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Characteristics of Women With Deep Vein Thrombosis (DVT) or Pulmonary Embolism (PE) During the MORE Trial C. Keech, A. Ciaccia, S. Sarkar, Indianapolis, Indiana

Background: Raloxifene (RLX) increases the risk of DVT/PE by ~ 3-fold in the Multiple Outcomes of Raloxifene Evaluation (MORE) trial. **Methods:** Postmenopausal (PM) women with osteoporosis were randomized to RLX 60 or 120 mg/d, or placebo (PL; n=7705) and treated for ≤4 years. Women adjudicated with serious adverse events of DVT/PE were assessed for known DVT/PE risks. **Results:** In all, 64 PM women had a DVT/PE: 44 DVT, 14 PE, 6 both DVT/PE. Sixty-nine percent of events were in women who had ≥1 additional risk: 53% had concurrent immobilization (25% major surgery, 14% hospitalization >3 days without surgery, 8% trauma/fracture limb, 6% longhaul flight) and 27% had hypercoagulable state (9% advanced cancer, 11% history of DVT/PE, 8% genetic variant) [RLX *v* PL, overall $P > 0.7$]). No deaths caused by DVT/PE were attributed to RLX. Of the 6 RLX-treated women who had a recurrent DVT/PE during the trial, 5 had this event in the first 13 months. During the first 2 years when most events occurred, 9% and 6% of RLX-treated women were on chronic aspirin and statins, respectively versus 0% and 0% for PL. Twenty-nine percent of RLX- and 56% of PL-treated women used estrogen previously. **Conclusion:** Most PM women with DVT/PE in the MORE trial had ongoing risk factors for DVT/PE, including immobilization and hypercoagulable state. Whether treatment with statins or aspirin reduces occurrence of DVT/PE while on RLX therapy requires further study.

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The Effects of the Functional Tone Management (FTM) Arm Training Program On Upper Extremity Motor Control On Chronic Post-Stroke Individuals J. Farrell, Morehead City, North Carolina; H. Hoffman, Mount Pleasant, South Carolina; J. Snyder, Beaufort, North Carolina; C. Giuliani, Chapel Hill, North Carolina

Background: The purpose of this study is to investigate the effect of functional arm training with a FTM dynamic orthosis on upper extremity movment of chronic post-CVA survivors. The FTM was designed to allow stroke patients to quickly incorporate grasp and release function. **Methods:** Each subject was fitted for a FTM dynamic orthosis and received 5 days of therapeutic treatment and training, 6 hours per day. Treatment intervention consisted of repetitive, task oriented arm movements using the FTM dynamic orthosis, movement specific exercises using the Hemi-Glide™ exercise device, and neuromuscular electrical stimulation targeted to the wrist and finger extensors. **Results:** Data analysis using paired *t*-tests showed significant improvements in shoulder flexion, shoulder abduction, elbow flexion, elbow extension,and wrist extension. Additionally, all 3 qualitative assessment tools—the Fugl Meyer, the Motor Status Assessment, and the modified Ashworth—showed statistically significant improvements. **Conclusion:** The FTM dynamic orthosis used in combination with the prescribed UE exercise protocol increased mean values for shoulder flexion, shoulder abduction, elbow flexion, elbow extension, and wrist extension in a group of 13 adult post CVA participants.

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Risk Factor Screening By Registered Nurses Promotes Risk Reduction Behaviors C. Kingsley, Ocala, Florida

Background: Munroe Regional Center's Stroke & Vascular Center was created to increase public awareness of risk factors and symptoms of stroke and cardiac and vascular disease. **Methods:** Clients were made aware of personal risk factors during community health screenings. Eleven thousand eight hundred and fifty-six persons were screened for stroke risk. Screenings performed by RNs included: health history, blood pressure, pulse, rhythm strip ECG, total cholesterol, blood glucose, carotid artery auscultation, abdominal palpation for pulsatile mass, and the Ankle Brachial Index. Clients were advised to seek physician attention for abnormal findings/risk factors noted. One month following thier screening, each client with an abnormal finding was telephoned to determine what risk reduction/health promotion activities the client had taken since the screening. **Results:** Health promotion/ risk reduction behavior varied according to the risk factor identified. Actions taken included contacting thier MD, recieving new or changed medications, beginning exercise programs, changing diet habits, follow up diagnostic testing and surgical interventions. **Conclusion:** We have shown that RN assessment and counseling can prompt health promotion behaviors. Up to 58% of clients reported some action to reduce risk.

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Reduction of Neuroprotective Role of Neuroserpin After Cerebral Ischemia/Reperfusion in Diabetic Rats L. Wang, C. Lu, J. Qiao, Q. Dong, Shanghai, China; B. Xiao, Stockholm, Sweden

Background: To investigate disturbances in fibrinolytic components in diabetic rats with middle cerebral artery occlusion. **Methods:** Middle cerebral artery occlusion in diabetic (induced by streptozotocin) and control rats was performed using intraluminal procedure. Cerebral infarction volume was detected with TTC staining. The mRNA of tissue plasminogen activator (t-PA), urokinase-type plasminogen activator (u-PA), plasminogen activator-1 (PAI-1), neuroserpin (NSP) was detected with RT-PCR. PA and PAI activity was determined with spectrophotometric methods. **Results:** Comparison of cerebral injury at 23 hours after reperfusion indicated that infarction volumes were increased in diabetic rats as compared to normal rats. Cerebral ischemia/reperfusion in normal and diabetic rats was accompanied by increased expression of t-PA, u-PA, PAI-1 and NSP mRNA at 1, 2, 5, 11, and 23 hours after reperfusion. Expression of NSP mRNA, but not t-PA, u-PA and PAI-1 mRNA, reduced to undetectable levels at 11 and 23 hours after reperfusion in diabetic rats, compared to normal rats. In ischemic brains of diabetic rats and normal rats, activity of PA and ratio of PA/PAI was significantly reduced at 5 hours after reperfusion, and that of diabetic rats reduced more. **Conclusion:** The exacerbation of ischemic injury in diabetic rats may related to reduction of fibrinolytic components and neuroprotective role of NSP.