel disorder. Using linear regression, we evaluated the association between functional gastrointestinal disorders and HRQOL.

Results Of 6,312 eligible respondents, 76.5% were female, with a mean (SD) age of 58.3 (10.2) years. Forty-two percent of respondents ($n = 2,647$) had a functional gastrointestinal disorder, most often irritable bowel syndrome (IBS), which affected 28.2% of participants. The prevalence of all functional gastrointestinal disorders increased with greater disability, and the prevalence of IBS increased with longer disease duration. After adjusting for sociodemographic and clinical characteristics, functional gastrointestinal disorders were associated with lower physical and mental HRQOL (both $p < 0.0001$).

Conclusion Functional gastrointestinal disorders are common in MS and are associated with reduced HRQOL.

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