PODCAST
Prevention of Decline in Cognition After Stroke Trial

A Flow chart for the *PODCAST* trial

Patient can be approached on the ward or in clinic, if patient is interested in the trial, and fulfils the inclusion criteria. NB It is possible that not all criteria will be met at this time but please use your professional judgement to decide if they are likely to meet the inclusion criteria in the 3-7 months randomisation window then:

1. Provide participant information sheet and take informed consent for face-to-face screening.
2. Complete the patient details' form.
3. Complete the informant details form.
4. Enter the patients' details on the participant screening and enrolment log.

Please do NOT fax any forms through to the Co-ordinating centre. Retain locally in a Screening File. Over a period of time this file will be used to collect the details and documents for those patients who fail telephone screening or do not wish to be randomised.

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At 8-26 weeks, contact participant for the face-to-face screening assessment. If successful, when screened on the live website, and they are still interested please:

1. Provide participant information sheets for main study, sub studies and informant information sheet.
2. Provide signed blood request form to patient for pre baseline bloods.
3. Send GP letters (screening and practice briefing) to the participant's GP.

A week later telephone the patient, ensure they have read the information sheets (patient and informant), have had their bloods taken and remind them they and their informant will need to attend the 'Baseline Visit'.

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Following the 'Baseline Visit', please fax/send the following to the Trial office:

1. Participant consent forms for telephone screening / main study / sub studies.
2. Informant consent for main study.
3. Patient details form.
4. Informant details form.
5. CT/MRI scan report from the index stroke (essential) and carotid dopplers (if performed). NB Please also collect and fax all scan reports for MRIs, CTs and dopplers performed from the time of the index stroke until the patient completes the trial.
6. CT/MRI images, by post or by upload facility (when upload facility becomes available). NB Please send the images for CT/MRIs performed from the time of the index stroke until the patient completes the trial. We will reimburse all postage costs.
7. ECG from index stroke, if performed, or ECG performed at Baseline visit. NB Please collect and fax all ECG reports performed from the time of the index stroke until the patient completes the trial.
8. If participating in the Ambulatory BP sub study, please ensure you also enter the data online.

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Inclusion criteria

1. Age>70 years and telephone-MMSE >16; or age >60 years and telephone-MMSE 17-20/22
2. Functionally independent (mRS 0-2)
3. Ischaemic stroke (any cortical OCSP/TOAST type) or primary intracerebral haemorrhage (cortical or basal ganglia)
4. 3-7 months post-event
5. Systolic BP 125-170 mm Hg
6. Total cholesterol 3-8 mmol/l
7. Presence of an informant: partner, sibling, child, friend (for IQCODE/DEMQoL)
8. Capacity and willingness to give consent

Exclusion criteria

1. Participants not meeting inclusion criteria
2. Subarachnoid haemorrhage
3. Secondary intracranial haemorrhage (trauma, AVM, cavernoma)
4. No CT/MRI within 10 days of index stroke
5. Inability to give consent or do study measures, e.g. severe dysphasia, weakness of dominant arm
6. Profound deafness
7. Severe hypertension (systolic BP>170 mmHg)
8. Definite need for 'intensive' BP control
9. Severe hypercholesterolemia (TC>8 mmol/l)
10. Definite need for, or demonstrated intolerance of, 'high intensity' statin
11. Definite need for a cholinesterase inhibitor
12. Familial stroke associated with dementia, e.g. CADASIL
13. Chronic renal failure: eGFR<45 (or eGFR<37 in people of African/Afro-Caribbean origin)
14. Liver disease, ALT>3 times upper limit of normal
15. Ongoing participation in trials involving drug (including CTIMP trials) and/or devices. Participants already in another trial may be screened for PODCAST, provided the participation in the other trial is complete, prior to PODCAST randomisation.
16. Any serious medical co morbidity (e.g. active malignancy) such that the life expectancy is <24 months
17. Clinically unstable at the time of enrolment
18. Dementia
19. NYHA classification of 3 or 4

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