

# Cognitive deficits in Cerebellar Stroke Study

Published: 20-12-2013

Last updated: 07-02-2025

To assess the outcome and pattern of frontal cognitive deficits between patients with cerebellar stroke compared to frontal stroke after three months of acute ischemic stroke with several validated neuropsychological tests and questionnaire

|                              |   |
|------------------------------|---|
| <b>Ethical review</b>        | Approved WMO                              |
| <b>Status</b>                | Will not start                            |
| <b>Health condition type</b> | Central nervous system vascular disorders |
| <b>Study type</b>            | Observational non invasive                |

## Summary

### ID

NL-OMON38835

### Source

ToetsingOnline

### Brief title

CODECS

### Condition

- Central nervous system vascular disorders
- Personality disorders and disturbances in behaviour

### Synonym

Cerebellar Stroke, Stroke

### Research involving

Human

### Sponsors and support

**Primary sponsor:** Erasmus MC, Universitair Medisch Centrum Rotterdam

**Source(s) of monetary or material Support:** Ministerie van OC&W

## Intervention

**Keyword:** Cerebellum, Cognitive, Frontal syndrome

## Outcome measures

### Primary outcome

Outcome neuropsychological analysis

### Secondary outcome

Size and localization of the stroke compared to neuropsychological outcome

## Study description

### Background summary

The cerebellum plays an important role in coordinating and timing of motor behaviour. Lesions in the cerebellum therefore cause a number of deficits such as ataxia, dysarthria and disturbed eye-movements. Although these common neurological deficits caused by cerebellar lesions are well described in literature, cognitive and neuropsychological impacts were for a long insufficiently highlighted. In the last two decades this has changed and several studies published on cognitive deficits after focal cerebellar damage. Moreover some studies suggest a role of the cerebellum in various neuropsychiatric diseases such as Attention Deficit-Hyperactivity Disorder (ADHD), Autism en Schizophrenia.

These cognitive and neuropsychiatric aspects of the cerebellum are caused by the connections with (pre)frontal cortex and limbic cortex. There are two known pathways in the cerebellum: The afferent pathways that project from the cortex via the pontine nuclei to the cerebellum and the efferent pathways from the deep cerebellar nuclei via the thalamus to the cerebral cortex. These cerebello-thalamo-cortical tracts end mostly in motor and non-motor areas of the prefrontal cortex. Within the cerebellum further divisions demonstrate prominent language and verbal memory tasks in right cerebellar hemisphere, while visuo-spatial tasks are located in left cerebellar hemisphere. However neuropsychiatric deficits are associated with lesions in the medial part of the cerebellum.

Cognitive repercussions that appear after cerebellar stroke are usually neglected in clinical settings because of the prominent motor deficits. Although studies with small patient groups and heterogeneous groups show

cognitive deficits, it has not affected treatment and clinical care after cerebellar stroke. Because of limited research it remains unclear whether cerebellar stroke patients show cognitive deficits and in which domain of the cerebellum is involved.

### **Study objective**

To assess the outcome and pattern of frontal cognitive deficits between patients with cerebellar stroke compared to frontal stroke after three months of acute ischemic stroke with several validated neuropsychological tests and questionnaire

### **Study design**

Observational, prospective, single centre study

### **Study burden and risks**

No risk, Patients are seen at 3 months polyclinical visit for neuropsychological tests during 45 minutes.

## **Contacts**

### **Public**

Erasmus MC, Universitair Medisch Centrum Rotterdam

Is-Gravendijkwal 230  
Rotterdam 3015 CE  
NL

### **Scientific**

Erasmus MC, Universitair Medisch Centrum Rotterdam

Is-Gravendijkwal 230  
Rotterdam 3015 CE  
NL

## **Trial sites**

### **Listed location countries**

Netherlands

## Eligibility criteria

### Age

Adults (18-64 years)

Elderly (65 years and older)

### Inclusion criteria

18 years or older;

cerebellar or frontal stroke

### Exclusion criteria

Pre-existent cognitive deficits (Alzheimer\*s disease, Parkinson\*s disease or frontal lesions),  
Speech deficits which interferes with normal communication (Aphasia or severe dysarthria)

## Study design

### Design

**Study type:** Observational non invasive

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Basic science

### Recruitment

NL

Recruitment status: Will not start

Start date (anticipated): 01-01-2014

Enrollment: 120

Type: Anticipated

## Ethics review

Approved WMO

|                    |   |
|--------------------|---|
| Date:              | 20-12-2013  |
| Application type:  | First submission  |
| Review commission: | METC Erasmus MC, Universitair Medisch Centrum Rotterdam (Rotterdam) |
| Not approved       |   |
| Date:              | 13-01-2025  |
| Application type:  | Amendment   |
| Review commission: | METC Erasmus MC, Universitair Medisch Centrum Rotterdam (Rotterdam) |

## Study registrations

### Followed up by the following (possibly more current) registration

No registrations found.

### Other (possibly less up-to-date) registrations in this register

No registrations found.

### In other registers

| Register | ID             |
|----------|----------------|
| CCMO     | NL45753.078.13 |