alternations of level of consciousness in acute stroke appear to be associated with pronounced leukocytosis, hyponatriemia, elevated urea and creatinine.

Key words: alternations of level of consciousness, stroke **References:**

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. Lancet 1974:81–84.

Lyden PD, Lu M, Levine S, Brott TG, Broderick J. A modified National Institutes of Health Stroke Scale for use in stroke clinical trials. Preliminary reliability and validity. Stroke 2001;32:1310–1317.

26

Outcome of acute rehabilitation after stroke

Mira Kadoiić & Dragutin Kadoiić

Department of Physical Medicine and Rehabilitation and Department of Neurology, University Hospital Osijek, J. Huttlera 4, 31000 Osijek, Croatia

E-mail: kadojic.dragutin@kbo.hr

Introduction/Objectives: The aim of this research was to identify the outcome of the acute rehabilitation after the stroke and to analyze a degree of recovery in certain age groups.

Participants, Materials/Methods: Our retrospective analysis included 517 patients treated after the first stroke at Department for physical medicine and rehabilitation in Bizovac, University Hospital Osijek, Croatia in 2005 and 2006.

Results: Average value of BI in all examinees at the beginning of rehabilitation was 52.99 and in the end it was 65.77. Average Delta value of improvement level was 12.78. 15 patients suffered the first stroke at the age less than 44, average BI value at admission was 69.4 and 78.4 at discharge, while Delta value was 9.0. In the age group 45-54 years there were 56 patients, average BI value at admission was 62.7 and 75.82 at discharge, while Delta value was 13.25. In the age group 55–64 years there were 77 patients, average BI value at admission was 55.81 and 68.57 at discharge, while Delta value was 12.92. In the age group 65-74 there were 202 patients, average BI value at admission was 51.23 and 64.26 at discharge, while Delta value was 13.2. In the age group 75-84 years there were 158 patients, average BI at admission was 49.69 and 62.34 at discharge, while Delta value was 12.6. In the age group over 85 years there were 9 patients, average BI value at admission was 34.44 and 49.22 at discharge, Delta value was 14.77.

Conclusions: After conducted acute rehabilitation in all age groups significant recovery of functional deficit was obvious as well as improvement in everyday living activities. Average value of Barthel Index at the admission to the rehabilitation was at the level of severe dependence in all age groups while at the discharge all patients showed improvement and were placed in the group of medium dependence. The value of Barthel Index decreased with age while functional recovery, which was expressed through Delta value, was equal in all age groups. The highest degree of dependence was noticed in patients who were 85 year old or more and one remained the same.

27

Correlation between extra-cranial and transcranial Doppler in evaluation of ischemic stroke

Jasminka Đelilović-Vranić¹ & Eldina Osmanagić²

¹Neurology Clinic, Clinical Center of Sarajevo University, ²Radiology Diagnostic Center-Sarajevo, Bolnicka 25, 71000 Sarajevo, Bosnia and Herzegovina

E-mail: djelila@bih.net.ba

Introduction/Objectives: Disorders of intracerebral hemodynamic as a result of atherosclerotic and arteriosclerotic changes are

frequent cause of ischemic-thrombotic CVI. Goal is to present correlation of extra cranial and tanscranial Doppler in case of already developed ischemic CVI.

Participants, Materials/Methods: In this study we analyzed 96 patients with ischemic CVI, according to thrombosis type, confirmed with CT scan.

Results: Patients' age ranged from 45 to 76 sears, with 58 women and 38 men. Among risk factors, hypertension was present in 87%, Diabetes 32%, hyper lipids in 29%, and smoking in92% of patients. In the acute phase of CVI, with TCD method we recorded hypo perfusion in 79% of cases, and extra cranial color Doppler indicated narrowing of ACI above 50% and expressed atherosclerotic changes among 42% of patient, while in 18% ACI narrowing is not found up to 30% and in remaining 28% was without stenosis changes. In 3 cases there was a complete occlusion of ACI (2 on the right and 1 on the left side), and neurology deficit was from very mild to mild hemiparesis.

Conclusions: Disorder of hemodynamic in intracranial part is not in complete correlation with the extra carotid part of circulation.

28

Functional diagnostics of reading difficulties in dysphasic adults

Nađa Runjić & Đurđica Vranić Diagnostic/Logopedic Department, Suvag Polyclinic, Kneza Lj. Posavskog 10, 10000 Zagreb, Croatia E-mail: nrunjic@suvag.hr

Introduction/Objectives: Dysphasia is one of speech disorders in which there is impairment of the power of expression by spoken language, writing, or signs, or impairment of the power of comprehension of spoken or written language. Functional diagnostics of such patients is directed to the positive rehabilitation outcome. The objective of this study was to present the minimal diagnostic program for reading disabilities in patients with sensomotor dysphasia.

Participants, Materials/Methods: Ten patients aged 40–80 were tested. Control group consisted of 10 healthy persons matched by age, gender and non-verbal status.

Complete diagnostic evaluation was performed included ophtalmological, otoneurological, evoked auditory and visual potentials, logopedic, psychological and psychiatric evaluation.

Results: The results show the positive correlation between:

- 1. Auditory synthesis and analysis results and auditory brainstem potentials findings,
- 2. Vasomotor function results and visual evoked potentials.

Conclusions: Minimal functional diagnostic program for dysphasic patients with reading difficulties must consist of neurological, logopedic and psychological testing. According to the results of psycholinguistic abilities evoked potentials testing (auditory and/or visual one) will be done for the rehabilitation purposes.

29

Dysphagia in Huntington's disease – a course analysis

Karin M.Reisinger, Walter Habermann & Hans-Peter Kapfhammer Universitätsklinik für Psychiatrie, LKH Graz, Auenbruggerplatz 31, 8010 Graz, Austria

E-mail: karin.reisinger@klinikum-graz.at

Introduction/Objectives: Chorea Huntington (HD) is a neurodegenerative genetic disorder with psychiatric symptoms. The most patients die because of aspiration pneumonia which is the follow of dysphagia.

© 2009 The Authors

Journal Compilation © 2009 John Wiley & Sons A/S Acta Neuropsychiatrica 2009: 21 (Supplement 2): 73–94