

sympathy/empathy) to 7.4% (dysexecutive profile with relative sparing of episodic memory and visuospatial ability). Eighty-nine patients (82.4%) demonstrated either episodic memory dysfunction or visuospatial disability in addition to a dysexecutive profile, disqualifying them from the cognitive criterion according to the diagnostic guidelines. No significant difference emerged between age at disease onset, education level, disease duration or sex and the frequencies of diagnostic criteria.

Conclusions We demonstrate the real-world frequency of the revised diagnostic criteria in the largest cohort of patients with probable and definite bvFTD. Most patients met diagnostic criteria on behavioural features alone. The cognitive requirement is proving disproportionately restrictive and no longer reflects the evidence accumulated in the past decade.

2406 CLINICAL PHENOTYPES AND SURVIVAL IN PATIENTS WITH MOTOR NEURON DISEASE IN THE WAIKATO REGION, NEW ZEALAND

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Objectives Metabolic dysfunction is increasingly recognised to be important in the pathogenesis of Motor Neuron Disease (MND). Little is known about the pre-morbid prevalence of metabolic syndrome (MetS) in MND and its effect on the survival. We reviewed the clinical features and reported the baseline prevalence of MetS and its impact on survival in MND patients. We also studied the difference with respect to ethnicity.

Methods We undertook a retrospective study of MND patients registered at Waikato Hospital, New Zealand, between 2013–2020. We collected various demographic and clinical data. Survival analysis was performed using the Kaplan-Meier and Cox proportional-hazards model.

Results We enrolled 106 MND patients, of which 97% had sporadic MND. The mean age at onset was 64.6 years. The male-to-female ratio was 1.65. 82% were Europeans, 10.4% were Māori and 7.6% others. The mean survival from onset was 53.6 months. Overall, 32.7% of patients had MetS at baseline. Moreover, those with MetS had significantly reduced survival than those without; 38.4 months versus 61.3 months respectively ($p=0.044$). MetS was consistently associated with worse survival, even after adjustment for age, gender, and ethnicity, HR 1.68 ($p=0.041$). Māori patients were more likely to be younger, male, and have primary lateral sclerosis (PLS) and progressive muscular atrophy (PMA), resulting in a trend towards better survival than Europeans.

Conclusion The prevalence of pre-morbid MetS was increased among MND patients. Furthermore, MetS was associated with worse survival. Our study strengthens the view that metabolic dysfunction is a key factor in MND pathogenesis and suggests that MetS should be further studied as a potential risk and prognostic factor.

2247 MULTIMODAL OUTCOMES AFTER FRONTAL LOBE EPILEPSY SURGERY IN A UK COHORT

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Objective To describe long-term seizure remission and relapse patterns, psychiatric comorbidity, and socioeconomic outcomes following frontal lobe epilepsy surgery.

Methods We reviewed data on frontal lobe epilepsy procedures at the National Hospital for Neurology & Surgery, UK, between 1990 and 2020. This included the presurgical evaluation, operative details and annual postoperative seizure and psychiatric outcomes, prospectively recorded in an epilepsy surgery database. Outcome predictors were subjected to multi-variable analysis, and rates of seizure freedom analysed using Kaplan-Meier methods. We used longitudinal assessment of the Index of Multiple Deprivation to assess change in socioeconomic status over time.

Results A total of 122 individuals with a median follow-up of seven years were included. Of these, 33 (27%) had complete seizure freedom following surgery, with a further 13 (11%) having only auras. Focal MRI abnormality, a focal lesion on histology (focal cortical dysplasia, cavernoma or dysembryoplastic neuronal epithelial tumour) and fewer anti-seizure medications at time of surgery were predictive of favourable outcome; 67% of those seizure-free for the first 12 months postoperatively never experienced seizure relapse. Thirty-one of 50 who had preoperative psychiatric pathology noticed improved psychiatric symptomatology by two years postoperatively. New psychiatric comorbidity was diagnosed in 15 (13%). Persistent motor complications occurred in 5% and dysphasia in 2%. No significant change in socioeconomic indices of deprivation was observed after surgery.

Conclusion Favourable long-term seizure, psychiatric and socioeconomic outcomes can be seen following frontal lobe epilepsy surgery. This is a safe and effective treatment that should be offered to suitable individuals early.

2319 DETERMINING THE OPTIMAL CT PERFUSION THRESHOLDS FOR CORE AND PENUMBRA IN ACUTE POSTERIOR CIRCULATION ISCHAEMIC STROKE

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