

057 NEUROPATHIC PAIN IN MULTIPLE SCLEROSIS: IMPACT OF SPINAL CORD STIMULATION, AN UNDER-UTILISED MODALITY?

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Introduction Neuropathic extremity pain is reported in 26% (95% CI 7-53%) of patients with multiple sclerosis (MS),¹ causing significant morbidity. Evidence for pharmaceutical management is limited and medications may cause prominent adverse effects. Spinal cord stimulation (SCS) is an effective treatment for central neuropathic pain and has demonstrated efficacy in MS.²⁻⁴ Limitations to use include lack of awareness, expense and the consequent inability to perform MRI for MS surveillance.⁴

Methods We report four patients from a regional MS clinic with refractory neuropathic pain referred for SCS. Quality of life scores using the multiple sclerosis impact scale (MSIS-29) and medications requirements prior to SCS and at most recent review were assessed.

Results Four female patients, aged 48 to 55, were referred for SCS. All patients had a positive response to trial stimulation and proceeded to SCS implantation. Mean MSIS-29 score was 101/145 (range 91-121) prior to SCS and 54.5/145 (range 40-83) at most recent review. Three patients were able to reduce or cease analgesic medications. There was no associated operative morbidity.

Conclusions Three of the 4 patients in this series with refractory neuropathic pain experienced significant improvement in quality of life, measured by MSIS-29, after SCS implantation and were able to reduce or discontinue analgesic medications. SCS is a potentially effective treatment for refractory neuropathic pain in MS however is under-utilised for this indication. These 4 individuals, identified from a regional MS service, represent the only MS patients referred to this tertiary pain centre in recent year for consideration of SCS.

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058 ROLE OF DUAL ANTIPLATELET THERAPY IN TRANSIENT ISCHEMIC ATTACK

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Objectives Short-term dual antiplatelet therapy (DAPT) with clopidogrel and aspirin for secondary prevention in transient ischemic attack (TIA) has been shown to reduce 90-day stroke risk, including for symptomatic high-grade carotid stenosis >50%.¹⁻³ Beyond 30 days, haemorrhagic

complications outweighed benefits.³ At our institution, there remains hesitancy of the use of DAPT. We aim to determine prescription rate of DAPT by Emergency Department (ED) versus Stroke Unit (SU) and evaluate 90-day stroke and bleeding risk.

Methods Retrospective analysis was performed on all TIA patients admitted to Barwon Health between January 2019 to July 2020. Patients commenced on 21-day DAPT were identified. High-risk TIA was defined as symptomatic carotid stenosis >50%. Bleeding risk was defined as major haemorrhage i. e. symptomatic intracranial haemorrhage or gastrointestinal bleeding.

Results 208 TIA patients were identified; 127 patients and 81 patients were admitted to ED and SU respectively. A higher rate of DAPT prescription was seen in the SU at 33.3% (27/81) versus 16.5% (21/127) in ED. 18.5% (5/27) SU patients versus 14.3% (3/21) ED patients were deemed to have had high-risk TIA. No cases of recurrent stroke or major haemorrhage at 90 days were seen in patients receiving DAPT.

Conclusion DAPT prescription is lower in ED when compared to SU. At Barwon Health, consultation with the stroke team is encouraged to facilitate high-risk TIA management. A low 90-day stroke and bleeding risk on short term DAPT for TIA was observed in this study. Given our small sample size, this finding may not be generalisable to different settings.

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059 IMPACT OF ACCESS TO MRI ON NEUROLOGY INPATIENTS IN A TERTIARY REFERRAL HOSPITAL

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Objectives Magnetic resonance imaging (MRI) is critical for neurological diagnosis. A major challenge remains access to timely inpatient MRI. This study aims to investigate how delayed access to inpatient MRI may impact time to diagnosis, time to definitive treatment, length of stay, and ultimately hospital budgets in an Australian Tertiary Hospital.

Methods The present study assessed the effect of MRI wait times on time to discharge in neurology inpatients at Concord Repatriation General Hospital (Sydney, Australia), a 750-bed tertiary referral hospital with one MRI scanner, between 1 September and 30 November 2020. Data was analysed using descriptive statistics.

Results The study included 84 patients. Average MRI wait time was 2.1 days. The most common indication for MRI was exclusion of stroke not identified on CT. Overall, 26% of patients experienced a delay to discharge while waiting for MRI. The delay to discharge for these patients was 1 to 4 days, with a median of 1 day. 30% of MRIs allowed same