

# Understanding cognitive decline after stroke and the impact of COVID-19

<b>Submission date</b> 21/06/2019	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 29/07/2019	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 27/09/2024	<b>Condition category</b> Circulatory System	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

People affected by stroke report that memory and thinking problems are amongst their greatest concerns. Stroke and vascular dementia are closely related but traditionally have been studied as separate processes and this has delayed advances in knowledge and treatment. A more 'joined-up' study would help. Stroke patients are good at joining studies, and some blood vessel related treatments might help protect thinking and memory in future. A collaboration of experts in stroke and vascular dementia have worked with people affected by both diseases to create a program of work that answers fundamental questions: who will develop memory and thinking problems after stroke, why does this happen, how can we treat it?

Added 17/06/2020: People with stroke may also be more vulnerable to coronavirus and may have more severe symptoms such as phenomena if they become infected. This study will also look at who will develop coronavirus, why they develop it and what symptoms do they have?

### Who can participate?

Patients aged 18 and over who attend hospital with a stroke of any type or ministroke

### What does the study involve?

The researchers collect information about the person, their health, the stroke, assess their thinking and memory, and talk to their relatives. They use short or longer assessments at different stages after the stroke to avoid tiring the patient. Recovery, changing symptoms and thinking skills are assessed at about 6+/- 2 weeks after the first assessment and by post /telephone annually to 2 years and beyond. The researchers assess routinely collected brain scans and other routine tests, and where possible, do more blood tests or genetic analysis to work out what affects memory and thinking.

Added 17/06/2020: There is also an option to have an additional brain scan at 6 weeks.

### What are the possible benefits and risks of participating?

The study will provide much better information on how many patients thinking and memory are affected, how to identify them, their outlook for recovery. This will help to understand vessel mechanisms better, advise patients, and plan health services. Participants will be offered opportunities to join clinical trials as new treatments become ready for testing, to help avoid dementia in the future. The participants will get more detailed assessments of memory, thinking

and mood than would happen in standard care. The results of these assessments and any other medically relevant results can also be shared with the hospital team or the participants' GP, which may be useful to their care. Possible disadvantages of taking part include that some people may find these extra questions tiring and they will take up the participants' time.

Where is the study run from?

1. Centre for Clinical Brain Sciences (UK)
2. NHS Greater Glasgow and Clyde (UK)
3. Nottingham University Hospitals NHS Trust (UK)
4. Salford Royal NHS Trust (UK)
5. University College London Hospitals NHS Trust (UK)
6. Cambridge University Hospitals NHS Trust (UK)
7. University Hospitals Leicester NHS Trust (UK)
8. Lancashire Teaching Hospital NHS Trust (UK)
9. Kings College Hospital NHS Trust (UK)
10. Oxford University Hospitals NHS Trust (UK)

When is the study starting and how long is it expected to run for?  
July 2018 to September 2024

Who is funding the study?  
Stroke Association (UK)

Who is the main contact?  
Prof. Joanna Wardlaw  
joanna.wardlaw@ed.ac.uk

## Contact information

**Type(s)**  
Scientific

**Contact name**  
Prof Joanna Wardlaw

**ORCID ID**  
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## Additional identifiers

## **Integrated Research Application System (IRAS)**

239109

## **Integrated Research Application System (IRAS)**

244590

### **Protocol serial number**

AC18001

## **Study information**

### **Scientific Title**

Rates, Risks and Routes to Reduce Vascular Dementia

### **Acronym**

R4VaD

### **Study objectives**

Current study hypothesis as of 17/06/2020:

Overall study:

To determine the rates of cognitive impairment and dementia to at least two years after stroke, across a wide range of patients, stroke severities and subtypes, stratified by patient-related (age, premorbid and prestroke cognition, socioeconomic status, vascular risk factors, lifestyle) and stroke-related (severity, ischaemic, haemorrhagic, lacunar vs non-lacunar, imaging findings) factors.

MRI DTI substudy:

To test the prognostic value of clinically accessible MRI brain imaging features in addition to conventional features on long term cognitive impairment after stroke.

COVID-19 substudy:

To determine the prevalence of COVID-19 infection in patients with acute stroke who are participating in R4VaD and compare the clinical and laboratory features, outcomes, stroke mechanisms and phenotypes of patients with and without COVID-19 infection and between mild and severe COVID-19 infection. This substudy will also examine the neuropsychological impact of the COVID-19 outbreak on patients with stroke.

Previous study hypothesis:

To determine the rates of cognitive impairment and dementia to at least two years after stroke, across a wide range of patients, stroke severities and subtypes, stratified by patient-related (age, premorbid and prestroke cognition, socioeconomic status, vascular risk factors, lifestyle) and stroke-related (severity, ischaemic, haemorrhagic, lacunar vs non-lacunar, imaging findings) factors.

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

1. Approved 09/07/2018, Scotland A Research Ethics Committee (2nd Floor, Waverley Gate, Edinburgh, EH1 3EG, United Kingdom; 01314655680; manx.neil@nhslothian.scot.nhs.uk), ref: 18

/SS/0055

2. Approved 26/07/2018, North East - Newcastle and North Tyneside 1 Research Ethics Committee (HRA Newcastle, Newcastle Blood Donor Centre, Holland Drive, Newcastle upon Tyne, NE2 4NQ, United Kingdom; 02071048084; nrescommittee.northeast-newcastleandnorthtyneside1@nhs.net), ref: 18/NE/0150

## **Study design**

Prospective multicentre observational longitudinal study

## **Primary study design**

Observational

## **Study type(s)**

Other

## **Health condition(s) or problem(s) studied**

Stroke

## **Interventions**

Current interventions as of 17/06/2020:

Baseline assessment will record demographic, clinical, family history, education, socioeconomic, lifestyle and prestroke functioning (mRS), including non-testability in patients without capacity. Lab data (including BP, carotid Doppler, ECG, echocardiography where performed) will also be collected. Initial direct-to-patient cognitive assessment will use brief cognitive screening tools including delirium, fatigue, mood, apathy, and frailty. Informants will be asked about prestroke cognition. Routine brain imaging (CT or MRI) will be collected to classify the index stroke and pre stroke findings with standard tools. Bloods will be taken for analysis of genetics.

Early follow up will be at 4-8 weeks post baseline assessment. Here the researchers will also assess cognition, fatigue, mood, apathy and health-related quality of life. Bloods will be taken for analysis of inflammatory markers and stored for future analysis. The researchers will also record if the patient has died or changed their place of residence.

Annual follow-up will be conducted for a minimum of 2 years, maximum of four years by post or phone, using validated functional (mRS), recurrent vascular events, cognition, mood, apathy, fatigue, health-related quality of life assessments as above, from both participant and informant.

The MRI DTI substudy will be conducted in a subsample of R4VaD at selected centres. Multimodal MRI scanning including DTI and additional blood pressure readings will be conducted once at either baseline assessment or early follow up and again at 1 year. An estimate of peak adult cognitive ability will be recorded at the first assessment.

The COVID-19 substudy will evaluate the impact of the COVID-19 pandemic on patients presenting with stroke. Information on COVID-19 status, treatment, additional risk factors and relevant laboratory and or radiological investigations such as chest CT will be collected for all patients at baseline and 1 year follow up.

## **Previous interventions:**

Baseline assessment will record demographic, clinical, family history, education, socioeconomic, lifestyle and prestroke functioning (mRS), including non-testability in patients without capacity. Lab data (including BP, carotid Doppler, ECG, echocardiography where performed) will also be

collected. Initial direct-to-patient cognitive assessment will use brief cognitive screening tools including delirium, fatigue, mood, apathy, and frailty. Informants will be asked about prestroke cognition. Routine brain imaging (CT or MRI) will be collected to classify the index stroke and pre stroke findings with standard tools. Bloods will be taken for analysis of genetics.

Early follow up will be at 4-8 weeks post baseline assessment. Here the researchers will also assess cognition, fatigue, mood, apathy and health-related quality of life. Bloods will be taken for analysis of inflammatory markers and stored for future analysis. The researchers will also record if the patient has died or changed their place of residence.

Annual follow-up will be conducted for a minimum of 2 years, maximum of four years by post or phone, using validated functional (mRS), recurrent vascular events, cognition, mood, apathy, fatigue, health-related quality of life assessments as above, from both participant and informant.

## **Intervention Type**

Other

## **Primary outcome(s)**

Rates of cognitive impairment and dementia up to at least two years after stroke, measured using a seven-level ordered categorical scale comprising cognition (normal, impairment in one domain, impairment in two or more domains), dementia (mild, moderate, severe) and death. The outcome scale is driven by information from the Montreal Cognitive Assessment (MoCA), the Modified Telephone Interview for Cognitive Status (TICS-m), Modified Rankin Scale (MRS), Barthel Index, IQCODE, disposition (need for nursing care), and evidence of dementia (formal diagnosis, taking a cholinesterase inhibitor or memantine) or death. These outcomes are measured at baseline, 4-8 weeks, and annually for a minimum of 4 years.

## **Key secondary outcome(s)**

Current secondary outcome measures as of 17/06/2020:

Measured in all patients at baseline, 4-8 weeks and annually for a minimum of 2 years, maximum of 4 years:

1. Cognition is measured using; presence of memory of thinking problems: single question yes /no, Verbal Fluency phonemic (letter F, A, S, Montreal Cognition Assessment (MoCA), Trail Making A & B, Telephone Interview of Cognition Scale- modified (TICS-m), Letter digit coding, Consortium to Establish a Registry for Alzheimer's Disease (CERAD), Boston naming test (BNT) and a clinical diagnosis of dementia (e.g. from a memory clinic)
2. Mood is measured using; Patient health questionnaire (PHQ-9 and PHQ-SADS); Generalised Anxiety Disorder (GAD), Zung depression scale (ZDS), Office National Statistics-4 (ONS-4) and a clinical diagnosis of depression

Measured as part of DTI substudy at baseline, 4-8 weeks and 1 year:

3. Features of small vessel disease on MRI are measured using; mean diffusivity (MD) peak height; peak width of skeletonized mean diffusivity (PSMD), MD in normal appearing white matter, index stroke size, location, subtype; WMH volume, score; SVD score; brain volume loss and other metrics including composite measures of brain damage (e.g. brain age metric, brain health index)

and others that emerge during the study

4. Peak adult cognitive ability is measured using the National Adult Reading Test (NART)
5. Additional blood pressure measures

Measured as part of the COVID-19 substudy at baseline and 1 year:

1. Details of COVID-19 infection are measured using; clinical features of suspected COVID-19 infection; date of onset of symptoms; date and result of nasopharyngeal swap; antiviral treatment; NEWS score; level of respiratory support; relevant blood and imaging findings (e.g. chest CT)

Previous secondary outcome measures:

Measured at baseline, 4-8 weeks and annually for a minimum of 2 years, maximum of 4 years:

1. Cognition is measured using; presence of memory of thinking problems: single question yes /no, Verbal Fluency phonemic (letter F, A, S, Montreal Cognition Assessment (MoCA), Trail Making A & B, Telephone Interview of Cognition Scale- modified (TICS-m), Letter digit coding, Consortium to Establish a Registry for Alzheimer's Disease (CERAD), Boston naming test (BNT) and a clinical diagnosis of dementia (e.g. from a memory clinic)

2. Mood is measured using; Patient health questionnaire (PHQ-9 and PHQ-SADS); Generalised Anxiety Disorder (GAD), Zung depression scale (ZDS), Office National Statistics-4 (ONS-4) and a clinical diagnosis of depression

### **Completion date**

01/09/2024

## **Eligibility**

### **Key inclusion criteria**

Current inclusion criteria as of 17/06/2020:

1. Patients aged 18 years and over
2. No upper age limit
3. No severity limit
4. Ischaemic or spontaneous haemorrhagic (non-traumatic, non-subarachnoid haemorrhage, non-AVM) stroke and transient ischaemic attack (TIA)
5. Expected to survive at least 12 weeks

DTI substudy only

1. Estimated life expectancy  $\geq$  1 year
2. No contraindications to MRI
3. Patients with capacity to consent at baseline

COVID-19 substudy: expected to survive 12 weeks is not an inclusion criterion.

Previous inclusion criteria:

1. Patients aged 18 years and over
2. No upper age limit
3. No severity limit
4. Ischaemic or spontaneous haemorrhagic (non-traumatic, non-subarachnoid haemorrhage, non-AVM) stroke and transient ischaemic attack (TIA)
5. Expected to survive at least 12 weeks

### **Participant type(s)**

Patient

### **Healthy volunteers allowed**

No

**Age group**

Adult

**Lower age limit**

18 years

**Sex**

All

**Total final enrolment**

2441

**Key exclusion criteria**

1. Inclusion criteria not met
2. Aneurysmal, traumatic or AVM-associated haemorrhage or subarachnoid haemorrhage
3. Stroke mimics such as brain tumours
4. Prior diagnosis of cognitive impairment or dementia is NOT an exclusion criteria

**Date of first enrolment**

25/09/2018

**Date of final enrolment**

01/10/2022

**Locations****Countries of recruitment**

United Kingdom

England

Scotland

**Study participating centre****Centre for Clinical Brain Sciences**

Chancellor's Building

Little France Crescent

Edinburgh

United Kingdom

EH16 4SB

**Study participating centre****NHS Greater Glasgow and Clyde**

Glasgow Royal Infirmary

84 Castle Street

Glasgow

United Kingdom  
G4 0SF

**Study participating centre**  
**Nottingham University Hospitals NHS Trust**  
Nottingham City Hospital  
Hucknall Road  
Nottingham  
United Kingdom  
NG5 1PB

**Study participating centre**  
**Salford Royal NHS Trust**  
Salford Royal Hospital  
Stott Lane  
Salford  
United Kingdom  
M6 8HD

**Study participating centre**  
**University College London Hospitals NHS Trust**  
University College Hospital  
235 Euston Road  
Fitzrovia  
London  
United Kingdom  
NW1 2BU

**Study participating centre**  
**Cambridge University Hospitals NHS Trust**  
Cambridge Biomedical Campus  
Hills Road  
Cambridge  
United Kingdom  
CB2 0QQ

**Study participating centre**  
**University Hospitals Leicester NHS Trust**  
Leicester Royal Infirmary  
Infirmary Square  
Leicester

United Kingdom  
LE1 5WW

**Study participating centre**  
**Lancashire Teaching Hospital NHS Trust**  
Royal Preston Hospital  
Sharoe Green Lane  
Fulwood  
Preston  
United Kingdom  
PR2 9HT

**Study participating centre**  
**Kings College Hospital NHS Trust**  
Kings College Hospital  
Denmark Hill  
Brixton  
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United Kingdom  
SE5 9RS

**Study participating centre**  
**Oxford University Hospitals NHS Trust**  
Horton General Hospital  
Oxford Road  
Oxford  
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OX16 9AL

## **Sponsor information**

**Organisation**  
Academic and Clinical Central Office for Research and Development (ACCORD)

**ROR**  
<https://ror.org/01x6s1m65>

## **Funder(s)**

**Funder type**

Charity

**Funder Name**

Stroke Association

**Alternative Name(s)**

TheStrokeAssociation, TheStrokeAssoc

**Funding Body Type**

Private sector organisation

**Funding Body Subtype**

Associations and societies (private and public)

**Location**

United Kingdom

**Funder Name**

Alzheimer's Society

**Alternative Name(s)**

alzheimerssoc

**Funding Body Type**

Private sector organisation

**Funding Body Subtype**

Associations and societies (private and public)

**Location**

United Kingdom

**Funder Name**

British Heart Foundation

**Alternative Name(s)**

The British Heart Foundation, the\_bhf, BHF

**Funding Body Type**

Private sector organisation

**Funding Body Subtype**

Trusts, charities, foundations (both public and private)

**Location**

## Results and Publications

### Individual participant data (IPD) sharing plan

The anonymised study data will be made available for use by external investigators in appropriate analyses upon request via a publicly accessible portal (e.g. University of Edinburgh datashare <https://datashare.is.ed.ac.uk/>). Data from R4VaD will also be shared with individual patient data pooling projects involving stroke and dementia (e.g. Virtual International Stroke Trials archive-Cognition, VISTA-COG; Virtual International Cardiovascular and Cognitive Trials Archive, VICCTA, <http://www.virtualtrialsarchives.org>; and STROKOG <https://cheba.unsw.edu.au/consortia/strokog>; Dementia Platform UK Portal <https://portal.dementiaplatform.uk>). Similarly, anonymised baseline and on-treatment neuroimaging data will be published. The mechanisms and processes for managing external access will be determined during the course of the study.

### IPD sharing plan summary

Stored in publicly available repository

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">HRA research summary</a>			28/06/2023	No	No
<a href="#">HRA research summary</a>			28/06/2023	No	No
<a href="#">Preprint results</a>		01/05/2024	21/06/2024	No	No
<a href="#">Study website</a>	Study website	11/11/2025	11/11/2025	No	Yes