Results
Forty-five (14% of total stroke admissions) patients had dysphagia severe enough to require enteral feeding. All were initially treated with a nasogastric (NG) tube and 11 (24%) had a percutaneous endoscopic gastrostomy (PEG) tube inserted subsequently. Forty-two (93%) patients had a CT scan of which 38 (84%) had an infarct and 4 (9%) a haemorrhage. Nineteen patients (42%) recovered their ability to swallow. Median time to recovery was 12 days (range 4-36). Recoverers had significantly less pre-existing ischaemic heart disease (i.h.d.) (p<0.05) than non-recoverers but otherwise did not differ in terms of type of stroke, side affected, age, sex, characteristics of enteral feeding or post-stroke complications. Only pre-existing i.h.d. (odds ratio 3.7 (1.4-9.5)) was independently predictive of poor swallow outcome on the regression analysis. One swallow recoverer (5%) and 21 (81%) non-swallow recoverers died (p<0.001).

Conclusions
This is the largest series of severely dysphagic stroke patients reported to date. A significant proportion (42%) of patients recovered their ability to swallow within the first 5 weeks and this group had a very low mortality. Unfortunately baseline characteristics (other than absence of i.h.d.) were not capable of predicting who would recover their swallows.

HOMOCYSTEINE IN ISCHAEMIC STROKE AND VASCULAR DEMENTIA

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Introduction
Increased plasma total homocysteine (tHcy) is a risk factor for atherothrombotic disease. Suggested mechanisms for this include increased thrombogenesis and endothelial cell damage.

Methods
We studied 40 healthy controls (mean age 72 years), 52 ischaemic stroke patients, 1-3 months post-stroke (74 years) and 42 patients with vascular dementia, fulfilling the ADDTC criteria (74 years). All patients had a CT brain scan. We measured fasting plasma tHcy levels, and several components of the coagulation and fibrinolytic systems, including prothrombin fragments 1 and 2 (Fl-2), fibrin degradation products (FDP), both markers of thrombin generation and tissue plasminogen activator (TPA), a marker of fibrin production and vascular endothelial cell damage.

Results
There were significant correlations between tHcy and Fl-2 (p<0.01, r=0.25), FDP (p<0.05, r=0.18) and TPA (p<0.05, r=0.19). The tHcy level tended to be elevated in the ischaemic stroke group (18.1 ± 6.8 (±SD) nmol/ml) and the vascular dementia group (19.9 ± 7.6 nmol/ml) compared with controls (16.9 ± 6.1 nmol/ml).

Conclusion
We found evidence of activation of the coagulation and fibrinolytic systems (indicating increased thrombogenesis) and vascular endothelial disturbance in association with increasing tHcy levels.

CHOICE OF TESTS TO MEASURE COGNITIVE FUNCTION AFTER STROKE

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Introduction
Cognitive impairment is common after stroke. Measurement is problematic because many psychometric tests are heavily influenced by peripheral sensorimotor deficits. We evaluated six tests unaffected by loss of limb function to assess their usefulness in stroke patients.

Methods
Mental arithmetic, Auditory Verbal Learning Test (AVLT), Minnesota Board Form Test, Paced Auditory Serial Addition Test (PASAT), Raven's Progressive Matrices (RPM) and Verbal Fluency (VF) tests were administered to 49 (20 female, 29 male) subjects (mean age 74.2 years) at a median of 4.3 (range 0.1-16.8) years after stroke. Maximum testing time was set at two hours.

Results
47 subjects completed the RPM, 22 subjects the PASAT and 45 subjects the other tests. Mental arithmetic was the only test where scores failed to meet statistical criteria for normality (K-S = 1.5, p=.02). Cronbach's alpha for all tests excluding PASAT was 0.899, and was little affected by the omission of any one test. The optimal factor analysis model comprised two factors explaining 75% of test score variance (verbal 43%, spatial 32%).

Conclusion
Over 90% of stroke patients were able to complete most tests. All tests correlated highly with each other. The choice of at least one verbal test (AVLT or VF) and one spatial test (Minnesota or RPM) provides a good estimate of cognitive abilities in stroke patients.

CORRELATES OF SUBJECTIVE COGNITIVE DECLINE AFTER STROKE

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Introduction
The Informant Questionnaire on Cognitive Decline in the Elderly (IQCODE) is a standardised informant instrument useful in evaluating the impact of many disease processes on cognitive function. We sought to test its usefulness in stroke and, specifically, what aspects of cognitive function it correlates with.

Methods
A battery of psychometric tests together with the Hospital Anxiety Depression Scale (HADS) were completed by 45 of 49 (20 female,