

Ontario visible minorities: Chinese and South Asian Canadians  
**Methods:** From January 1, 2020 to September 30, 2020, using the last name algorithm, rates and types of cardiac and neurological complication of these two cohorts along with the general population in Ontario with COVID-19 were analysed by Institute of Clinical Evaluative Sciences. **Results:** Preliminary results show that Chinese-Canadians (N= 1,186) with COVID-19 are older with a mean age of 50.74 years old compared to general population (N= 42,547) of 47.57 years old ( $P < .001$ ), while South Asians (N= 3,459) have a younger mean age of 42.08 years old ( $P < .001$ ). Total cardiac and neurological complication rates, hospitalization rates and ICU admission rates are all higher for Chinese-Canadians while they are lower in South Asians and all achieving statistical significance ( $P < .001$ ). Overall mortality rate is significantly higher for Chinese-Canadians at 8.1% vs 5.0% general population ( $P < .001$ ). **Conclusions:** Chinese-Canadians with COVID-19 in Ontario were much older and have higher cardiac and neurological complication rates and overall mortality rate than the general population. These data have significant implications for proper prevention and appropriate management for these vulnerable elderly Chinese-Canadians.

## P.082

### The Toronto Concussion Study: The Feasibility and Effects of Early Prescribed Aerobic Exercise on Recovery and Post-Concussive Symptoms in Adults – A Pilot Study

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**Background:** Evidence suggests that aerobic exercise (AE) soon after concussion may facilitate earlier recovery in athletes. The purpose of this pilot study was to investigate the feasibility and effects of early sub-symptom threshold AE on symptom trajectory and recovery time in a heterogeneous adult population. **Methods:** Adults presenting within 7 days of concussion were randomized to either the experimental group: prescribed AE (90% of symptom-limited heartrate achieved on Buffalo Concussion Treadmill Test [BCTT]), 30 minutes/day, 5 days/week, or the control group: standard of care exercise recommendations. Participants were assigned a heartrate monitor bracelet to track activity. They underwent serial treadmill testing to monitor exercise tolerance, update prescriptions and determine recovery. **Results:** 20 participants (10 per arm) completed the BCTT protocol within 7 days of injury, with 8/20 demonstrating exercise tolerance at week 1. 66% (4/6) of those in the experimental group were recovered by week 4, compared to only 43% (3/7) in the control group. Average heart rate monitor compliance was 32% of the prescribed time among all participants, and self-reported exercise prescription compliance was 43% in the experimental group. **Conclusions:** Early post-concussion aerobic exercise in the general adult population is a promising intervention; this study will inform the design of a larger trial.

## P.083

### Early and 30-day clinical and neuropsychological effects of iatrogenic brain infarcts in the ENACT randomized-controlled trial

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**Background:** Small brain infarcts are often seen on diffusion-weighted MRI(DWI) following surgical/endovascular procedures. Little is known about their clinical effects. We examined the association of iatrogenic infarcts with outcomes in the ENACT(Evaluating Neuroprotection in Aneurysm Coiling Therapy) trial of nerinetide in endovascular aneurysm repair. **Methods:** In this post-hoc analysis, we used multi-variable models to evaluate the association of presence/number of DWI iatrogenic infarcts with NIHSS(-National Institutes of Health Stroke Scale), mRS(modified Rankin Scale), and cognitive/neuropsychological scores(30-minute battery) at 1-4 and 30-days post-procedure. We also related infarct number to a Z-score-derived composite outcome score(quantile regression). **Results:** Among 185 patients(median age:56,IQR:50-64), 124(67.0%) had iatrogenic infarcts(median:4,IQR:2-10.5). Nerinetide resulted in fewer infarcts. Patients with infarcts had lower Mini-Mental State Exam(MMSE) scores at 2-4 days(median:28 vs 29, adjusted-coefficient[acoef] per additional infarct:-1.11,95%CI:-1.88 to -0.34, $p=0.005$ ). Infarct number was associated with worse day-1 NIHSS(aOR for  $\text{NIHSS} \geq 1$ :1.07,1.02-1.12, $p=0.009$ ), day 2-4 mRS(adjusted common odds-ratio[aOR]:1.05,1.01-1.09, $p=0.005$ ) and MMSE(acoef:-0.07,-0.13 to -0.003, $p=0.040$ ), 30-day mRS(aOR:1.04,1.01-1.07, $p=0.016$ ) and Hopkins Verbal Learning Test scores(acoef:-0.21,-0.39 to -0.03, $p=0.020$ ), as well as worse composite scores at 1-4 and 30-days(acoef:-0.09,-0.15 to -0.03,  $p=0.006$ ). **Conclusions:** Iatrogenic infarcts were associated with subtle differences in post-procedural(1-4 days) and 30-day outcomes in this middle-aged cohort. Future studies should use batteries of similar/greater granularity to validate optimal measures for short- versus long-term manifestations.

## P.084

### Pilot Program to Determine Impact of an Orthoptic Clinic on Patient Perceived Quality of Life of Stroke Patients

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**Background:** Visual impairment exists for an estimated 70% of individuals who have experienced a stroke. Identification and remediation of visual impairments can improve overall function and perceived quality of life. Our project aims to improve visual assessment and timely intervention for patients with post-stroke