

campaigns, mean daily calls increased by 28% ( $p < 0.001$ ) for suspected strokes, compared to 10% for acute headaches ( $p = 0.012$ ). Significant increases in daily stroke calls were only observed after three campaigns (highest OR=1.26, 95% CI: 1.11, 1.43;  $p < 0.001$ ). There were no significant changes in calls after individual campaigns for strokes  $< 5$  hours from symptom onset and 3/3 CPSS strokes. Conclusions: The individual effect of FAST campaigns on daily stroke calls to EMS was inconsistent. Further refinement of FAST campaigns may help improve prompt EMS activation.

## P.066

### The protective effect of influenza vaccination against stroke in adults

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**Background:** Respiratory infection can be an immediate precursor to stroke and myocardial infarction (MI). Influenza vaccination is associated with reduced risk of MI. This relationship has also been suggested for stroke although it is unclear if the effect is consistent across age and risk groups. **Methods:** Using administrative data in Alberta from September 2009 – December 2018 we modelled the hazard of any stroke for individuals recently exposed ( $< 182$  days) to the influenza vaccine compared to those without recent exposure adjusted for age, sex, anticoagulant use, atrial fibrillation, COPD, diabetes, hypertension, income quintile, and rural/urban home location. **Results:** 4,141,209 adults (29,687,899 person-years) were included; 1,769,565 (43%) received at least one vaccination in the 10-year time span. 38,126 stroke events were recorded. Adjusted for demographics and comorbidities, recent influenza vaccination significantly reduced the hazard of stroke (HR: 0.77; 95% CI: 0.76 – 0.79). This effect persisted across all stroke subtypes and across all ages and risk profiles. **Conclusions:** There is a 23% reduction in hazard of stroke among those recently vaccinated against influenza compared to those who were not. Protection extended to the entire adult population and was not limited to high-risk groups only.

## P.067

### Focused, bedside cardiac ultrasound in stroke: a feasibility study

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**Background:** Canadian Stroke Best Practice Recommendations recommend both cardiac monitoring and transthoracic echocardiography (TTE) to assess for cardioembolic sources of stroke. TTE has a diagnostic yield, which is historically low at 5-10%. The goal of this project was to evaluate the practicality of a bedside, focused approach to TTE in ischemic stroke. **Methods:**

A cross-sectional study evaluating patients undergoing echocardiography for evidence of possible cardioembolic stroke was developed. It compared the standard and focused TTE imaging approaches. Of the 61 patients reported, data is currently available for 15 participants. Independent samples t-test were performed to compare measurements. **Results:** Mean time to finish image acquisition for the focused, bedside TTE was significantly shorter than the complete TTE (12 min or less vs 30 min or more) ( $p < 0.0001$ ). No cardiac sources of stroke were found by either mechanism in this cohort, representing 100% agreement between the two modalities. **Conclusions:** Focused, bedside echocardiography studies are quicker to execute and employ more affordable, portable, digital TTE devices. The test is done at bedside, reducing the need for patient transport. Image acquisition takes approximately half the time to obtain, potentially allowing for more rapid clinical decision making and facilitation of discharge from hospital.

## P.068

### Post-stroke orthoptic clinic assessment improves patient perceived quality of life

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**Background:** Visual impairment can impact 70% of individuals who have experienced a stroke. Identification and remediation of visual impairments can improve overall function and perceived quality of life. Our project aimed to improve visual assessment and timely intervention for patients with post-stroke visual impairment (PSVI). **Methods:** We conducted a quality improvement initiative to create a standardized screening and referral process for patients with PSVI to access an orthoptist. Post-stroke visual impairment was identified using the Visual Screen Assessment (VISA) tool. Patients filled out a VFQ-25 questionnaire before and after orthoptic assessment, and differences between scores were evaluated. **Results:** Eighteen patients completed the VFQ-25 both before and after orthoptic assessment. Of the vision related constructs, there was a significant improvement in reported outcomes for general vision (M=56.9, SD=30.7; M=48.6, SD=16.0),  $p = 0.002$ , peripheral vision (M=88.3, SD=16; M=75, SD=23.1),  $p = 0.027$ , ocular pain (M=97.2, SD=6.9; M=87.5, SD=21.4),  $p = 0.022$ , near activities (M=82.4, SD=24.1; M=67.8, SD=25.6),  $p < 0.001$ , social functioning (M=90.2, SD=19; M=78.5, SD=29.3),  $p = 0.019$ , mental health (M=84.0, SD=25.9; M=70.5, SD=31.2),  $p = 0.017$ , and role difficulties (M=84.7, SD=26.3; M=67.4, SD=37.9),  $p = 0.005$ . **Conclusions:** Orthoptic assessments for those with PSVI significantly improved perceived quality of life in a numerous vision related constructs, suggesting it is a valuable part of a patient's post-stroke recovery.