

ABSTRACT BOOK 2022



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for 51 minutes. Even after carefully explaining the patient refused to believe he had a stroke and was challenging during the diagnostic procedure. Laboratory tests, 24-hour Holter ECG, and transthoracic echocardiography were all noneventful. The patient refused to do transesophageal echocardiography and prolonged cardiac monitoring. Brain MRI 4 days later showed early subacute ischemic changes in the head of right n. caudatus and right putamen right temporal, parietal, caudal insular, and lateral occipital cortex. Except for the obliviousness of the situation, the patient exhibited normal cognitive function and had no discernible neurological deficit. The cause of the stroke was labeled as unknown. His control MRI 4 months later confirmed chronic gliotic, and malacial postischemic changes on the right insular, temporal, and occipital cortex with extensive zones of postischemic laminar cortical necrosis. He had no neurological deficit on the control examination 4 months later.

Conclusions: Even among SSDs, it is truly rare to witness a clinical TIA type of SSD let alone one with a moderate ischemic stroke visible radiologically. Both neurologists and patients should be aware of this phenomenon so as to persist in confirming the potential cardiac sources of emboli. After 24-hour Holter ECG, and TTE prolonged cardiac monitoring and TEE are necessary to definitely exclude cardioembolism.

45. TREATMENT OF ANOMIE IN PATIENTS WITH WERNICKE'S APHASIA.

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Introduction/Objectives: Wernicke's aphasia is a very common type of aphasia in the population of people with aphasia. The basic characteristics of this aphasia are a disorder of understanding and naming. Due to pronounced naming disorders, the speech of these patients is often semantically empty, ie. meaningless. Various therapeutic methods are used in the treatment of naming disorders. The aim of this paper is to present current methods in the treatment of anomie in persons with Wernicke's aphasia.

Participants, Materials/Methods: We used the PubMed and COBSON database search, for the period from 2000 to 2022, key words: aphasia treatment, Wernicke's aphasia treatment, naming treatment.

Results: Among the most commonly used methods for treating Wernicke's aphasia are: Phonological Component Analysis, Semantic Component Analysis, Gesture

Promotion, Constraint Induced Therapy- CIAT, Verb Grid Strengthening Treatment, Tactus Therapy Programs, and Communicative Partner Training.

Conclusions: A review of the literature shows that most studies on the treatment of anomie have been performed on a small number of patients, and that there is still insufficient evidence of the actual effectiveness of these methods of treating anomie. Further research in this area, conducted on a larger number of subjects, could provide a more complete insight into the impact of specific therapeutic methods on the recovery of naming function in patients with Wernicke's aphasia.

46. LOW SERUM 25-HYDROXYVITAMIN D CONCENTRATION AND ALZHEIMER'S DISEASE RISK IN PATIENTS WITH TYPE-2 DIABETES MELLITUS.

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Introduction/Objectives: It has been reported in the literature that a low serum 25-hydroxyvitamin D (25[OH]D) concentration is associated with an increased risk of Alzheimer' Disease (AD). In addition, serum 25 (OH)D levels were found to be associated with cognition in diabetic patients. However, the effect of 25[OH]D' levels on the risk of AD in patients with type-2 diabetes mellitus (T2DM) has not yet been clarified. The aim of our study is to investigate the effect of 25[OH]D concentrations on the risk of AD in patients with T2DM.

Participants, Materials/Methods: The present retrospective study was based Bezmialem Vakif University Faculty of Medicine database. A total of 153 patients (33 AD, 48 T2DM, and 72 both AD and T2DM) participated in our study. The conformity of the patients' diagnoses with the National Institute of Aging-Alzheimer's Association clinical criteria for possible AD diagnosis and the American Diabetes Association criteria was evaluated by a neurologist experienced in behavioral neurology and an internal medicine specialist, respectively. The approval was obtained from the Ethics Committee of Bezmialem Vakif University.

Results: There was no significant difference between the mean age of the groups. 25[OH]D concentration were 17.82 ng/mL (± 11.72) in AD group, 24.79 ng/mL (± 11.57) in DM group, 19.05 ng/mL (± 11.51) in ALZ-DM group. There was a significant difference between the 25[OH]D concentrations of the groups (ANOVA F 4,4840; p 0.009; η^2 0.061). 25[OH]D concentrations were found to be significantly lower in AD and AD-DM groups compared to DM group (p 0.021; 0.022 respectively).

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Conclusions: According to the Endocrine Society Clinical Practice Guidelines (2011), 25[OH]D deficiency is defined as a 25(OH)D below 20 ng/ml. The mean 25[OH]D concentration of both groups of Alzheimer's patients with and without T2DM was at the level of vitamin d deficiency. Low 25(OH)D concentrations were significantly associated with the diagnosis of AD. The findings suggest that serum vitamin D screening and supplementation in patients with T2DM may be beneficial in reducing the risk of AD.