

→ Abstracts

Articles appearing in the August 2018 issue

**Traumatic and spontaneous intracranial hemorrhage in atrial fibrillation patients on warfarin**

**Background** Intracranial hemorrhage is the most devastating complication in patients with atrial fibrillation (AF) receiving oral anticoagulation (OAC). It can be either spontaneous or caused by head trauma. We sought to address the prevalence, clinical characteristics, and prognosis of traumatic and spontaneous intracranial hemorrhages in AF patients on OAC.

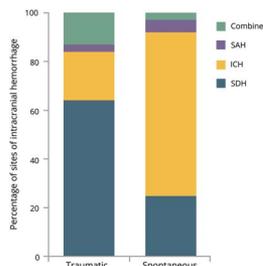
**Methods** Multicenter FibStroke registry of 5,629 patients identified 592 intracranial hemorrhages during warfarin treatment between 2003 and 2012.

**Results** A large proportion (40%) of intracranial hemorrhages were traumatic. Of these, 64% were subdural hemorrhages (SDHs) and 20% intracerebral hemorrhages (ICHs). With respect to the spontaneous hemorrhages, 25% were SDHs and 67% ICHs. Patients with traumatic hemorrhage were older (81 vs 78 years,  $p = 0.01$ ) and more often had congestive heart failure (30% vs 16%,  $p < 0.01$ ) and anemia (7% vs 3%,  $p = 0.03$ ) compared to patients with spontaneous hemorrhage. Admission international normalized ratio (INR) values (2.7 vs 2.7,  $p = 0.79$ ), as well as CHA<sub>2</sub>DS<sub>2</sub>-VASc (median 4 vs 4,  $p = 0.08$ ) and HAS-BLED (median 2 vs 2,  $p = 0.05$ ) scores, were similar between the groups. The 30-day mortality after traumatic hemorrhage was significantly lower than after spontaneous hemorrhage (25% vs 36%,  $p < 0.01$ ).

**Conclusions** A significant proportion of intracranial hemorrhages in anticoagulated AF patients were traumatic. Traumatic hemorrhages were predominantly SDHs and less often fatal when compared to spontaneous hemorrhages, which were mainly ICHs. Admission INR values as well as CHA<sub>2</sub>DS<sub>2</sub>-VASc and HAS-BLED scores were similar in patients with spontaneous and traumatic intracranial hemorrhage.

**Clinicaltrials.gov identifier** NCT02146040.

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**Diagnoses and other predictors of patient absenteeism in an outpatient neurology clinic**

**Background** We sought to determine the neurologic diagnosis or diagnostic categories that are associated with a higher probability of honoring a scheduled follow-up visit in the outpatient clinic.

**Methods** We conducted a retrospective analysis of patients evaluated over a 3-year period (July 2014–June 2017) at a single neurology clinic in an urban location. Adult patients who honored an initial scheduled outpatient appointment were included. Only diagnoses with a  $\geq 0.5\%$  prevalence at our center were analyzed. Mixed-effects logistic regression was used to determine association of independent variables and honored follow-up visits.

**Results** Of 61,232 scheduled outpatient subsequent encounters for 20,729 unique patients, the overall absenteeism rate was 12.5% (95% confidence interval [CI] 12.2%–12.8%). Independent risk factors associated with absenteeism included younger age, black or Latino race/ethnicity, Medicaid/Medicare payor status, and longer delay from appointment scheduling to appointment date. In mixed-effects logistic regression, diagnoses associated with the lowest odds of showing were medication overuse headache (show rate 79.2%, odds ratio [OR] for honoring appointment 0.67, 95% CI 0.48–0.93) and depression (rate 85.9%, OR 0.82, 95% CI 0.70–0.97), whereas the diagnoses associated with the greatest odds of showing included Charcot-Marie-Tooth disease (rate 96.3%, OR 2.54, 95% CI 1.44–4.49) and aphasia (rate 95.9%, OR 2.34, 95% CI 1.28–4.30).

**Conclusions** Certain chronic neurologic diseases, such as medication overuse headache and depression, were associated with a significantly lower odds of honoring scheduled follow-up conditions. As these conditions influence quality of life and productivity, patients with these illnesses may benefit from selective targeting to encourage adherence with scheduled follow-up appointments.

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