similar group of stroke patients. Changes in patient stroke recovery parameters will be measured and reported on magnitude of change for future work. *Conclusions:* Innovative ways to enhance patient engagement early after a stroke can optimalize stroke recovery. This project will shed some light on the effects of a music-enhanced intervention

P.063

The evolving epidemiology of infective endocarditis at St. Paul's Hospital and Vancouver General Hospital

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Background: SPH and VGH are the two largest tertiary care centers in BC's Lower Mainland. Among those served are the low-SES, high-risk population of Vancouver's Downtown East Side (DTES). We aim to characterize the changing epidemiology of infective endocarditis (IE) in this population from 1995 and 2014. To date, our database is among the world's largest. *Methods:* 1337 cases were identified using ICD9/10 codes. A retrospective chart review was conducted to collect demographic data including HIV status, IVDU, neurologic complications and mortality. The cohort was dichotomized into IVDU and non-IVDU, and first (1995-2005) and second (2006-2014) decades. Data analysis was performed using univariate chi-square and t-tests. *Results:* Age at presentation has increased in the past decade (45 vs 55,p<0.001). Rates of IVDU and HIV have decreased significantly (50.5% vs 44.3%,p<0.001; 21.8% vs 7.9%,p<0.001, respectively). Neurologic complications were less frequent in non-IVDUs (16.5% vs 28.9%,p<0.01). Mortality was greater in those with neurologic complications (RR=2.6 95%CI:2.1-3.3,p<0.001). Patients with neurologic complications were more likely to undergo cardiac surgery (RR=1.6 95%CI:1.3-2.0,p<0.001). *Conclusions:* Our findings highlight the changing epidemiology of IE. Some discrepancies between our data and the existing literature may be accounted for by Vancouver's unique DTES population. Further work characterizing this is ongoing.

Neurology and Child Neurology Subspecialties

Dementia and Cognitive Disorders

P.064

Sex differences in patients referred to a rural and remote memory clinic

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Background: Dementia is more prevalent in women. Sex differences exist as the disease progresses (e.g. males are more likely to become aggressive). In many medical illnesses (e.g. cardiac disease), there are differences in presentation between men and women. The current study explores sex differences at the patients' initial presentation to the Rural and Remote Memory Clinic (RRMC). *Methods:* Patients were referred to the RRMC in Saskatoon, Saskatchewan. Cognitive and demographic data were collected. Questionnaires included cognitive (e.g. Mini-Mental Status Examination) and daily living (e.g. Instrumental Activities of Daily Living) assessments. *Results:* Three hundred and seventy-five (159 male, 216 female) patients participated. Of these patients, 146 (49 male, 97 female) were diagnosed with Alzheimer's disease. Males and females presented to the clinic at similar ages. Females were more likely to have a son or daughter caregiver and to live alone. Males were more likely to be currently working and to be a former smoker. No statistically significant differences were found for cognitive assessment scores. *Conclusions:* Analysis of the initial presentation of patients to the RRMC revealed females and males had similar presentation in measures of cognitive impairment. This may be reassuring for patients and their families knowing their family member, regardless of sex, is receiving equivalent referral to receive care.

P.065

Alzheimer's disease (AD) and dementias in Canada: First national surveillance data from the Canadian Chronic Disease Surveillance System (CCDSS)

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Background: With a growing and aging population, the number of individuals with AD and dementias and their associated costs are expected to increase in Canada. Up to now, no national mechanism was in place to monitor the epidemiological burden of AD and dementias. This presentation will showcase the first CCDSS data available on these conditions. *Methods:* Through the CCDSS, a Federal/Provincial/Territorial partnership, health administrative databases are linked to collect data on chronic conditions. Using selected ICD-9(CM)/ICD-10 codes for AD and dementias, the validated case definition implemented to identify relevant cases aged 65+ is:

- 1+ hospitalizations; or
- 3+ physician claims within 2 years, with a 30-day-gap between each claim; or
- 1+ anti-dementia drug prescriptions.

Prevalence and incidence rates will be presented by 5-year age group, sex, province/territory, and fiscal year. **Results:** Overall, incidence and prevalence rates were higher in women. The prevalence rate approximately doubled between 5-year age groups and sex differences tended to widen with age. While aged-standardised data show increasing prevalence rates over time, incidence rates fluctuated but suggest a decline since 2009/10. **Conclusions:** CCDSS data can be used to monitor the burden of AD and dementias in Canada. This information is important for the assessment of prevention actions and the planning of health care resources.

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