

Prevention Of Decline in Cognition After Stroke Trial (PODCAST)

Principal Investigator

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Summary

Country	UK
Principal Investigator	Professor Philip M Bath
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Key publication/reference	Bath et al. PLoS One 2017; 12(1):e0164608
Years in which study conducted	2010-2014
Sample	
Size	83
Population	Hospital
Selection	Consecutive
Admit with previous stroke?	Yes
Admit with TIA?	No
Age range	60+
Number of centres	19
Control group: number, population, selection	Randomised partial factorial trial in patients with recent stroke. No normal/community population
Assessment	

Initial:	Within 7 months: medical history, function, VRF, t-MMSE
First detailed assessment	- Clinical: ACE-R, MMSE, MoCA, TICS, Trails A+B, Stroop, IQ-CODE, verbal fluency (animal) - Telephone: MMSE, TICS
Follow-ups	- Clinical: 6, 18 months - Telephone: 12 months
Stroke-related data	- Type (CT scan), impairment (NIH Stroke Scale), IS cause - Vascular risk factors (hypertension, diabetes, IHD, atrial fibrillation, obesity, smoking, alcohol)
Functional tests/data	Disability (Barthel index), dependency (modified Rankin Scale), quality of life (EQ-5D, EQ-VAS)
Other medical tests/data	- Blood pressure - Lipids (TC, TG, HDL, calculated LDL)
Neuropsychological tests	No more than above
MRI scans, when and how many	None
PET scans	None
Psychiatric exams/diagnoses	Mood (Zung depression scale)
Dementia diagnosis criteria	DSM IV
Intervention trialled?	- Intensive vs guideline BP lowering - Intensive vs guideline lipid lowering

CT=computed tomography scan. VRF=vascular risk factors

