Prediction of cognitive recovery after stroke (PROCRAS): a role for new MRI modalities in daily clinical practice?

Principal Investigator

Dr. P.L.M. de Kort, Neurologist

Elisabeth-Tweesteden Hospital Tilburg
The Netherlands'

Summary

Country	The Netherlands
Principal Investigator	Dr. P.L.M. de Kort, neurologist
Contact person (email)	H.P.Aben
Key publication/reference	Protocol article: Aben HP, Reijmer YD, Visser-Meily JM, et al. A Role for New Brain Magnetic Resonance Imaging Modalities in Daily Clinical Practice: Protocol of the Prediction of Cognitive Recovery After Stroke (PROCRAS) Study. JMIR Res Protoc. 2018 May 28;7(5):e127. https://pubmed.ncbi.nlm.nih.gov/29807883/ Key publication: Aben HP, De Munter L, Reijmer YD, et al. PROCRAS Study Group. Prediction of Cognitive Recovery After Stroke: The Value of Diffusion-Weighted Imaging-Based Measures of Brain Connectivity. Stroke. 2021 Jun;52(6):1983-1992. https://pubmed.ncbi.nlm.nih.gov/33966494/
Years in which study conducted	2016-2019
Sample	
Size	264; sufficient data at 5 weeks 242 (Assessment with psychological assessment and MRI)
Population: Hospital/community	**Hospital**
Selection: consecutive/random	Consecutive

Admit with previous stroke?	Yes
Admit with TIA?	No
Age range	50+
Number of centres	1
Control group: number, population, selection	None
Assessment	
Initial: Time and data collected/tests administered	Baseline, 5 weeks after stroke, 3 months, 6 months, 1 year
First detailed assessment	Baseline: Demographics, IPAQ (pre stroke physical activities), pre stroke cognition (IQCODE), prestroke activities in daily living (Barthel Index), comorbidity score (CIRS). Stroke characteristics, NIGSS, current barthel index, functional status (mRS), vascular risk factors, laboratory findings, cognitive screening with MoCA
Follow-ups	5 weeks: motor functioning with motricity index, MRI scan, neuropsychological assessment, HADS 3 months (telephone) mRS, and questionairres (CLCE-24; SSQOL; USER-P, PROMIS-10, SEsx) 6 months telephone mRS 1 year motricity index, functional status mRS, neuropsychological assessment and questionairres (CLCE-24; SSQOL; USER-P, PROMIS-10, SEsx, HADS, NPI-Q)
Stroke-related data	See above
Functional tests/data	See above
Other medical tests/data	See above
Neuropsychological tests	Detailed neuropsychological test battery. 2 assessments (5 weeks and 1 year)
MRI scans, when and how many	1, after 5 weeks
PET scans	No

Psychiatric exams/diagnoses	No
Dementia diagnosis criteria	VASCOG
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

---