Clinical Biological and Pharmacological Factors Influencing Stroke Outcome (BIOSTROKE)

Principal Investigator

Régis Bordet
Department of Pharmacology,
University of Lille,
INSERM
U1171, 59045 Lille, France.
regis.bordet@univ-lille2.fr

Summary

Country	France
Principal Investigator	Régis Bordet
Contact person (email)	regis.bordet@univ-lille2.fr
Key publication/reference	Ducroquet et al. Stroke 2013;44:2324-2326 Clinicaltrial.gov: NCT00763217
Years in which study conducted	2005-2015
Sample	
Size	477 included patients/210 patients reviewed or assessed by phone at 5 years
Population: Hospital/community	Hospital
Selection: consecutive/random	Consecutive
Admit with previous stroke?	Yes
Admit with TIA?	Yes
Age range	53-80
Number of centres	1
Control group: number, population, selection	No
Assessment	

Initial: Time and data collected/tests administered	Within 7 days: MedHx, VRF, MRI, plasma analysis, MMSE, IQCODE, CT
Detailed	(initial)
Subsequent (follow-ups)	3m: function, IQCODE, MMSE 5 years: extensive NΨ; biological samples
Stroke-related data	NIHSS , TOAST
Functional tests/data	Modified Rankin Scale, Barthel Index
Other medical tests/data	Plasma biomarkers (vascular, inflammation, trophic factors, AD markers); DNA
Neuropsychological tests	Test battery, MoCA
MRI scans, when and how many	Initial, 5 year
PET scans	No
Psychiatric exams/diagnoses	Depression (CES-D), apathy (Lille Apathy Rating Scale), anxiety (Hamilton Anxiety Scale), fatigue
Intervention trialled?	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