Nauji išsėtinės sklerozės diagnozavimo metodai. Kelių eismo nelaimių ir darbovietės nelaimingų atsitikimų kompensacijų duomenys ir jų analizė

Dr Rasa Ruseckaitė (Melbourne, Australia)
2013 01 21, 18:30 val
Klubas "All Inn", Šv. Mikalojaus 15, Vilnius

Seminaras apie netiesinius neuro-oftalminių ligų atpažinimo metodus bei iššauktinius potencijalus, ir apie kompensacijos duomenų bazę, duomenų apdorojimo metodus ir taikymus.

**Sparse multifocal stimuli for detection of multiple sclerosis**

Multifocal analysis of the visual system refers to the characterization of visual responses at multiple visual field locations by concurrent presentation in those locations of independent sequences of stimuli, with an analysis procedure which decomposes the resulting compound response into components attributable to each location. Sutter (1992) introduced m-sequence stimuli for multifocal recording, and has done much to popularize multifocal electroretinogram (mfERG) analysis. This method was extended to the analysis of visual evoked potentials, introducing a cortically scaled dartboard layout to match magnification factor of the mapping to primary visual cortex. More recently multifocal VEPs (mfVEPs) have been used to quantify visual-field defects in a number of neuro-ophthalmic disorders including glaucoma and multiple sclerosis.

In this study, we compare responses to contrast reversal multifocal stimuli with those obtained to pattern pulse presentation. Concurrently obtained responses to dichoptic stimuli would provide a better statistical basis for comparisons between eyes, compared to records taken one eye at a time.

**Compensation research database (CRD)**

The CRD is an internationally unique research database that incorporates datasets from both the TAC and WorkSafe. The CRD provides a platform for linking data to other datasets which enable large-scale epidemiological descriptive studies. It incorporates data from more than two million personal injury compensation claims. Compensation datasets may also allow examination of changing patterns of service use over time, and may provide greater insight into the burden of injury in specific injury sub-groups than data available via the public health system (such as emergency department presentations or hospital admissions). Compensation datasets could allow researchers to examine, for example, provision of healthcare to injured persons by medical and paramedical practitioners in the months and years following discharge from hospital, in addition to conventional metrics of health system usage (e.g., hospital length of stay).