

impaired ICP CPP and PRx). Prognostic importance for mortality was assessed using a multivariable logistic regression model.

**Results** 822 patients were included of which 76% had elevated ICP, 92% had disturbed pressure reactivity and 55% had low CPP for at least an hour. Percentage of overall monitoring time spent with isolated insults were: 2.9% for CPP; 22% for ICP; and 23% for PRx. Percentage time of combined insults were: 5.8% PRx and ICP; 1.6% for CPP and ICP; 1.5% for CPP and PRx; and 1% for CPP ICP and PRx. Combined insults of CPP, ICP and PRx had the strongest relation with mortality on multivariable analysis (OR 1.18 95%CI 1.11–1.28,  $p < 0.001$ ).

**Conclusion** ICP and autoregulation insults are common after TBI and often occur independently. Concurrent ICP, CPP and PRx insults portend worse prognosis than when a single variable is deranged.

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#### EXPLORING THE UPTAKE, AND REAL-WORLD EFFICACY OF INTRAMUSCULAR TIXAGEVIMAB150MG/150MG CILGAVIMAB (EVUSHELD™) IN MULTIPLE SCLEROSIS PATIENTS (PWMS) DURING COVID 19 PANDEMIC

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**Background** In Australia, Evusheld – (tixagevimab150mg and cilgavimab150mg) is currently the only pre-exposure prophylaxis for COVID-19 infection. Persons with Multiple Sclerosis (pwMS) who are treated with anti-CD20 antibodies and sphingosine 1-phosphate receptor modulators have an impaired vaccine-induced immune response, resulting in an increased risk of severe COVID-19 infection. The uptake and efficacy of Evusheld in real-world MS populations is not known and forms the basis of this study.

**Objective** To analyse the uptake, compliance, and real-world efficacy of Evusheld in prevention and severity of COVID 19 infections.

**Methods** This study was approved by Human Research Ethics Committee (HREC) and was conducted in a tertiary MS centre. We retrospectively analysed electronic medical records (EMR) and MSBase registry of pwMS with documented prior patient driven consultation to discuss Evusheld. Follow up phone call to confirm administration and any COVID 19 infection was undertaken by two nursing staff.

**Results** Of the eligible pwMS in our service only 52.7% requested a formal consultation to discuss Evusheld. A total of 233 pwMS were included in the study. Evusheld consultation resulted in 71.67% Evusheld administration. 94.1% of pwMS who received Evusheld had already had three or more COVID 19 vaccines. 19.16% of those who had received a single dose of Evusheld later tested positive for COVID 19 during the 26 weeks observation period. The majority of these individuals (68.8%) were on Ocrelizumab. Nil required hospitalisation. Administration site setting was more favourable at opportunistic infusion centre.

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#### ADMISSION HAEMOGLOBIN CONCENTRATION AND OUTCOME AFTER ENDOVASCULAR THROMBECTOMY IN LARGE VESSEL OCCLUSION STROKE

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**Objectives** After ischaemic stroke, low and high haemoglobin levels have been shown to be detrimental in large epidemiologic studies. It is unclear whether admission haemoglobin levels have prognostic value in patients treated with endovascular thrombectomy (EVT).

**Methods** Consecutive anterior and posterior circulation stroke patients who presented for EVT were included in this retrospective analysis. Admission haemoglobin levels were divided into quintiles (Q1-Q5). Outcome measures included early neurologic deterioration (END), defined as an NIHSS increase of  $\geq 4$  points from admission to 24 hours, 90-day functional dependence (modified Rankin score  $>2$ ) and 90-day mortality.

**Results** 970 EVT patients (554 male, mean  $\pm$  SD age of  $67 \pm 15$ , mean  $\pm$  SD admission haemoglobin level of  $138 \pm 18$ ) were included. In binary logistic regression adjusting for potential confounders, low admission haemoglobin predicted functional dependence at day 90 (Q1 vs Q3 OR 1.63; 95% CI 1.01 – 2.62,  $p=0.04$ ) but did not predict END or death at day 90. High admission haemoglobin levels predicted END (Q5 vs Q3 OR 2.54 95%CI 1.20- 5.37,  $p= 0.01$ ), death at day 90 (Q5 vs Q3 OR 3.11 95% CI 1.50 – 6.41,  $p=0.002$ ) as well as a trend towards increased functional dependence at day 90 (Q5 vs Q3 OR 1.51 95% CI 0.93- 2.44,  $p=0.10$ ).

**Conclusion** In stroke patients treated with EVT, both low and high admission haemoglobin levels are associated with worse patient outcomes. Optimizing haemoglobin levels may be a therapeutic target in large vessel occlusion stroke.

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#### SUBHYALOID HAEMORRHAGE POST THROMBOLYSIS: AN UNDER RECOGNISED COMPLICATION?

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**Introduction** Impairment of vision following an acute stroke is a common finding with many aetiologies in this population. Acute changes in vision post thrombolysis although also frequently observed is often overlooked. This case demonstrates an important complication post thrombolysis, subhyaloid and vitreous haemorrhage, which can benefit from early recognition and management.

**Case** An 80 year old female presented as a stroke code, within thrombolysis window, with expressive and receptive aphasia, right sided weakness, NIHSS 8. Initial stroke series imaging with CT brain, CT carotid angiogram and CT perfusion scan did not identify an established stroke, large vessel occlusion or definitive perfusion defect. The patient was thrombolysed with Alteplase 0.9mg/kg, and transferred to the intensive care unit, as per local protocol for ongoing observation. There was rapid improvement in her right sided weakness with more gradual improvement in her aphasia. Day 1