



*Perugia*  
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# **The Impact of Cerebral Hemodynamics on Cognitive Functioning in Patients with Carotid Artery Stenosis**

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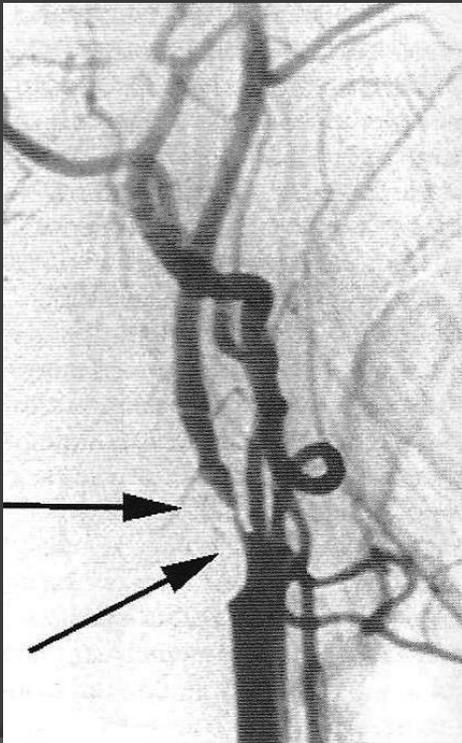
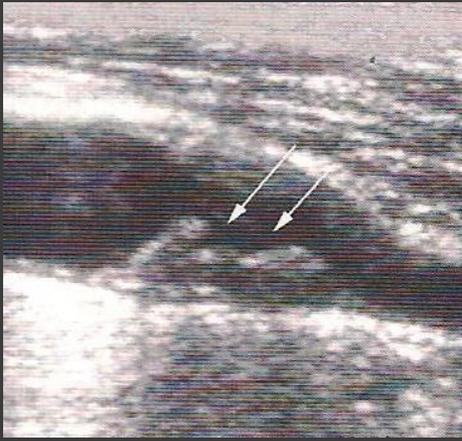
- Moderate to severe internal carotid artery (ICA) is common (10% by the 8<sup>th</sup> decade)

- It may be responsible of:

- distal **embolization** (plaque vulnerability)
- impairment of cerebral **hemodynamics** (dilation of cerebral arterioles to counteract the drop in cerebral perfusion pressure)

- It causes about 10% of all strokes

- Carotid endarterectomy (CEA) is effective to prevent cerebral ischemia in patients with symptomatic ICA stenosis



# Beyond stroke ...

⦿ There is accruing evidence that ICA

BRITISH MEDICAL JOURNAL 25 OCTOBER 1975

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## *Hospital Topics*

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### **Cerebral function before and after carotid endarterectomy**

P M PERRY, J E DRINKWATER, G W TAYLOR

neurocognitive functioning remains unclear

# Research Project

To evaluate the **changes** in **cognitive performance** and **cerebrovascular reactivity** and identify their **predictors** in patients with symptomatic high-grade ICA stenosis undergoing CEA

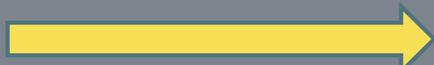
# Study Design I

- Patients who underwent CEA, had suffered TIA within the past 6 months, and had an ipsilateral severe ICA stenosis
- Age- and sex- matched controls (1:1)
- Evaluations (T0 - T6 months) of:
  - **cerebral hemodynamics** [CVR to hypercapnia through the breath-holding index (BHI)];
  - **neuropsychological functions**  
[**right**: CPM, CFCT; **left**: (ph) and (ca) VF]

# Study Design II

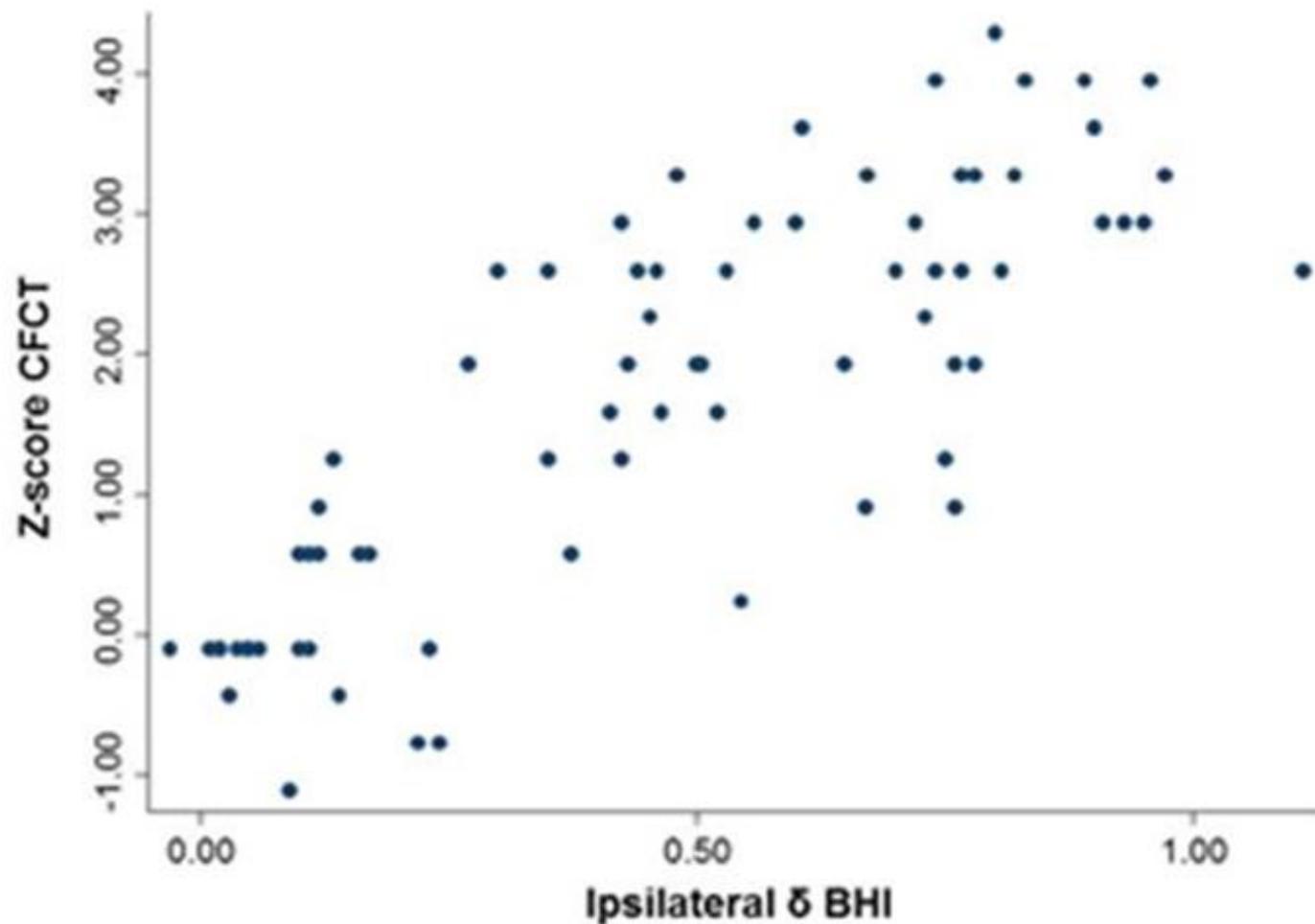
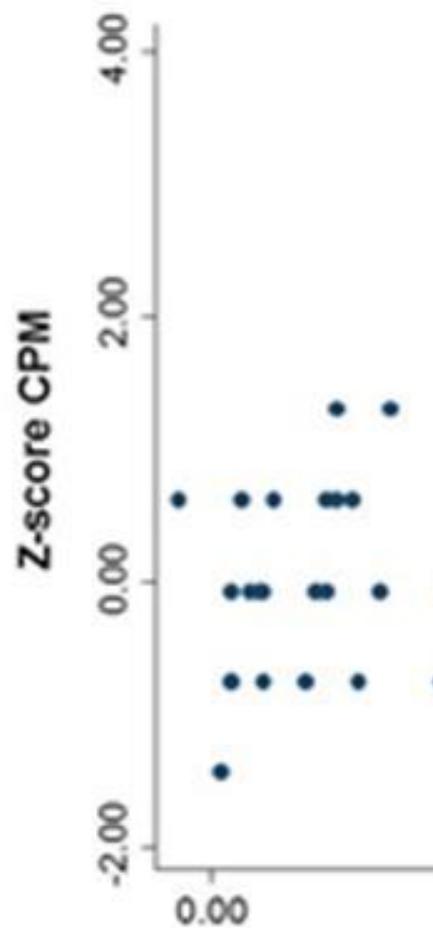
- Change in CVR and cognitive performance (delta between follow-up and baseline values)
- In order to account for practice effect, Z-scores for CEA patients were derived from the reference control group's performance  
$$\text{Z-score} = \frac{(\text{change score}_{\text{CEA}} - \text{mean change score}_{\text{control}})}{\text{SD of change score}_{\text{control}}}$$

	Right ICA stenosis	Left ICA stenosis	Control Group
<u>Demographics</u>			
Age (years)	73.5 (7.2)	72.9 (6.4)	73.3 (6.7)
Male sex	53 (70.7)	42 (67.7)	95 (69.3)
Education (years)	8.5 (3.9)	9.1 (4.0)	9.1 (3.9)
<u>Neurocognitive functioning</u>			
Phonemic Verbal Fluency	19.9 (3.04)	12.0 (4.80)*	20.1 (1.99)
Category Verbal Fluency	22.0 (3.16)	13.8 (4.34)*	22.3 (1.96)
Coloured Progressive Matrices	26.6 (3.53)*	33.0 (2.77)	33.2 (1.53)
Complex Figure Copy Test	27.2 (3.54)*	33.4 (3.42)	33.9 (1.56)
<u>Cerebral hemodynamics</u>			
Ipsilateral BHI	0.54 (0.30)†	0.52 (0.31)†	1.08 (0.13)
Contralateral BHI	1.04 (0.22)	1.05 (0.20)	1.08 (0.13)

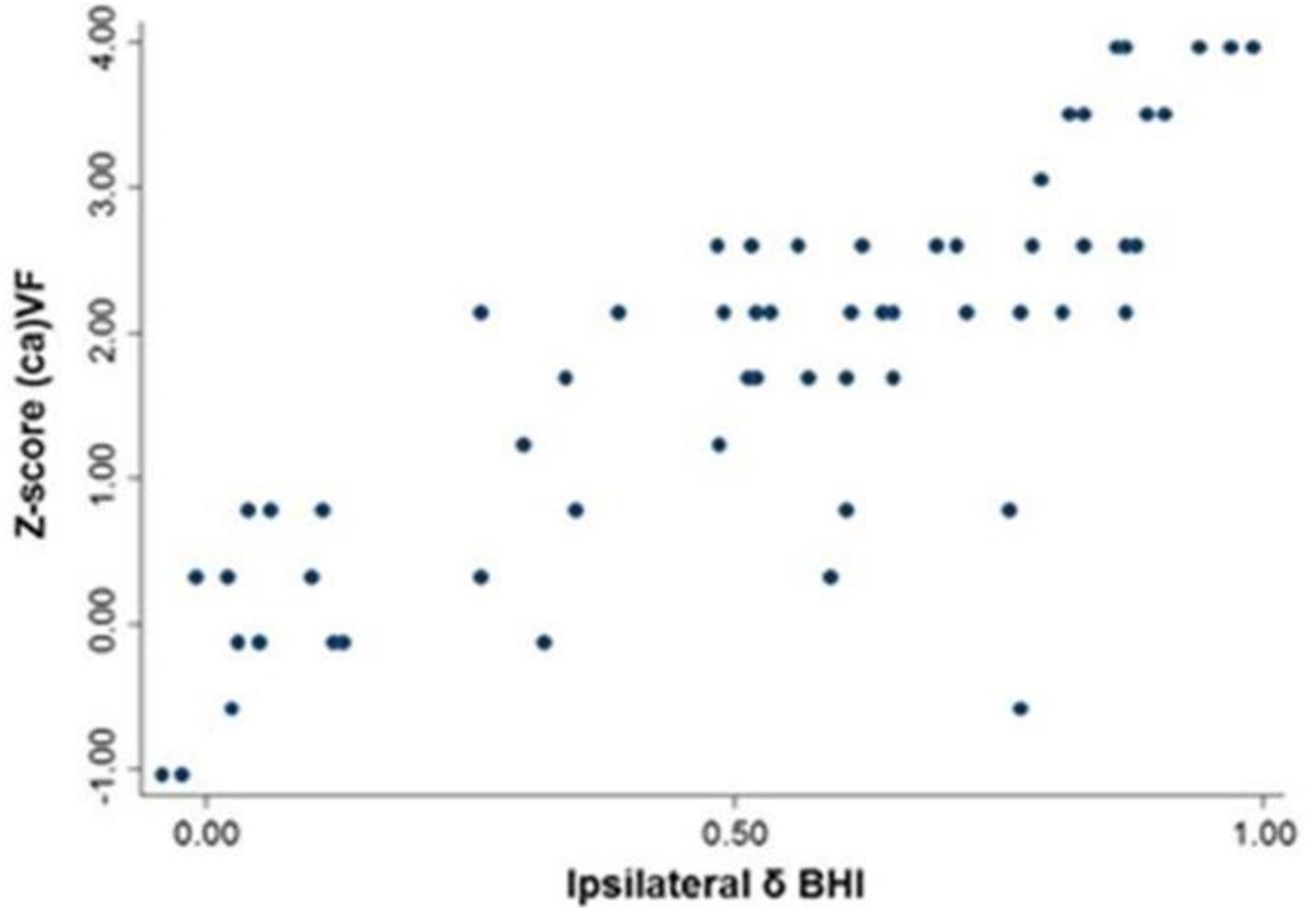
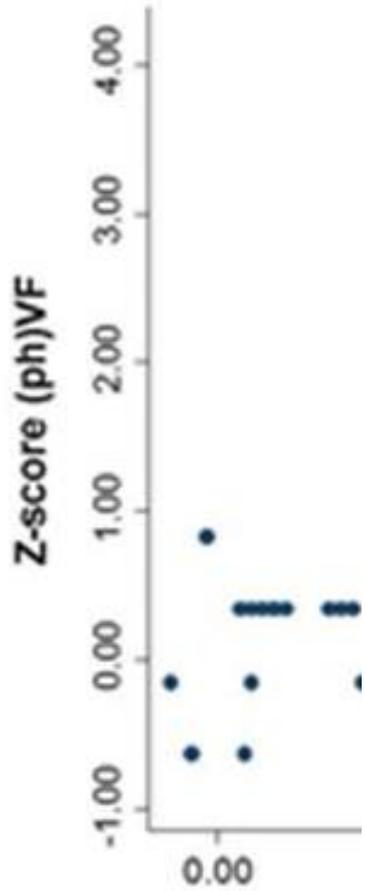


	Before CEA	After CEA	p value*
<b>Right ICA stenosis</b>			
Phonemic Verbal Fluency	19.9 (3.04)	20.4 (2.92)	0.106
Category Verbal Fluency	22.0 (3.16)	22.4 (2.69)	0.109
Coloured Progressive Matrices	26.6 (3.53)	29.2 (2.82)	<0.001
Complex Figure Copy Test	27.2 (3.54)	29.9 (2.62)	<0.001
Ipsilateral BHI 	0.54 (0.30)	1.00 (0.19)	<0.001
Contralateral BHI	1.04 (0.22)	1.07 (0.13)	0.074
<b>Left ICA stenosis</b>			
Phonemic Verbal Fluency	12.0 (4.80)	16.1 (3.70)	<0.001
Category Verbal Fluency	13.8 (4.34)	17.7 (3.51)	<0.001
Coloured Progressive Matrices	33.0 (2.77)	33.3 (1.97)	0.262
Complex Figure Copy Test	33.4 (3.42)	33.6 (2.24)	0.152
Ipsilateral BHI 	0.52 (0.31)	1.03 (0.17)	<0.001
Contralateral BHI	1.05 (0.20)	1.08 (0.11)	0.124

Right



Left



# Multivariate analysis

The improvement of cognitive performance was directly related to the entity of the increase in vasomotor response on the side of revascularization

Ipsilateral  $\delta$  BHI

	Unadjusted			Adjusted*		
	95% CI	p	$\beta$	95% CI	p	
<b>Right ICA stenosis</b>						
Colour Progressive Matrices	3.89	3.29-4.48	<0.001	3.62	3.01-4.24	<0.001
Complex Figure Copy Test	3.79	3.19-4.40	<0.001	3.55	2.91-4.18	<0.001
<b>Left ICA stenosis</b>						
Phonemic Verbal Fluency	3.77	3.11-4.43	<0.001	3.31	2.68-3.95	<0.001
Category Verbal Fluency	3.58	2.95-4.22	<0.001	3.26	2.61-3.92	<0.001

# Does one size fit all?

- Looking at baseline patients characteristics to identify the potential **predictors** of cognitive outcome ...
- Identify **subgroups** of patients who might mostly **benefit** from stenosis correction ...

# Independent predictors

## Ipsilateral BHI

### Age

Dependent Variable	Univariate Regression Analysis			Multivariable Regression Analysis		
	$\beta$ coefficient	95% CI	p value	$\beta$ coefficient	95% CI	p value
Age	-0.11	-0.17 to -0.05	<0.001	-0.17	-0.22 to -0.12	<b>&lt;0.001</b>
Sex	-0.03	-0.91 to 0.86	0.951	-0.24	-0.93 to 0.45	0.488
Side of ICA stenosis						0.570
Education						0.699
Current smoking						0.805
Hypertension						0.455
Diabetes mellitus						0.546
Dyslipidaemia						0.391
Coronary artery disease						0.085
Antihypertensive treatment						0.251
Antidiabetics	0.15	-0.89 to 1.18	0.777	-1.48	-4.46 to 1.51	0.329
Lipid lowering drugs	0.17	-0.76 to 1.10	0.720	-0.01	-0.82 to 0.79	0.976
Antiplatelets	0.74	-3.25 to 4.73	0.716	0.64	-2.34 to 3.63	0.670
Ipsilateral BHI	-5.41	-6.49 to -4.34	<0.001	-6.25	-7.40 to -5.10	<b>&lt;0.001</b>
Contralateral BHI	-3.78	-5.85 to -1.72	<0.001	0.83	-0.93 to 2.60	0.353

# Independent Predictors

## *Ipsilateral BHI*

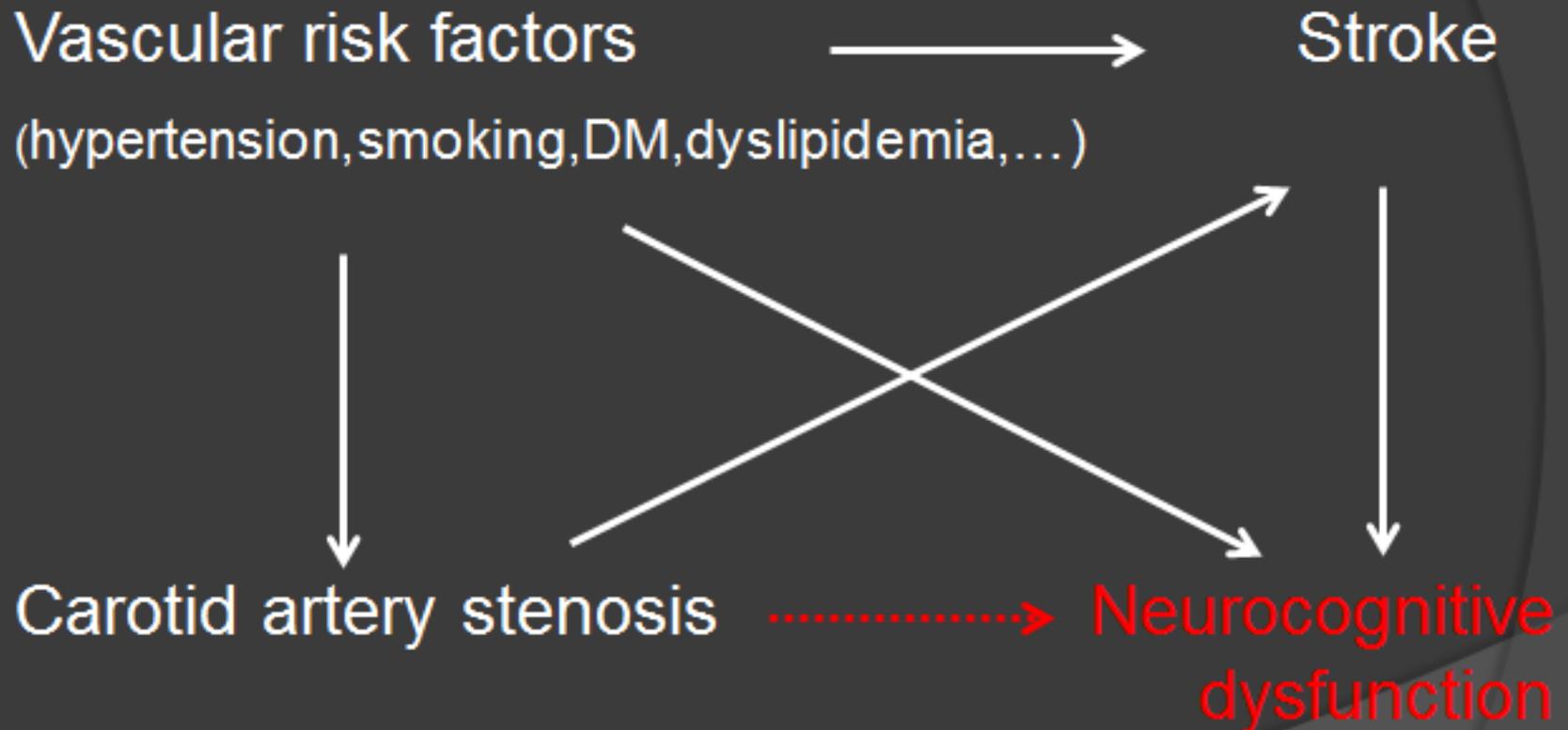
greater pre-operative CVR impairment → greater neurocognitive benefit on the neuropsychological tests exploring the revascularized hemisphere following surgery →

**hemodynamic contribution to cognitive impairment**  
could benefit from carotid revascularization

## *Age*

- higher **burden of structural brain abnormalities** (e.g. silent infarcts, white matter lesions) not amenable to reverse
- structural, mechanical and functional changes of **vasculature** occurring with **aging** may hamper/reduce/delay the beneficial effects of blood flow restoration on CVR

*Cerebrovascular **hemodynamic** insufficiency may represent one independent pathogenic mechanism underlying brain complications of carotid disease and a determinant of the cognitive dysfunction*



# Next Key Points & Clinical Implications

- ⦿ Can threshold values in baseline hemodynamics/cognitive performance increase the accuracy of outcome prediction?
- ⦿ Can **CEA** offer more than prophylaxis of cerebral ischemia and **contribute to improve the neurocognitive functioning** in “asymptomatic” carotid artery disease?

Refine the **definition of symptomatic status** and **selection criteria for revascularization** of ICA stenosis