Determinants of Dementia After Stroke (DEDEMAS)

Principal Investigator

Martin Dichgans
Institut für Schlaganfall- und Demenzforschung (ISD),
Klinikum der Universität München,
Feodor-Lynen-Straße 17,
D-81377 München, Germany.
martin.dichgans@med.uni-muenchen.de

Summary

Country	Germany
Principal Investigator	Martin Dichgans
Contact person (email)	Martin.Dichgans@med.uni-muenchen.de
Key publication/reference	Wollenweber et al. Int J Stroke 2014;9:387-392
Years in which study conducted	2011-2019
Sample	
Size	600 (intended)
Population: Hospital/community	Hospital
Selection: consecutive/random	Consecutive
Admit with previous stroke?	Yes
Admit with TIA?	No
Age range	18+
Number of centres	1
Control group: number, population, selection	No
Assessment	
Initial: Time and data collected/tests administered	Within 3 days: VRF, MedHx, function, MRI, MMSE, MoCA, IQCODE, blood analyses
Detailed	6m: NΨ, function, depression, CDR

Subsequent (follow-ups)	3m, 2y, 4y: TICS, function
Stroke-related data	NIHSS, TOAST
Functional tests/data	Modified Rankin Scale, Barthel Index, IADLs
Other medical tests/data	DNA, RNA, plasma, serum, CSF
Neuropsychological tests	CERAD-Plus, test battery
MRI scans, when and how many	Initial, 6m, 3y, 5y
PET scans	Amyloid and FDG in patients with incident dementia or cognitive decline
Psychiatric exams/diagnoses	Dementia, depression (CES-D), CDR
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