April 27th, 2020. Exposure of interest included the different types of HDP. Outcomes of interest included hypertension incidence, stroke incidence, stroke subtype, and stroke mortality. **Results:** Eighteen cohort and 1 case-control studies involving >10 million women were included in the meta-analysis. Pooled hazard ratios with 95% confidence interval generally adjusted for age at delivery, ethnicity, and vascular risk factors are listed in table 1. **Conclusions:** Increasing severities of HDP carry higher hazards of hypertension and stroke years later. HDP, including gestational hypertension alone, are also associated with future stroke mortality.

Table 1. Pooled adjusted hazard ratios of outcomes for all types of HDP.

Outcome	Exposure	# of studies included	Pooled adjusted Hazard Ratio and 95% confidence intervals	Hetero-geneity I2
All stroke	All HDP	5	1.43 (1.22-1.66)	80.7%
	Chronic hypertension in pregnancy	1	3.40 (2.40-24.0)	NA
	Gestational hypertension	5	1.38 (1.25-1.52)	0%
	Preeclampsia	12	1.56 (1.38-1.76)	60.7%
Ischemic stroke	All HDP	3	1.72 (1.26-2.35)	74.7%
	Chronic hypertension in pregnancy	2	2.40 (1.39-4.14)	92.1%
	Gestational hypertension	3	1.89 (1.34-2.67)	61.1%
	Preeclampsia	4	2.09 (1.63-2.66)	74.9%
	Eclampsia	1	4.58 (3.90-5.38)	NA
Hemorrhagic stroke	All HDP	1	1.17 (1.24-2.36)	NA
	Gestational hypertension	1	2.80 (1.31-5.99)	NA
	Preeclampsia	2	1.42 (1.11-1.82)	70.5%
Stroke mortality	All HDP	1	1.88 (1.53-2.32)	NA
	Gestational hypertension	1	2.97 (1.49-5.92)	NA
	Preeclampsia	2	1.45 (0.81-2.60)	66.0%
	Eclampsia	1	1.56 (0.75-3.23)	NA
Hypertension	All HDP	2	2.83 (1.34-6.00)	99.8%
	Gestational hypertension	3	2.97 (1.54-5.74)	99.5%
	Preeclampsia	6	2.55 (2.01-3.23)	98.7%

P.077

Mixed autoimmune hemolytic anemia: an unusual cause of ischemic stroke and extensive cerebral microbleeds

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Background: Mixed autoimmune hemolytic anemia (mAIHA) is a rare autoimmune disorder that results in hemolysis with thrombotic complications like ischemic stroke. This is the first case report of cerebral microbleeds secondary to mAIHA. **Methods:** A literature review of mAIHA and cerebral microbleeds was conducted using the PubMed and Ovid MEDLINE databases from 1980 to 2021. **Results:** A 76 year old male with congenital deafness and rheumatoid arthritis presented with diffuse livedo reticularis and abdominal pain. He had fulminant hemolysis with new neurologic deficits and altered mental status. CT/CTA of the head and neck were unremarkable. MR brain revealed extensive cerebral microbleeds and multi-territory ischemic strokes. He was diagnosed with mAIHA, started on pulse methylprednisolone, and had no further microbleeds on follow-up MRI. From his clinical picture, common causes of cerebral microbleeds were ruled out such as cerebral amyloid angiopathy and hypertension. The pathogenesis of his microbleeds may be from concomitant severe hypoxia or a prothrombotic state, both previously reported in the literature. **Conclusions:** This is the first case report of extensive cerebral microbleeds secondary to mAIHA. When a patient develops acute neurologic deficits in the context of mAIHA, extensive cerebral microbleeds may be present possibly due to concomitant severe hypoxia versus a prothrombotic state.

Other Adult Neurology

P.078

Clinical Milestones in PSP and MSA may be Appropriate Triggers for Palliative Care Intervention

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Background: Progressive supranuclear palsy (PSP) and multiple system atrophy (MSA) are progressive neurodegenerative disorders with complex symptom burden and unpredictable disease trajectories. The ideal timing of palliative care interventions is uncertain given the variable natural history of both diseases. **Methods:** A systematic review was conducted to identify publications investigating predictors of survival in PSP and MSA. A medical librarian assisted to ensure comprehensive

search strategy. Relevant literature on palliative care in PSP and MSA was also reviewed. Results from both searches were qualitatively combined in order to suggest triggers for targeted palliative care throughout the disease trajectory. **Results:** 'Milestones' are well documented and clinically relevant disease points that prompt further care. Important milestones include: frequent falls, cognitive impairment, unintelligible speech, severe dysphagia, wheelchair dependence, urinary catheterisation, and nursing home placement. PSP-Richardson syndrome accumulates milestones earlier than PSP-Parkinsonism or MSA. Many PSP patients already have falls and cognitive impairment at the time of diagnosis. Time from milestone to death is variable. **Conclusions:** Milestones can be used to trace disease progression and help predict survival. Clinical milestones are likely to be important triggers for targeted palliative care interventions including the early incorporation of a palliative approach to care or referral to specialised palliative care services.

P.079

Factors influencing HINTS exam usage by Canadian Emergency Medicine Physicians

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Background: The HINTS examination is a sensitive and specific tool for determining whether a patient presenting with an acute vestibular syndrome has had a stroke. Despite its efficacy, it is often not used by Emergency Medicine (EM) physicians when assessing patients with vertigo. **Methods:** To ascertain why, we surveyed, by email, physicians registered with the Canadian Association of Emergency Physicians, to gather information on their practices when assessing patients with vertigo, and their utilization and perspectives concerning the HINTS examination. **Results:** 185 participants responded to our survey, demographically representative of Canadian EM physicians. The majority regularly use the HINTS exam in the appropriate setting, but significant minorities employ the exam inappropriately, such as in patients without nystagmus, with other neurological findings, or alongside tests for intermittent vertigo. Misapplication was associated with older age, years of practice, non-academic practice settings, and less residency training ($p<0.05$). The predominant reasons for not using this examination are lack of confidence in recalling and performing component exam techniques, particularly the head-impulse test, and doubts about the necessity, safety, or validity of this examination. **Conclusions:** HINTS examination use is limited by lack of provider skill, safety concerns, and doubts on its validity in excluding stroke when employed by EM physicians.

P.080

Cognitive Profile, Disease Characteristics, and Neuroimaging Findings in Susac Syndrome: A Case Series of Seven Participants from British Columbia

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Background: Susac Syndrome (SuS) is a rare autoimmune disorder of the cerebral, retinal, and inner ear microvasculature. One of the cardinal manifestations of central nervous system (CNS) involvement is encephalopathy, however the cognitive profile in SuS is poorly characterized in the literature. **Methods:** In this cross-sectional case series of seven participants diagnosed with Susac Syndrome in remission in British Columbia, we use a battery of neuropsychological testing, subjective disease scores, and objective markers of disease severity to characterize the affected cognitive domains and determine if any disease characteristics predict neuropsychological performance. We also compare this battery of tests to neuroimaging markers to determine if correlation exists between radiographic markers of CNS disease and clinical evaluation of disease severity. **Results:** There were a variety of cognitive deficits, with memory and language dysfunction being the most common. Despite the variability, performance on some neuropsychological tests (MoCA) correlated to markers of functional disability (EDSS). Additionally, MoCA and EDSS scores correlated with neuroimaging findings of both corpus callosum and white matter changes. Finally, psychiatric scores correlated with participant reported scores of disease severity. **Conclusions:** There is a relationship between cognitive deficits, subjective and objective disease disability, and neuroimaging findings in Susac Syndrome.

P.081

Epidemiology of Neurological and Cardiac Complications of COVID-19 among Ontario Visible Minorities: A Retrospective Study of Chinese and South Asian Canadians

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Background: This is a population-based retrospective study of neurological and cardiac complications of COVID-19 among