(42.73%)] were followed up at 8 weeks intervals for 1 year and enquired on educational tires, economical status, types of stroke, disability status and stroke risk factors. Perception on stroke was acquainted with relation to naming the organ involvement, risk factors; warning symptoms presented by the patient and need for continuing secondary preventive treatment.

Results: Poor perception on stroke in respect to organ involvement, risk factors, warning symptoms, preventive measures, and socio-economic status were responsible for discontinuity of secondary preventive treatment (P = <0.001). Discontinued patients had poor control of risk factors in relation to hypertension, diabetes, hyperlipidemia, smoking, alcoholism, peripheral or cardio-vascular disorder and low hemoglobin level (P = < 0.001). Significant relationship have been observed between discontinuation of secondary preventive treatment and enhancement of disability, recurrence and mortality (P = <0.001).

Conclusion: Knowledge on stroke, risk factors, warning symptoms, preventive aspects are to be strengthened globally to reduce recurrence of rate, disability status, mortality and forecasting preventive measures through different mass media and to be intimated to national and international health planning authority for better outcome of stroke patient are preventive measures.

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WFN15-0374
Stroke 2
Low social support and risk of arterial hypertension and stroke in female population aged 25–64 years in Russia: Population-based MONICA-psychosocial study

V. Gafarov, D. Panov, E. Gromova, I. Gagulin, A. Gafarova. *Collaborative Laboratory of Cardiovascular Diseases Epidemiology, FSBI Institute of Internal and Preventive Medicine, Novosibirsk, Russia*

Objective: To explore the influence of social support (SS) on relative risk of an arterial hypertension (AH) and stroke in female population of 25–64 y over 16 years in Russia.

Material and methods: Under the third screening of the WHO "MONICA-psychosocial" program random representative sample of women aged 25–64 y (n = 870) were surveyed in Novosibirsk. Berkman–Syme test was used to measure indices of close contacts (ICC) and social network (SNI). From 1995 to 2010 women were followed for 16 y for AH and stroke incidence.

Results: The prevalence of low SS in women aged 25–64 y was 57% and 77.7% for low ICC and low SNI, respectively.

HR of AH over the first 5 years was 2.01-fold higher (95.0% CI: 1.025–3.938; p < 0.05) in women with low ICC compared to those with higher levels of ICC. Over 10 y HR was 1.93 (95.0% CI:1.138–3.261; p < 0.05) and it was 1.42 (95.0% CI: 1.138–3.261; p < 0.05) over 16 y follow-up in persons with low ICC. HR of AH in women with low SNI were 1.88 (p < 0.05) and 1.58 (p < 0.01) for 10 and 16 years, respectively. Risk of stroke over 16 y of follow-up was 4.1

(p < 0.05) in women with low ICC, and 2.7 (p < 0.05) in those with low SNI compared women with higher SS levels. Manual workers and married ones with low ICC and SNI had higher rates of AH stroke (p for all <0.05).

Conclusion: There is high prevalence of low SS in Russian women aged 25–64 y. Low SS significantly increases risks of AH and stroke especially in married women in manual occupational class.

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Stroke 2
Territory of coronary artery and potential cardioembolic stroke

Y. Kim[a], T.J. Kim[b], J.B. Park[c], S.M. Lee[c], Y.J. Kim[c], S. Jung[d], S.H. Lee[b]. *[a]Department of Neurology, The Catholic University of Korea, Bucheon, St. Mary's Hospital, Gyeonggido, Republic of Korea; [b]Department of Neurology, Seoul National University Hospital, Seoul, Republic of Korea; [c]Department of Cardiology, Seoul National University Hospital, Seoul, Republic of Korea; [d]Department of Neurology, Hallym University Medical Center, Seoul, Republic of Korea*

Abstract
Background: Considering high mortality and recurrent stroke risks of cardioembolic stroke, detecting sources of embolism is important for optimizing treatment for potential cardioembolic stroke (PCS). We propose that different patterns of regional wall motion abnormality (RWMA) may provoke imbalance of heart contractility and may affect on PCS. Therefore, the aim of this study was to evaluate the territorial impact of RWMA on PCS.

Methods: We classified the patients into 2 groups: PCS and non-PCS. We classified the patient's RWMA into 3 major arterial territories based on the standard 17-segment model of TTE findings at the acute stroke period.

Results: Among a total of 1858 patients, 621 (33.4%) had PCS. Patients with PCS were more likely to have larger left ventricular internal dimension at diastole, larger left ventricular internal dimension at systole, reduced left ventricular ejection fractions, larger left atrial sizes, reduced mitral deceleration time, increased E/A ratios and regional wall motion abnormality, aortic valve disease, mitral valve disease. After adjusting for multiple clinical and TTE parameters including AF, binary logistic regression demonstrated that RWMA of LAD had a significant predictive value for PCS (OR 4.15, 95% CI: 1.81–9.51, p < 0.01).

Conclusion: In conclusion, we suggest that RWMA of LAD was a significant predictor for PCS. The RWMA of LAD seems to have hemodynamic significance for cardiac wall perfusion in cardiac side. However, considering the risk of PCS in brain side, it might be needed to plan more aggressive treatment for lesion of LAD than for those of non-LAD arteries.