with flow diversion in matched controls who were treated with Clopidogrel. We compare P2Y12 reaction unit (PRU) levels at sets of time point pre, peri and post-operatively, to measure response to Prasugrel versus Clopidogrel. We also evaluate if sub-optimal responses to Prasugrel or Clopidogrel resulted in delay of patient care. Early findings suggest that treatment with Prasugrel results in faster time to therapeutic PRU levels and more consistent PRU levels as compared to Clopidogrel resulting in less delay of care and operative rescheduling.

Disclosures E. Milosavljevic: None. C. McKinney: None. D. Hoss: None.

E-225 MANAGEMENT, COMPLICATIONS AND NEUROLOGICAL OUTCOMES OF ANEURYSMAL SUBARACHNOID HAEMORRHAGE IN ELDERLY PATIENTS

P Cheng*, H Simms, A Abouharb. Department of Neurosurgery, Royal Victoria Hospital, Belfast, UK

Objective To study the management of aneurysmal subarachnoid haemorrhage and compare neurological outcomes in different elderly age groups.

Design Retrospective cohort study

Methods Patients with aneurysmal subarachnoid haemorrhage (aSAH) admitted to Royal Victoria Hospital Belfast between 2015 to 2019 were separated into different age groups, all patients above age of 70 were enrolled to this study. Study population was further divided into 3 sub-groups, age 70–74, age 75–79 and age >80. Patient characteristics and clinical courses were compared, including underlying co-morbidities, WFNS grade of aSAH, intervention received, complications and long-term neurological outcomes in follow up clinics.

Results A total of 54 patients were included, with 29 in group I (age 70–74), 20 in group II (age 75–79) and 5 in group III (age >80). Despite patients in group III presented with only WFNS grade 1 & 2 aSAH, mortality increased exponentially with age, from 10.3% to 15% to 40% across 3 sub-groups. There was also a linear increase in average length of stay from 21 days to 24 days. 23 patients (79.3%) developed complications, including underlying co-morbidities, WFNS grade of aSAH, intervention received, complications and long-term neurological outcomes in follow up clinics.

Conclusion Our study suggests patients with age >80 had less favourable neurological outcomes despite having good grade aSAH at presentation and received similar intervention, when compared to other age groups. Average length of stay in hospital also increased with age. Similar complication rates were noticed in all age groups. Comparing our data with other neurosurgical units in the United Kingdom and Ireland will provide further information in managing elderly aSAH patients and facilitate risk stratification when considering those patients for intervention.

Disclosures P. Cheng: None. H. Simms: None. A. Abouharb: None.