

information immediately available on emergency room arrival only, and clinicians may not know comorbidities at this stage.

However, our plan is to now develop the subacute ASTRAL prognostic score, measured at 24 hours, where comorbidities, acute recanalization treatment, effective recanalization, stroke mechanism, and the clinical course can be added and may enhance the score's predictive power. Also, it would be interesting to see whether the combination of the ASTRAL score and the iScore would result in a better prediction than each score alone.

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INPATIENT STATIN USE PREDICTS IMPROVED ISCHEMIC STROKE DISCHARGE DISPOSITION

Osamu Kano, Konosuke Iwamoto, Ken Ikeda, Yasuo Iwasaki, Tokyo: Flint et al.¹ discussed statin use and activities of daily living after stroke.

Prior to stroke hospitalization, statin users were more likely to be discharged and less likely to die in the hospital. The authors also noted that the association between statin use and functional outcome is particularly notable for small-vessel stroke. We have 2 questions.

First, statin users had good outcome compared to nonstatin users in stroke patients. Was there any difference between supratentorial and infratentorial lesions on functional status? Some patients with stroke had no disability, so it is important to know whether there were any differences for stroke lesions.

Second, younger patients recover more quickly from stroke. Statins have pleiotropic action in addition to lipid-lowering action, and these actions may contribute to recovery in stroke patients. A higher level of cholesterol may be neuroprotective, so we would like to know the cholesterol level in these patients.

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1. Flint AC, Kamel H, Navi BB, et al. Inpatient statin use predicts improved ischemic stroke discharge disposition. *Neurology* 2012;78:1678–1683.

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