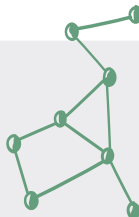


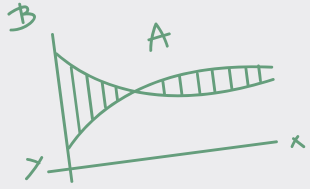
# Effect of Caffeine on Stroke Incidence in Rats

**Research question: How does the consumption of caffeine affect the likelihood of stroke in rats?**

**Hypothesis: Increased caffeine consumption in rats will lead to lower stroke rates**

$$A+B=C$$





## Before we start...

### Background:

- Symptoms of stroke - convulsions, blindness, unresponsiveness, or irregular breathing
- Cause of stroke- blood clots in the brain/cerebral hemorrhage
- Caffeine - rich in antioxidants, nervous system stimulant, promotes blood circulation

### Significance:

- Stroke is the leading cause of both death and long-term disability in the world
- 1 in 4 people over 25 will be hit by stroke

### Rationale:

- There is no cure for strokes

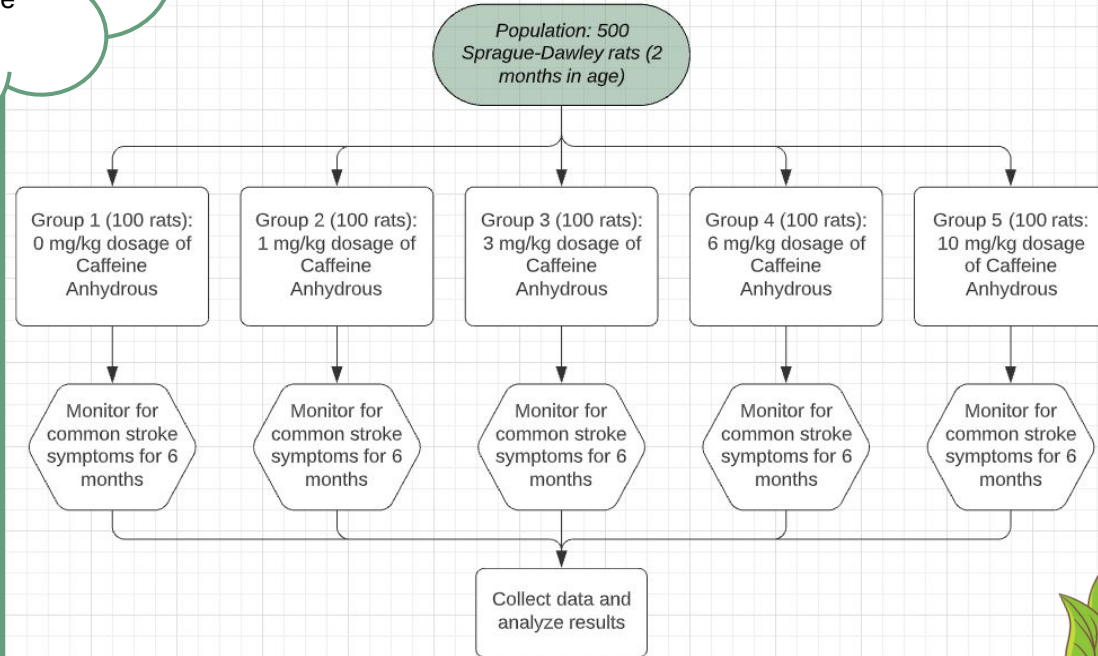


$$A+B=C$$

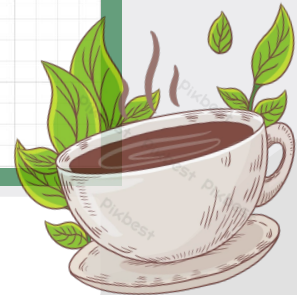
# Experimental Design

## Controls:

- Meals
- Light
- Temperature
- Exercise



Note: the average person drinks 6 mg of caffeine per kg of their body weight every day



# mNSS Explained

- Modified neurological severity scores:
  - Rates neurological functioning of rats on a scale of 14.
  - Includes a composite of motor, sensory, reflex, and balance tests
- Score analysis:
  - 1 ~ 4 = mild defects
  - **5 ~ 9 = moderate defects**
  - **10 ~ 14 = severe defects**



Figure 1. Cylinder Test

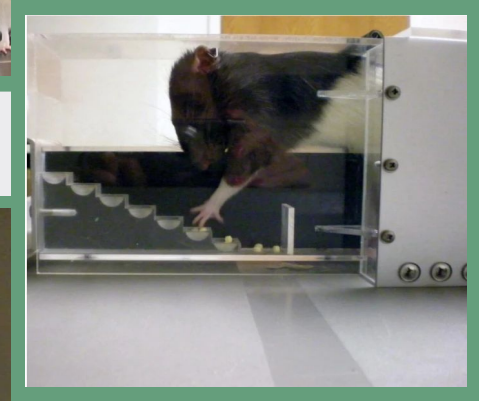


Figure 2. Staircase Test

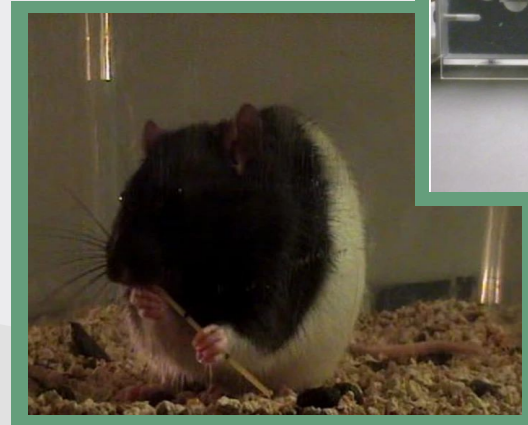
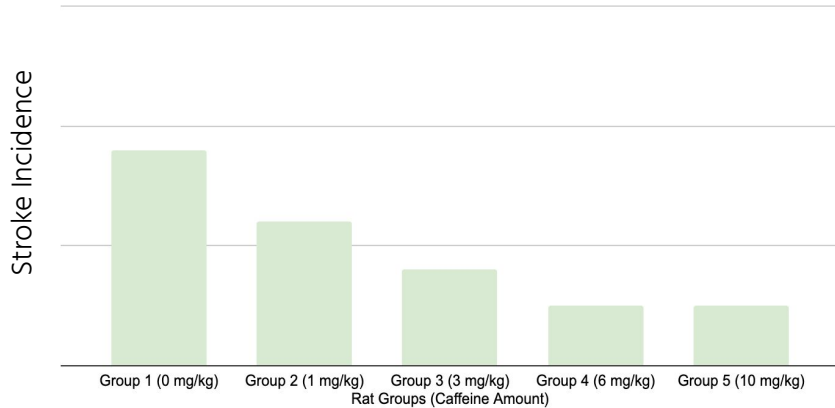


Figure 3. Pasta Test

# Potential Results

## Supporting Hypothesis

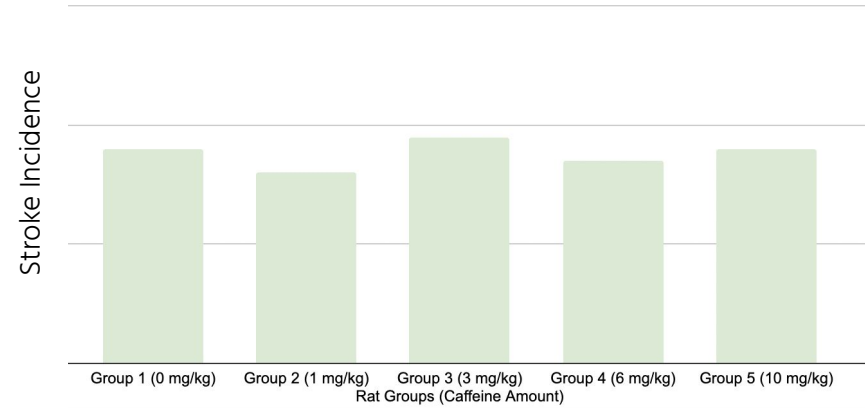
Distribution of Stroke Incidence per Group



- The experimental groups display significantly less incidences of stroke ( $p\text{-value} < 0.05$ )
- This can be explained by the study *Caffeine and Parkinson's Disease: Multiple Benefits and Emerging Mechanisms*.

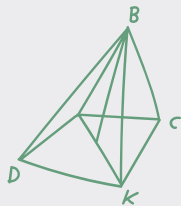
## Not Supporting Hypothesis

Distribution of Stroke Incidence per Group



- No significant difference in stroke incidence across all experimental groups and control ( $p\text{-value} > 0.05$ )
- This can be explained by the study *Effects of habitual coffee consumption on cardiometabolic disease, cardiovascular health, and all-cause mortality*





# Future Directions

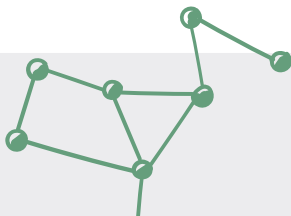
## Switch to human model

**Next logical research question:** *Do higher intake levels of caffeine reduce the likelihood of stroke in humans?*

- Provide set amounts of caffeine per experimental group
- Take into consideration extraneous variables (e.g. lifestyle habits, health history)



$$A+B=C$$



# References

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