

interdisciplinary practice. Authentic, meaningful Interprofessional Education (IPE) requires consideration in involvement of all individuals involved in interprofessional health care (IPHC) (Holbrook, 2013). Methods: We have collected authentic stories of acute stroke care through interviews with patients and other health care professionals on the acute stroke care team. Drawing on these narratives, we have crafted a multimedia story combining film, photography, and art. Results: This case will be integrated into Western University's Undergraduate Medical Education curriculum but is intended to be a valuable tool for teaching IPE competencies in all IPE contexts. All media will be available through Western Libraries open access Health Education Media Library. Main learning outcomes include improved recognition of HCP roles and the vital and diverse contributions of each team member. Conclusions: Drawing on the experiences of real stroke patients, families, and all other HCPs, we have crafted a rich educational case portraying the complexity of IPHC that will allow learners to reflect on the complex roles of health professionals in a successful interprofessional team.

CANADIAN STROKE CONSORTIUM (CSC)

P.061

Stroke from cerebral artery dissection after cervical spine manipulation therapy in younger patient case report

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Background: Cervical and lumbar spine manipulation therapy is widely used treatment of spinal degenerative disc disease. Serous side effects can be associated with this treatment especially in cervical spine. Stroke represents an infrequent adverse reaction associated with cervical spine manipulation therapy. Methods: 34 year old lady presented to Emergency Department (ED) referring Hospital 20 minutes after having neck manipulation by a chiropractor, she complained of neck pain after the manipulation with syncope, half hour later developed visual field loss, with few episodes of emesis, and increasing headache. Results: The patient was started on Aspirin and admitted locally for observation. Computers tomography (CT) head, CT-Angiography showed left Vertebral artery (V3 segment), MRI showed acute infarction within the both cerebellar hemisphere, after 3 days patient transferred to our unit, patient had posterior fossa decompressive craniotomy with external ventricular drainage (EVD), discharged to rehabilitation 2 weeks, 2 months follow-up patient improving. Conclusions: There is increased evidence that shows increased association between spinal manipulation and adverse effects and dissection of vertebral arteries in younger population. Younger patients (< 45 years) are particularly high risk, they should be informed of the risk of stroke or vascular injury from this procedure. No aggressive manipulation in younger population.

P.062

A study of stroke-related experiences and priorities of elderly living with dementia, their family caregivers and physicians

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Background: Around 10% of ischemic stroke patients have pre-existing dementia and are excluded from stroke trials and routine care. Little is known about physician practices in the stroke care of people living with dementia (PLWD) leading to limited understanding of their experiences, priorities, and outcomes. This study aims to better understand PLWD through in-depth interviews. Methods: This study employs a qualitative descriptive methodology with two sets of 20 semi-structured interviews with PLWD and their primary caregivers (dyads), and with stroke physicians. Interviews with dyads investigate their experiences, priorities, and attitudes towards stroke care. Participants will be recruited through snowball sampling and interviews will be analyzed through qualitative data analysis software. Results: Initial analyses of the PLWD-caregiver dyad interviews have been completed, revealing themes of independence, uncertainty about the future, and fears of another stroke. Conclusions: As the population ages, stroke teams will likely encounter more PLWD. Engaging PLWD and their caregivers is crucial to better understand their experiences and priorities, which will inform future studies and improve their care. The findings from the dyad and physician interviews will be relevant to a broad audience, including patients, caregivers, physicians, researchers, and policymakers.

P.063

Physician approaches to the initial management of an intraluminal thrombus in recently symptomatic carotid artery stenosis: results from the Hot Carotid Study

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Background: The presence of intraluminal thrombi (ILT) in acutely symptomatic carotid stenosis ("hot carotid") represents a therapeutic dilemma for physicians. With little evidence to guide treatment, current ILT management approaches rely on individual or institutional preferences. Methods: This mixed methods study analyzed themes from semi-structured interviews with 22 stroke physicians from 16 centers, paired with a worldwide case-based survey of 628 stroke physicians conducted through the "Practice Current" section of Neurology: Clinical Practice. Results: In the thematic analysis of the interviews and quantitative analysis of the survey, participants favoured using anticoagulation with or without antiplatelet agents in patients with ILT (463/628, 74%). Despite a preference for anticoagulation, uncertainty regarding optimal antithrombotic management was noted in the thematic analysis. Additional

themes identified included a preference for re-imaging patients in 3-5 days after initiating treatment to look for complete or partial clot resolution, at which point most experts would then be comfortable proceeding with revascularization if indicated, though uncertainty regarding the optimal timing of revascularization was noted. Conclusions: In cases of ILT in the “hot carotid” practice patterns of global experts show a preference for using anticoagulation and reimaging patients in 3-5 days, though there is considerable equipoise regarding the most appropriate management of these patients.

P.064

Enhancing the neuroprotective properties of edaravone using glutathione nanogel as a promising carrier for brain drug delivery in transient global ischemia in a rodent model

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Background: Edaravone (EDV) is an antioxidant that scavenges ROS, which is known to associate with pathophysiology of ischemic stroke. Low stability and bioavailability are major EDV drawbacks. Decorating nanogel surface with glutathione to target brain tissue was performed to optimize drug delivery. Methods: Nano vehicle characterization was assessed with FT-IR and HNMR. Images from the surface of nano vehicle was captured by AFM and TEM instruments. After development of mPEG-b-PLGA EDV nano particles, their effect on biochemical factors including malondialdehyde and protein carbonyl level was measured on Wistar rats under global ischemia. The level of GSH and FRAP were also measured. Results: The Size (199 nm, hydrodynamic diameter) and zeta potential (-25 mV) of optimum formulation was assessed and the calibration curve in deionized water was created at 244 nm. In-vitro drug release profile depicted a sustained release process. EDV and glutathione presence in one vehicle simultaneously, resulted in elevated spatial memory and learning along with cognitive function. In addition, significantly lower MDA and PCO, and higher level of neural GSH and FRAP were observed. Conclusions: The developed mPEG-b-PLGA EDV nanogel can be a suited vehicle for brain drug delivery of EDV, while managing to minimize the biochemical and pathophysiological alterations in ischemic-like disorder.

P.065

Comparison in outcomes by sex in acute ischemic stroke patients treated with alteplase versus tenecteplase: a subgroup analysis of AcT

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Background: Sex differences in treatment response to intravenous thrombolysis (IVT) are poorly characterized. We compared sex-disaggregated outcomes in patients receiving IVT for acute ischemic stroke in the Alteplase compared to Tenecteplase (AcT) trial, a Canadian multicentre, randomised trial. Methods: In this post-hoc analysis, the primary outcome was excellent functional outcome (modified Rankin Score [mRS] 0-1) at 90 days. Secondary and safety outcomes included return to baseline function, successful reperfusion (eTICI \geq 2b), death and symptomatic intracerebral hemorrhage. Results: Of 1577 patients, there were 755 women and 822 men (median age 77 [68-86]; 70 [59-79]). There were no differences in rates of mRS 0-1 (aRR 0.95 [0.86-1.06]), return to baseline function (aRR 0.94 [0.84-1.06]), reperfusion (aRR 0.98 [0.80-1.19]) and death (aRR 0.91 [0.79-1.18]). There was no effect modification by treatment type on the association between sex and outcomes. The probability of excellent functional outcome decreased with increasing onset-to-needle time. This relation did not vary by sex ($p_{\text{interaction}}$ 0.42). Conclusions: The AcT trial demonstrated comparable functional, safety and angiographic outcomes by sex. This effect did not differ between alteplase and tenecteplase. The pragmatic enrolment and broad national participation in AcT provide reassurance that there do not appear to be sex differences in outcomes amongst Canadians receiving IVT.

P.067

The decision to revascularize in symptomatic non-stenotic carotid disease: results from the Hot Carotid Qualitative study

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Background: Little evidence exists to guide the management of symptomatic non-stenotic carotid disease (SyNC). SyNC, which refers to carotid lesions with less than 50% artery stenosis, has been increasingly implicated as a cause of stroke and TIA. Methods: Semi-structured interviews with 22 stroke physicians from 16 centers were conducted as part of the Hot Carotid Qualitative Study. This study explored decision-making approaches, opinions and attitudes regarding the management of