visual impairment (PSVI). **Methods:** We conducted a quality improvement initiative to create a standardized screening and referral process for patients with PSVI to access an orthoptist. Post-stroke visual impairment was assessed by way of the Visual Screen Assessment (VISA) tool, administered by an occupational therapist. Patients filled out a VFQ-25 questionnaire before and after orthoptic assessment and intervention. The VFQ-25 is a validated post-stroke survey assessing a patient's perceived quality of life. Differences between pre- and post-orthoptic assessment scores will be evaluated. **Results:** Data collection currently ongoing.The benefits of a standardized screen for PSVI, standardized referral to, and experience with an orthoptist assessment will be determined. Learnings gained will also inform how we can expand the program to benefit a wider demographic of patients. **Conclusions:** The data gathered and the subsequent analysis will be instrumental in guiding ongoing improvement initiatives for patients with PSVI.

P.087

Successful response to rituximab in a patient with Aβ related angiitis

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Background: Aβ-related angiitis (AβRA) is a rare presentation of cerebral amyloid angiopathy, where vasculitis results from an auto-immune reaction to amyloid deposits in leptomeningeal and cortical vessel walls. Anti-CD20 monoclonal antibodies, such as rituximab, have demonstrated efficacy in systemic small vessel vasculitides, particularly in refractory cases. The efficacy of rituximab in AβRA remains unknown. **Methods:** Patient chart, functional measures, and laboratory findings were reviewed from the time of patient admission until 12 months after discharge. **Results:** A 61-year-old man presented with headache and altered mental status. Brain MRI revealed multiple cortical infarcts, leptomeningeal enhancement, and cortical microbleeds, and brain biopsy ultimately confirmed the diagnosis of AβRA. The patient developed new ischemic lesions despite corticosteroid pulse, and intravenous cyclophosphamide was halted after four weeks due to iatrogenic acute hepatitis. Rituximab was initiated and led to sustained clinical improvement with no subsequent relapses. Maintenance therapy involved gradually tapered low-dose oral steroids and rituximab at 6- and 12-months post-induction. **Conclusions:** This report suggests that rituximab may be effective in inducing remission and preventing relapses in biopsy-proven case of AβRA. Controlled studies are needed to better assess the efficacy and tolerability of anti-CD20 antibodies in cerebral vasculitis.

P.088

Dysautonomia and Diabetes: A Prodrome to Fatal Familial Insomnia (FFI)

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Background: Fatal Familial Insomnia (FFI) is an autosomal dominant multisystem prion disease, with sleep disorders often being the first presentation. Although autonomic dysfunctions are key features, the frequency and timing vary between reports, and may accompany early insomnia. Moreover, endocrine changes are reported, but diabetes rarely is - with unclear timing of onset in relation to the insomnia. **Methods:** N/A **Results:** Here we present a 46-year-old previously healthy male, who within 22 months prior to the onset of sleep disturbances, developed hypertension and diabetes. Then within 3-4 months after onset of sleep disturbances development tachycardia and diaphoresis. His sleep continued to deteriorate, and later developed bulbar impairment, ataxia, diplopia, sleep apnea and cognitive decline. He passed away 20 months from onset of insomnia. Polysomnography showed status dissociates and central apnea. He had positive genetic testing, PRNP c.532G>A (p.Asp178Asn) and PRNP c.385A>G (pMet129Val), a pathological confirmation, and a positive family history **Conclusions:** Here diabetes and hypertension significantly preceded sleep disturbances, and tachycardia and diaphoresis developed shortly after. This illustrates that dysautonomia and endocrine dysfunction may be unrecognized prodromes in some cases of FFI, and could be an early marker of clinical disease onset and therapeutic interventions, especially in genetically confirmed asymptotic patients.

P.089

A report of a patient presenting with orbital apex syndrome secondary to NK cell lymphoma (nasal type)

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Background: Orbital apex syndrome (OAS) can be caused by a broad range of disorders. There are several challenges present in the evaluation of these patients and in reaching a final diagnosis. We report the case of a 69-year-old male who presented with OAS that was determined to be secondary to a rare malignancy (NK cell lymphoma, nasal type). **Methods:** We analyze the

pitfalls and diagnostic delays in this patient's evaluation. Furthermore we propose a work up for undifferentiated cases of OAS. **Results:** To accurately diagnose the underlying cause of OAS, a direct biopsy should be obtained whenever possible. The appropriate imaging sequences should be arranged as lesions in this region can be easily missed. Adjunct tests include assessment in the serum and CSF for granulomatous and infectious diseases, along with chest imaging. As many causes are PET enhancing, PET CT is a useful modality for identifying sites for biopsy. **Conclusions:** OAS can provide a diagnostic challenge for clinicians, however a systematic approach can help determine the underlying etiology.

P.090

Evaluation of Mutant Alleles of Engrailed and Invected in Drosophila Melanogaster Models of Parkinson Disease

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Background: Parkinson Disease (PD) is a neurodegenerative disorder, resulting in a gradual decline in voluntary movement, where lifespan remains stable. *Drosophila melanogaster* offer comparable gene sequences to those targeted in PD; among them are two transcription factors, *engrailed* (*en*) and *invected* (*inv*). **Methods:** Wild-type homozygous allele *Oregon-R* (en^{+}, inv^{+}) was compared to heterozygous mutants of en^{1}, en^{4}, en^{7}, en^{54}, en^{58}, inv^{W}, inv^{30}, and *Df (2R)* en^{E} inv^{E}. Nine climbing and aging studies were executed from crosses with w^{1118} (en^{+}, inv^{+}) as the maternal genotype. **Results:** Independent-samples t-tests were conducted to compare the percent survival (in days). No significant differences were observed between the experimental groups and the control group. A mixed Analysis of Variance was conducted to compare climbing behaviour over time (in weeks) for all nine groups. Both main effects (group, time), and the interaction (group x time) were significant. Post hoc Fisher's Least Significant Difference tests revealed a significant difference between the control group and en^{1}, en^{4}, en^{54}, inv^{W}, and *Df (2R)* en^{E} inv^{E} groups. **Conclusions:** These results support the hypothesis that mutations of *en, inv*, or both will result in a PD phenotype and consequent decreased motor function of *D. melanogaster* PD models, with or without a significant decrease in lifespan.

P.091

Consensus Guidelines for Utilization and Monitoring of Intravenous Immunoglobulin for Central Nervous System Disorders in British Columbia

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Background: Intravenous immunoglobulin (IVIG) may benefit many inflammatory central nervous system (CNS) disorders based on multiple immunomodulatory effects. IVIG is being used in inflammatory CNS conditions however robust evidence and guidelines are lacking in many disorders. Over the last 5 years, the percentage of IVIG used for CNS indications within neurology almost doubled in British Columbia (BC), Canada. Clear local guidelines may guide rational use. **Methods:** Consensus guidelines for IVIG use for CNS indications were developed by a panel of subspecialty neurologists and the Provincial Blood Coordinating Office, informed by focused literature review. Guidelines were structured similarly to existing BC peripheral nervous system guidelines and Australian Consensus Guidelines. Utilization and efficacy will be monitored provincewide on an ongoing basis. **Results:** Categories of conditions for Possible Indication (N=11) and Exceptional Circumstance Use (N=4) were created based on level of evidence for efficacy. Dosing and monitoring recommendations were made and outcomes measures defined. Rationale for Not Indicated conditions (N=3) was included. Guidelines will be distributed to BC neurologists for feedback and re-evaluated after 1 year. Conclusions: IVIG use in CNS inflammatory conditions has an emerging role. Guidelines for use and monitoring of outcomes will help improve resource utilization and provide further evidence regarding effectiveness.

Other Multidisciplinary

P.092

Successful implementation of a supported conversation program on an acute stroke unit

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Background: Aphasia is a life alerting deficit that affects up to 40% of people living with stroke. Barriers to communication ultimately impacts the care aphasic patients receive, as well as functional recovery. The Canadian Stroke Best Practice Recommendations suggest early and frequent language interventions to improve patients with aphasia quality of life, mood, and social outcomes. **Methods:** A supported conversation (SC) program (colloquially named The Aphasia Club) was implemented on the Acute Stroke Unit (ASU). The program included aphasia awareness and assessment training, as well as creation of an aphasia tool kit and discipline specific aphasia-friendly resources. Staff were encouraged to complete a 1-hour independent course on SC through the Aphasia Institute. Speech and language pathologists (SLP) offered an additional 30-minute in-person teaching session with interdisciplinary practice professionals. Following SLP assessment, personalized communication profiles were created for patients with aphasia to help staff understand the most useful strategies for communication. **Results:** More then 50 interprofessional staff members took SC training. Staff reported increased levels of knowledge and confidence when communicating with aphasic patients. **Conclusions:** A supported communication program was successfully implemented on an ASU. Planning