

symptoms failed to respond to initial and higher IVM doses. We report their clinical outcomes. *Results:* IAM was used in 19 patients. The median loading dose was 8 mg and average maintenance dose was 0.78 mcg/kg/min. Angiographic improvement was seen in 15 (79%) and clinical improvement - within the first 48 hours - was seen in all patients. The median mRS was 3 at time of discharge and 1 three months later. Five patients lost follow up. *Conclusions:* IAM appears to be safe and effective in this small retrospective series of RV and SRV complicating aSAH. Angiographic and clinical improvements were observed. Further prospective studies are warranted to confirm these findings.

E.04

Coma and delirium are associated with low levels of brain tissue oxygen in critically ill patients

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Background: The cause of ICU delirium is unknown. We used near infrared spectroscopy (NIRS) to measure brain tissue oxygenation (BtO₂) in critically ill patients, to test the hypothesis that poor cerebral oxygen delivery contributes to ICU delirium. *Methods:* Adult patients were enrolled if they required mechanical ventilation for >24 hours, and/or vasoactive agents. Patients were excluded if they had previous cognitive dysfunction, brain injury on admission, or a life expectancy <24 hours. BtO₂ was measured for the first 24 hours of ICU admission. The confusion assessment method-ICU (CAM-ICU) was used to screen for delirium. Participants were designated to one of three groups on the basis of their predominant neurological status (comatose, delirious, or intact). *Results:* To date, 47 patients have been recruited. Both delirious and comatose patients' had significantly lower BtO₂ levels compared to intact patients (P<0.001). There was a significant correlation between hemoglobin and BtO₂ (R²=0.347, P<0.01). However, when correlation analysis was conducted separately amongst the three groups, the delirious patients (R²=0.485, P<0.05) were the strongest contributors to this positive correlation. *Conclusions:* Delirious patients exhibited the lowest BtO₂ recordings and demonstrated a significant association between Hb and BtO₂. This study offers potential insight into the pathophysiology of ICU delirium.

E.06

Developing and evidence-based palliative care curriculum for neurology resident trainees

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Background: Graduating neurology residents require general palliative care skills. This study aims to develop an evidence-based palliative care curriculum to provide neurology residents with the general palliative care skills required for providing patient care along the continuum of life. *Methods:* A needs assessment of the palliative skills necessary for a neurology resident was performed. Focus groups were held with physicians, allied health care and senior residents. Semi-structured interviews were held with patients and their

caregivers. Interviews analysed using qualitative thematic analysis techniques. The Kolb learning style inventory will determine the learning style of neurology residents and inform the curricular design. *Results:* Qualitative analysis identified 3 overarching challenges for neurology residents: 1) *uncertainty* regarding disease trajectory in neurology and timing of palliative care discussions; 2) *cohesiveness* of the health care team regarding end of life issues; 3) *the role of the resident* in initiating palliative care. Other principals identified for inclusion were: symptom management, communication, psychosocial aspects of care, care coordination and access, and myths and pitfalls in palliative care. *Conclusions:* This project will identify the current best evidence and expert opinion in palliative care neurology. The data will be used to develop a novel Canadian neurological palliative care curriculum.

E.07

The role of the neurologist in advanced multiple sclerosis: the patient's perspective

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Background: Few evidence-based disease-modifying treatments exist for progressive multiple sclerosis (MS). How can neurologists best care for patients with advanced MS? Little is known about how patients with progressive MS view their relationship with their treating neurologist, and if the role of the neurologist matches their needs and preferences. *Methods:* A qualitative cross-sectional analysis of patient preferences regarding the role of the neurologist in their care. Patients with progressive MS and an EDSS score of 6 or more were invited to participate. Patients and caregivers completed separate written questionnaires and were then interviewed by one of the authors. Data were subjected to thematic coding to group common themes and the distribution of themes among different disability sub-groups was analyzed. *Results:* Full results will be available at the time of the conference. Preliminary results suggest that the neurologist has an important role in updating patients on the progress of their disease and responding to questions. Patients are fearful of becoming dependent on others for their care. The concept of palliative care is unfamiliar to most patients. *Conclusions:* Despite a lack of disease-modifying treatments for progressive multiple sclerosis, patients believe that the neurologist has an important role in their care.

E.08

Subcutaneous vs. intravenous immunoglobulins for chronic inflammatory demyelinating polyneuropathy and multifocal motor neuropathy

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Background: High-dose intravenous immunoglobulin (IV-Ig) is an evidence-based treatment for chronic inflammatory demyelinating polyneuropathy (CIDP) and multifocal motor neuropathy (MMN). Recently, subcutaneous Ig (SC-Ig) has received increasing attention. We performed a meta-analysis to assess the efficacy of SC-Ig versus IV-Ig. *Methods:* We