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Background and aims: Incidence of major gastrointestinal bleeding (GIB) required blood transfusion after acute ischemic stroke (AIS) was reported as 0.5% during hospitalization. However, it is not known about the long-term incidence rates by period after AIS.
Methods: AIS patients who were admitted to the 14 hospitals between 2011 and 2013 were identified using a nationwide multicenter prospective stroke registry database. GIB was captured with diagnosis codes through linkage between registry and claims data. GIB requiring at least 2 packs of blood transfusion was defined as major GIB. Incidence rates were calculated for each epoch; 0-30 days, 31-90 days, 91-180 days, 181-365 days, 1-2 years, 2-3years, after 3 years.
Results: Of 10,818 AIS patients (male, 59%; age, 68±13 years), 947 patients (8.8%) had 1,224 episodes of major GIB during median follow-up of 3.1 years. Twenty percent of these 947 had ⩾2 bleeding episodes. The second bleeding occurred mostly within a month of the first. The incidence rates were highest in the first month with 19.21 per 100 person-years, and gradually decreased to about 1/6 at the first year, and then showed plateau above 3 years. In the multivariable recurrent event analysis, anemia at admission, lower eGFR below 60, and 3-month mRS ⩾4 were independently associated with higher risk of major GIB during the observation periods.
Conclusions: Major GI bleeding occur frequently after AIS in the first month, and the risk was gradually decreased. The efforts are needed to prevent it, especially in patients with anemia and decreased renal function.
Disclosure: No

P0322 / 1016

ISCHEMIC STROKE IN YOUNG ADULTS IN SPAIN: CHANGE IN STROKE TRENDS FROM 2000 TO 2018

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Background and aims: Recent studies warn about a greater incidence of ischemic stroke (IS) and cardiovascular risk factors in young adults. This study aims to analyse the in-hospital epidemiology of IS and prevalence of risk factors in young adults in Spain during 2000-2018.
Methods: Observational study based on the hospital episode database collected by the Spanish Health Service. Patients between 18-50 years with IS as main diagnosis at discharge during 2000-2018 were included. The incidence was estimated with the population registered in the National Statistics Institute. The correlation between in-hospital mortality and reperfusion therapies was analyzed with Spearman´s non-parametric test.
Results: Overall, 50.861 IS episodes were registered, 65,4% were males, median age 45 (IQR 40-48). The estimated IS in-hospital incidence increased from 8.5/100.000 in 2000 to 13.7/100,000 in 2018. The in-hospital IS mortality decreased from 4.3% to 2.4% and the rate of thrombolysis and mechanical thrombectomy increased from 0,4% and 0% to 10.9% and 7.8%. A negative correlation was found between reperfusion treatment and IS in-hospital mortality ($p<0.001$). The rate of hypertension varied between 31%-35.5% and of diabetes between 12.5%-15.2%. The rates of smoking, dyslipemia and obesity increased over the years, from 36.9% to 54.9%; 21% to 30.1% and 5.3% to 12.9%, respectively.
Conclusions: The incidence of IS has increased among young adults in Spain during the last decade, with an increase in the rate of reperfusion treatment and a decrease in the in-hospital mortality. Likewise, there has been an increasing trend in the prevalence of smoking, dyslipidemia and obesity.
Disclosure: No

P0324 / 1389

EFFECT OF PRECONDIOTIONING INDUCED BY PREVIOUS TRANSIENT ISCHEMIC ATTACK PHENOMENA IN THE OUTCOME OF ACUTE ISCHEMIC PATIENTS, A META-ANALYSIS UPDATE

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Background and aims: Transient ischemic attacks (TIAs) before an acute ischemic stroke (AIS) could induce ischemic tolerance phenomena (IT). Existing studies report conflicting findings for the association of previous TIA (pTIA) with clinical and neuroimaging outcomes. Our aim was to systematically determine the clinical effect of pTIA and to define the characteristics related to a better outcome.
Methods: We searched for studies from January 1999 to June 2021 according to PRISMA guidelines. We included AIS studies which reported pTIA and clinical outcomes. We performed both fixed and random effects meta-analyses to determine clinical outcomes and to assess sources of heterogeneity.
Results: A systematic search yielded 14 articles that included a total of 26,897 patients. 5,427 (20.2%) had pTIA. Although clinical endpoints variated significantly in 12 up to 14 studies, we observed a beneficial effect of pTIA. Globally, pTIA was related to a better outcome: odds ratio (OR) 1.80 (1.41-2.30). The effect was greater when we considered a clinical outcome of mRS<=1 at 90 days: OR 2.26 (1.61-3.17) and when we considered pTIA within the first week before AIS: OR 7.34 (3.64-14.82). pTIA was significantly related to large-artery atherosclerosis: OR 1.88 (1.56-2.27).
Conclusions: Recent previous TIA was associated with better clinical outcome. This fact encourages the study of the IT in these patients to identify biomarkers related to neuroprotection and neurorepair phenomena that should be adjusted for etiology.
Disclosure: No