

April 27th, 2020. Exposure of interest included the different types of HDP. Outcomes of interest included hypertension incidence, stroke incidence, stroke subtype, and stroke mortality. **Results:** Eighteen cohort and 1 case-control studies involving >10 million women were included in the meta-analysis. Pooled hazard ratios with 95% confidence interval generally adjusted for age at delivery, ethnicity, and vascular risk factors are listed in table 1. **Conclusions:** Increasing severities of HDP carry higher hazards of hypertension and stroke years later. HDP, including gestational hypertension alone, are also associated with future stroke mortality.

Table 1. Pooled adjusted hazard ratios of outcomes for all types of HDP.

Outcome	Exposure	# of studies included	Pooled adjusted Hazard Ratio and 95% confidence intervals	Heterogeneity I2
All stroke	All HDP	5	1.43 (1.22-1.66)	80.7%
	Chronic hypertension in pregnancy	1	3.40 (2.40-24.0)	NA
	Gestational hypertension	5	1.38 (1.25-1.52)	0%
	Preeclampsia	12	1.56 (1.38-1.76)	60.7%
Ischemic stroke	All HDP	3	1.72 (1.26-2.35)	74.7%
	Chronic hypertension in pregnancy	2	2.40 (1.39-4.14)	92.1%
	Gestational hypertension	3	1.89 (1.34-2.67)	61.1%
	Preeclampsia	4	2.09 (1.63-2.66)	74.9%
	Eclampsia	1	4.58 (3.90-5.38)	NA
Hemorrhagic stroke	All HDP	1	1.17 (1.24-2.36)	NA
	Gestational hypertension	1	2.80 (1.31-5.99)	NA
	Preeclampsia	2	1.42 (1.11-1.82)	70.5%
Stroke mortality	All HDP	1	1.88 (1.53-2.32)	NA
	Gestational hypertension	1	2.97 (1.49-5.92)	NA
	Preeclampsia	2	1.45 (0.81-2.60)	66.0%
	Eclampsia	1	1.56 (0.75-3.23)	NA
Hypertension	All HDP	2	2.83 (1.34-6.00)	99.8%
	Gestational hypertension	3	2.97 (1.54-5.74)	99.5%
	Preeclampsia	6	2.55 (2.01-3.23)	98.7%

P.077

Mixed autoimmune hemolytic anemia: an unusual cause of ischemic stroke and extensive cerebral microbleeds

M Wan (Calgary) A Ganesh (Calgary) C Grassi (Calgary), A Demchuk (Calgary)*

doi: 10.1017/cjn.2021.356

Background: Mixed autoimmune hemolytic anemia (mAIHA) is a rare autoimmune disorder that results in hemolysis with thrombotic complications like ischemic stroke. This is the first case report of cerebral microbleeds secondary to mAIHA. **Methods:** A literature review of mAIHA and cerebral microbleeds was conducted using the PubMed and Ovid MEDLINE databases from 1980 to 2021. **Results:** A 76 year old male with congenital deafness and rheumatoid arthritis presented with diffuse livedo reticularis and abdominal pain. He had fulminant hemolysis with new neurologic deficits and altered mental status. CT/CTA of the head and neck were unremarkable. MR brain revealed extensive cerebral microbleeds and multi-territory ischemic strokes. He was diagnosed with mAIHA, started on pulse methylprednisolone, and had no further microbleeds on follow-up MRI. From his clinical picture, common causes of cerebral microbleeds were ruled out such as cerebral amyloid angiopathy and hypertension. The pathogenesis of his microbleeds may be from concomitant severe hypoxia or a prothrombotic state, both previously reported in the literature. **Conclusions:** This is the first case report of extensive cerebral microbleeds secondary to mAIHA. When a patient develops acute neurologic deficits in the context of mAIHA, extensive cerebral microbleeds may be present possibly due to concomitant severe hypoxia versus a prothrombotic state.

OTHER ADULT NEUROLOGY

P.078

Clinical Milestones in PSP and MSA may be Appropriate Triggers for Palliative Care Intervention

R Bessemer (London), T Gofton (London)*

doi: 10.1017/cjn.2021.357

Background: Progressive supranuclear palsy (PSP) and multiple system atrophy (MSA) are progressive neurodegenerative disorders with complex symptom burden and unpredictable disease trajectories. The ideal timing of palliative care interventions is uncertain given the variable natural history of both diseases. **Methods:** A systematic review was conducted to identify publications investigating predictors of survival in PSP and MSA. A medical librarian assisted to ensure comprehensive