



Fig. 1 One-year survival among stroke patients from the EMMA study according to major depressive disorder (MDD), 2011–2013.

Table 1 Hazard ratio of death among 182 participants from the EMMA study, according to the presence of major depressive disorder (MDD) diagnosis during 1-year after stroke

Regression models	HR (95%CI)*	P value
<i>Model 1 (crude)</i>		
Absent	Reference (1.00)	0.03
Present	3.36 (1.13–10.01)	
<i>Model 2 (adjusted by age)</i>		
Absent	Reference (1.00)	0.04
Present	3.12 (1.04–9.36)	
<i>Model 3 (adjusted by age and gender)</i>		
Absent	Reference (1.00)	0.04
Present	3.20 (1.06–9.69)	
<i>Model 4 (adjusted by age, gender and educational level)</i>		
Absent	Reference (1.00)	0.04
Present	3.14 (1.02–9.61)	
<i>Model 5 (adjusted by age, gender and educational level, diabetes)</i>		
Absent	Reference (1.00)	0.03
Present	3.38 (1.10–10.44)	

HR – hazard ratio (95% CI- confidence intervals).

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Epidemiology of Stroke

Epidemiological features of strokes in Kharkiv region of Ukraine

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Introduction: The problem of stroke in Ukraine remains extremely urgent. In Ukraine, yearly there are nearly 110–125 thousand strokes, the mortality from which is in 2.5 times higher, than in Western countries.

Aim: To study the epidemiological features of strokes in the Kharkiv region.

Results. In the structure of cerebrovascular disease in the Kharkiv region are dominated the chronic disorders (93%). The part of the strokes is 7%. Incidence of stroke in the Kharkiv region in 2013 was 342, and in Ukraine 297.8 cases per 100 thousand population. In developed countries, the data are the 290 cases per 100 thousand population. In a patient population of Kharkiv region the most frequent age of people with stroke is over 50–55 years is 78% of all cases. The frequency of deaths in Ukraine from cardiovascular diseases is nearly 60%. Mortality from stroke in the Kharkiv region is almost the same level as the Ukrainian number (83% and 86% respectively). In spite of the best efforts of emergency medical service of the Kharkiv region, only 31% of patients with ischemic stroke admitted to the hospital within 3 hours of the development of the disease in the first 6:00 – 6.8%. The main amount of patients (58.6%) are in the hospital after 6 hours of stroke.

Conclusions: Thus, the prevalence of strokes in the Kharkov region today remains at the high level compared with Ukrainian number and in 2013 amounted to 6433.8 compared 4600 respectively.

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Epidemiology of Stroke

A cross-sectional study on relationship between stroke and risk factors in elderly in Beijing

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Introduction: Stroke is one of most popular reasons causing death and disability. It's urgent and vital to explore the risk factors corrected with stroke, especially in a community-based population in aged.

Aims: To explore the relationship between stroke and risk factors in eldly.

Methods: 2832 aged person in community in Beijing were investigated in 2000 by questionnaire. Demographic information, including age, gender, area, education level, smoking, drinking, exercising habit were collected. Stroke was identified by stroke history, which was recorded in county hospital or in city hospital. Chronic diseases histories, such as ischemic heart diseases (IHD), diabetes mellitus (DM), hypertension (Hp) were collected. Height, weight and blood pressure were measured. Blood sample including fasting glucose, uric acid and lipid files were checked.

Results: In 2832 aged person, male 1380 (48.7%), age (72.03 ± 8.13). Stroke 321 (11.3%), Hp 1758 (62.1%), DM 200 (7.1%), IHD 501 (17.7%).