

# DELIRIUM IN YOUNG AFRICAN STROKE SURVIVORS



UI MEPI-J Fellowship  
Program  
Nigeria



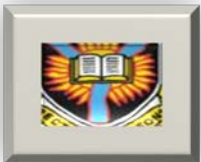
# □ Outline of presentation

- About the Fellow
- Fellowship program
- Research context
- Methodology
- Results so far
- Conclusion



# □ ABOUT THE MEPI-J FELLOW

- **Akin Ojagbemi**, *MBBS, PhD. MSc. FMCPsych, FWACP*  
*Senior Lecturer, Department of Psychiatry, College of Medicine University of Ibadan*
- **Research Interests** -*Mental health of Older Adults*
- **Published works:**
  - Behavioural and cognitive science of stroke and neurodegenerative dementias*
  - Neurological abnormalities in never-treated schizophrenia*



# □ THE FELLOWSHIP PROGRAM



## DIVINE:

*Delirium, Human Immunodeficiency virus and the risk of vascular dementia after a stroke*

- Overall aim to receive training and conduct research with the goal of preventing vascular dementia

*-Mentored by Profs. O. Baiyewu, and A. Ragin*

- First cohort of the Ibadan MEPI-J Program

*- So far recruited about 110 participants*

*- 3 and 12 months follow-up data available for about 75%*



# CONTEXT OF THE STUDY

*Very little is known about both delirium and vascular dementia in sub-Saharan Africa*



REVIEW ARTICLE

International Journal of  
Geriatric Psychiatry

**Are stroke survivors with delirium at higher risk of post-stroke dementia? Current evidence and future directions**

Akin Ojagbemi<sup>1</sup> and Dominic H. Ffytche<sup>2</sup>

Journal of the Neurological Sciences 375 (2017) 376–381

Contents lists available at ScienceDirect

Journal of the Neurological Sciences

journal homepage: [www.elsevier.com/locate/jns](http://www.elsevier.com/locate/jns)



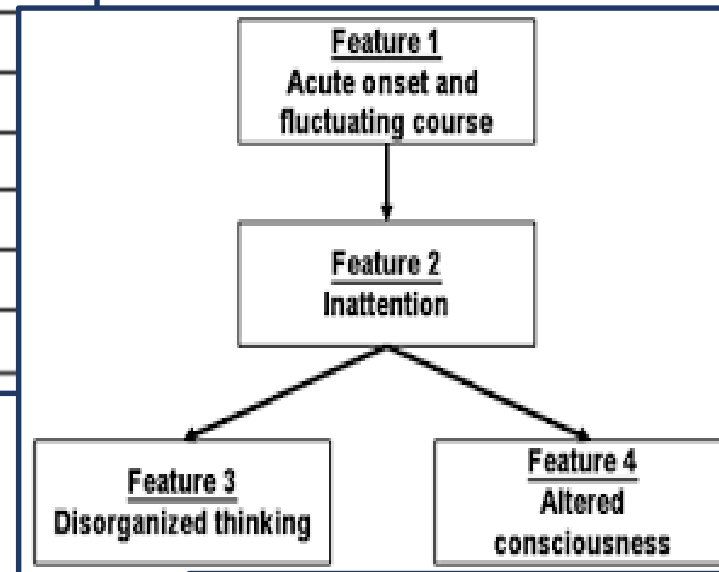
Stroke severity predicts poststroke delirium and its association with dementia: Longitudinal observation from a low income setting★

Akin Ojagbemi <sup>a,\*</sup>, Mayowa Owolabi <sup>b</sup>, Toyin Bello <sup>a</sup>, Olusegun Baiyewu <sup>a,c</sup>



□ Mixed prospective and retrospective cohort design  
*-We will also study poststroke dementia in HIV*

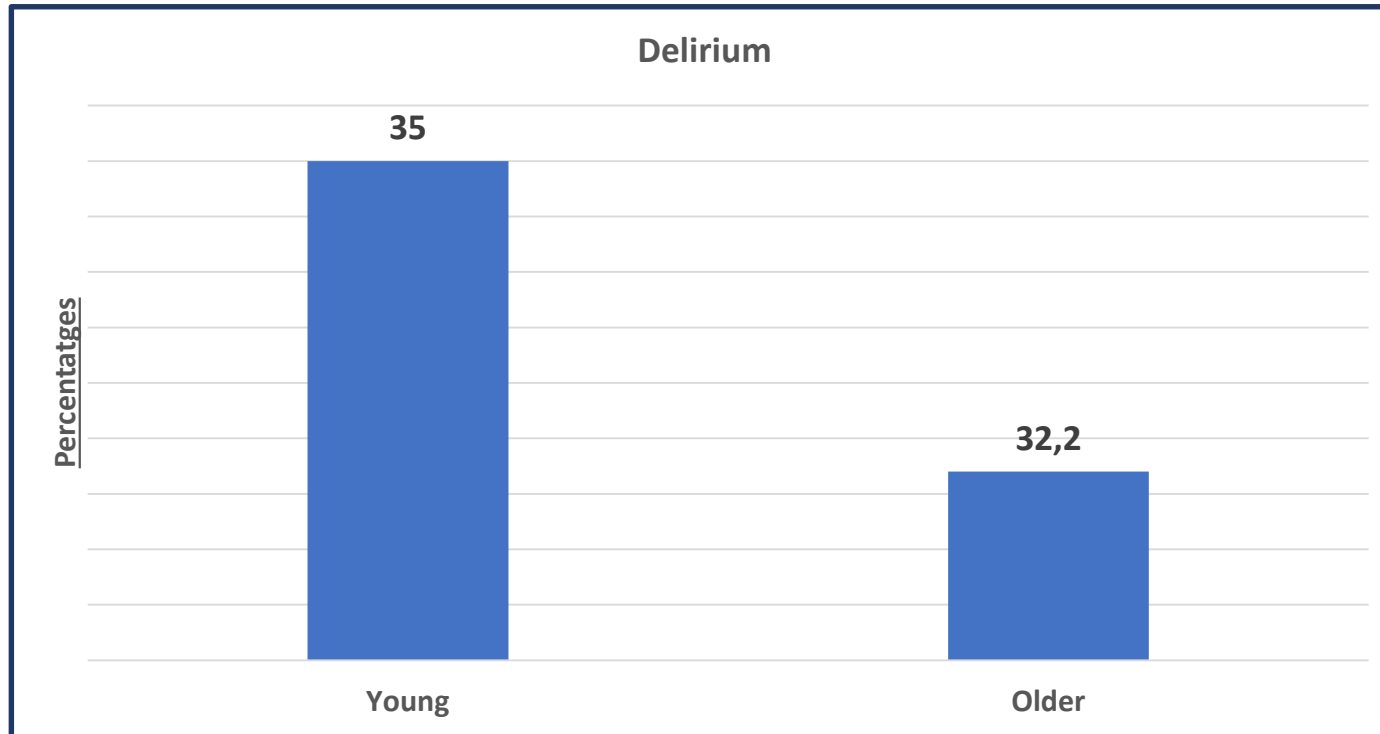
Measures	Days 1-4	Days 5-7	Months 3	Months 12
Consent, CT-scan, and Demographics	X			
Stroke severity (SLS)	X			
1 <sup>st</sup> delirium assessment (CAM+DRS)	X			
2 <sup>nd</sup> assessment for delirium		X		
Pre-stroke dementia (IQ-CODE)		X		
Baseline for the outcome measures		X		
1 <sup>st</sup> patients and caregivers outcomes			X	
2 <sup>nd</sup> patients and caregivers outcomes				X



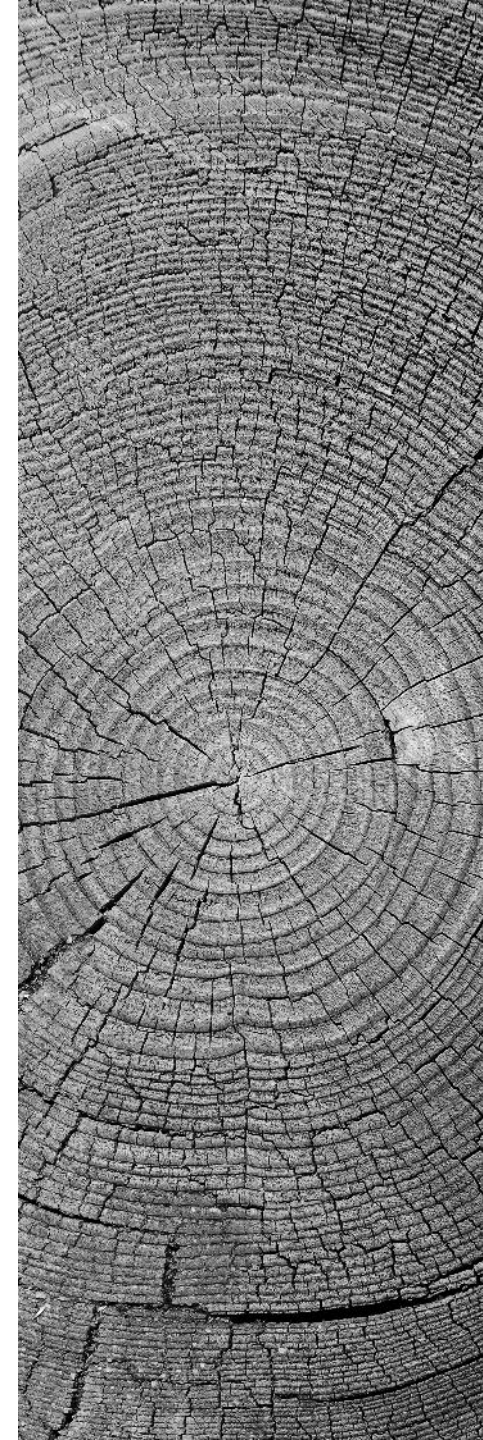
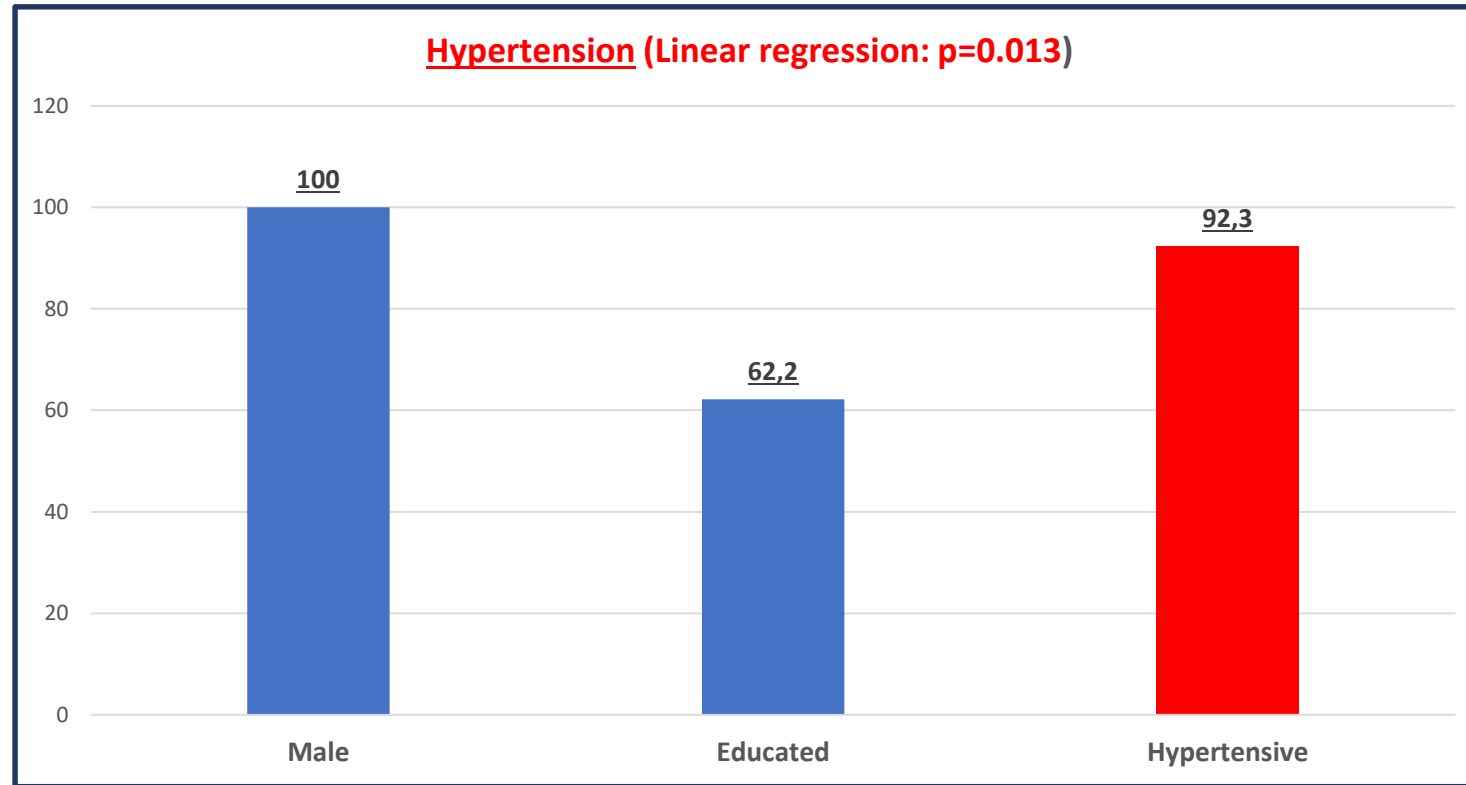
**The CERAD Neuropsychological Test Battery: Norms  
 from a Yoruba-speaking Nigerian Sample**

O. Guruje<sup>1</sup>, F. W. Unverzagt<sup>3</sup>, B. O. Osuntokun<sup>2\*</sup>, H. C. Hendrie<sup>3</sup>, O. Baiyewu<sup>1</sup>, A. Ogunniyi<sup>2</sup>  
 and K. S. Hali<sup>3</sup>

# ❑ Delirium in young African stroke survivors

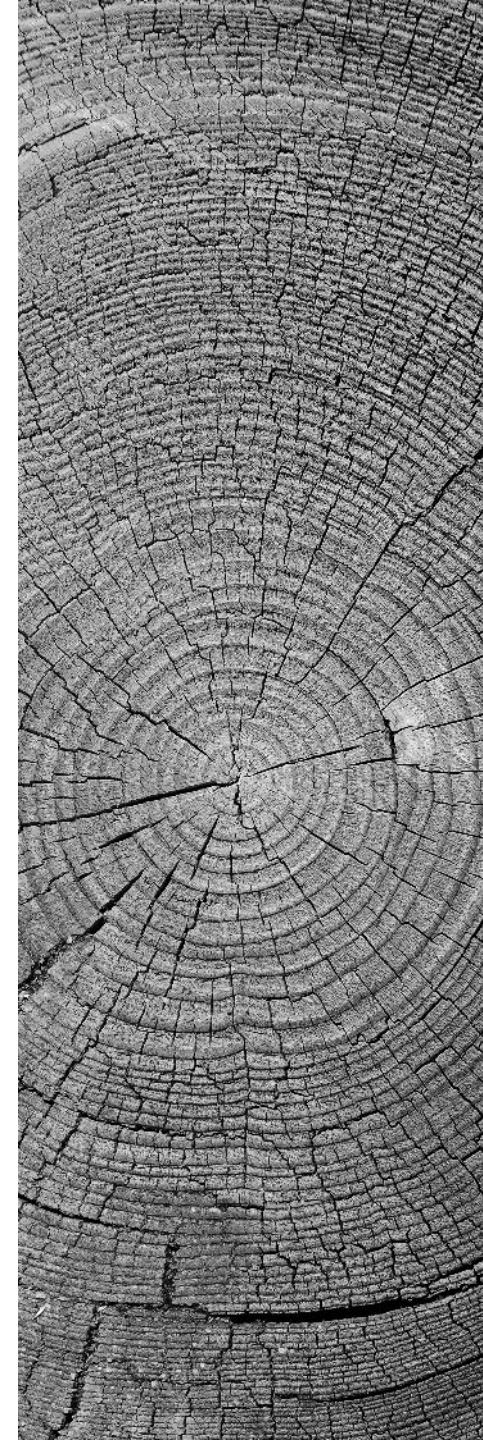
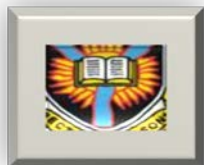
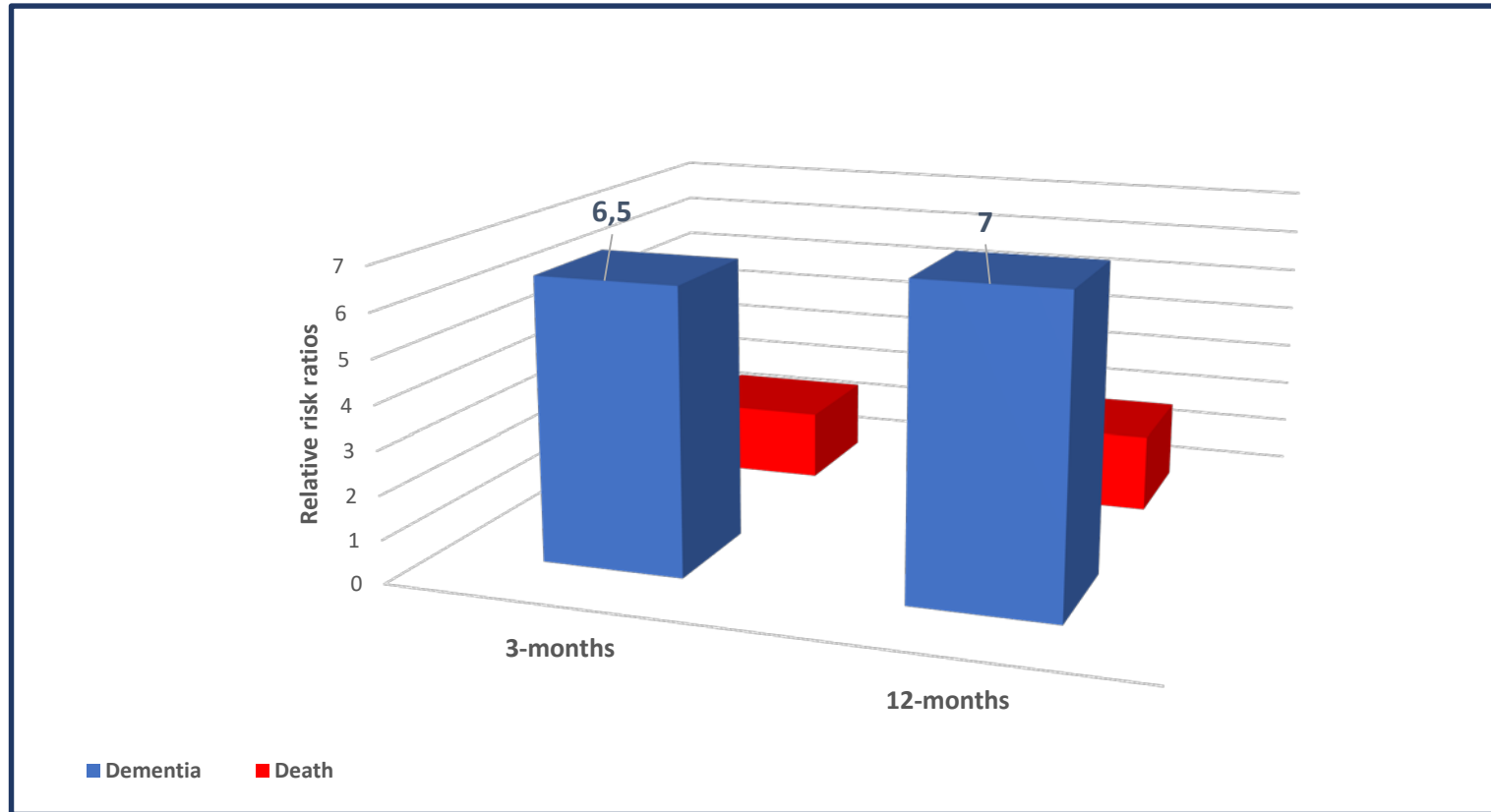


# Delirium in young African stroke survivors





# Delirium and dementia at follow-up



# □ Conclusions and recommendations

- Delirium is more prevalent in young African stroke survivors than rates in the general stroke population.
- Systemic hypertension accounted for the high rate of poststroke delirium
- Our follow-up data is limited by a small sample.
- Additional case accrual and follow-up is ongoing...

