

**The Correlation Between Brain CT Scan And  
The Oxfordshire Community Stroke Project  
(OCSP) Classification In Acute Ischemic Stroke.**

Amira R Al-Buhairi, Stephen Phillips, Grant Llewellyn, and  
Mohammed M S Jan.

**Background.** - The Oxfordshire Community Stroke Project (OCSP) is a simple clinical classification system which has been shown to be predictive of outcomes. In this study we looked at the correlation between OCSP and brain CT .

**Method.** - A cohort of consecutive cases of acute ischemic stroke admitted to the Acute Stroke Service during the 3 year period ending 31 December 1996 were identified from the Acute Stroke Registry. CT scans were reviewed by single neuroradiologist without knowledge of the OCSP type.

**Results.** 403 patients were included in the study, 32 were excluded because of unavailable CT. In 232 patients (63%) CT showed the lesion responsible for the clinical syndrome. The positive predictive values were; 80%(95% CI 69-91) for total anterior territory infarcts (TACS), 93%(87-98) for partial anterior territory infarcts (PACS), 94% (88-100) for lacunar infarcts (LACS), and 97%(91-100) for posterior circulation infarct (POCS).

**Conclusion.** - The strong positive predictive values of the OCSP subtypes makes it suitable for use in clinical trials, epidemiological studies, as well as clinical practice.

**Type A behavior and stroke: Tenseness dimension  
may be a risk factor for cerebral infarction**

JS Kim (Seoul, Korea), S Choi-Kwon (Cheon-An, Korea)

**Background:** Although Type A behavior (TAB) has been shown to be related to coronary heart disease, the relationship between TAB and stroke was rarely investigated. **Methods:** We studied TAB in stroke patients with the use of the questionnaire developed by Eysenck and Fulker (1983) that has 4 subdimensions: Tenseness, Ambition, Activity, and Unrepressed. The questionnaire was administered to 224 patients with acute stroke and 100 control subjects. The patients were further classified as having cerebral infarction (large vessel infarction and small vessel infarction), and intracerebral hemorrhage. **Results:** We found that among the 4 subdimensions, only Tenseness score was significantly higher in patients with cerebral infarction but not in those with intracerebral hemorrhage compared to the controls. On subgroup analysis, Tenseness score was higher in patients with large vessel infarction but not in those with small vessel infarction than those with intracerebral hemorrhage or controls. The association of high Tenseness score with cerebral infarction (and large vessel infarction) remained still significant ( $p < 0.05$ ) after multiple logistic analysis adjusting various risk factors such as hypertension, diabetes mellitus, cigarette smoking and habitual alcohol drinking. **Conclusions:** Our data suggest that high Tenseness dimension of TAB may be an independent risk factor for ischemic stroke, probably associated with atherogenesis.

**The Kansas City Stroke Prevention and Community Education Project**

M. Welch, D. Summers, A. Kelly, M. Rymer (Kansas City, Missouri)

**Background**

The availability of acute stroke treatment with thrombolytics and neuroprotective agents makes it essential the public understand risk factors and warning signs of stroke and seek immediate medical evaluation. The public education project undertaken in Kansas City has a goal to educate three distinct populations with innovative educational tools whose effectiveness can be measured; the elderly, African American, and individuals in a corporate setting.

**Methods**

An initial survey to determine knowledge base was administered to a statistically significant number of people in all three distinct populations. Several original educational tools were developed by the Stroke Team to be used as teaching aids including: examining room flip chart, Stroke play, newsletter, Stroke Quiz, key chains, refrigerator magnets, crossword puzzles and other games.

**Results**

The results of the baseline survey indicated a low level of understanding of stroke warning signs, risk factors and need for immediate medical evaluation, a finding consistent with previous larger surveys. The educational tools are in use and will be demonstrated in this poster.

**Conclusions**

New and innovative teaching materials and events beyond brochures and lectures are needed for the education of the public regarding risk factors and warning signs of stroke. The results of the follow-up survey are pending.

**Lifestyle factors and the stroke risk in Seoul, Korea**

S Choi-Kwon (Cheon-An, Korea), JS Kim (Seoul, Korea)

**Background:** Stroke risk factors especially lifestyle associated factors may be different among different ethnic groups and thus should be studied in each community. The purpose of the present study is to elucidate risk factors for stroke in Seoul, Korea. **Methods:** 304 stroke patients and 249 age-matched controls were studied. Using a structured interview, we assessed various lifestyle associated factors related to stroke: hypertension (HT), diabetes mellitus (DM), cigarette smoking, alcohol drinking, sodium intake, salt preference, daily physical activity, physical exercise, vegetable intake, fruit intake, fish consumption, body mass index, total body fat and skinfold thickness of triceps, subscapular and abdomen. **Results:** 232 patients had cerebral infarction (CI) and 72 had intracerebral hemorrhage (ICH). Multivariate logistic regression analyses revealed that followings were independent risk factors: For CI in men, HT, DM, high sodium intake, low intake of vegetables and excessive abdominal skinfold thickness; For ICH in men, HT, heavy alcohol drinking, high sodium intake, excessive abdominal skinfold thickness, low total body fat, and low fat consumption; For CI in women, HT, DM, high sodium intake, low physical activity index, and lack of recent physical exercise; For ICH in women, HT, high sodium intake, and lack of recent physical exercise. **Conclusions:** Our results showed that in Seoul, Korea, aside from established risk factors, high sodium intake, lack of physical activity or exercise, and central body fat deposition are relatively important lifestyle factors related to stroke whereas factors such as cigarette smoking, hypercholesterolemia and body mass index are not.