

TIA and Stroke

- Who needs to be in hospital?



Risk for stroke appears to be falling

- 43% reduction in Perth from 1989 to 2001



Stroke

- Leading cause of adult disability
- 2nd commonest cause of death
- **STILL VERY NASTY**



Stroke

- Early treatment saves lives
- Early treatment reduces disability
- Early treatment is cheaper



Is it a stroke

- Focal Signs
- Negative symptoms
- Sudden onset
- Appropriate context
 - Older age group
 - Vascular risk factors



Can I be sure?

- GAS
- Glucose – low or high must be excluded
- Arm weakness
- Speech disturbance



GAS

- JHH have been using GAS with ambulance officers to get patients to stroke unit quickly
- Bypass nearest hospital, straight to JHH stroke service if
 - Time of onset accurately known
 - Less than 2 hours from onset
 - Meet GAS criteria

GAS

- TBH not geared up yet
- Stroke unit may be ready soon for direct admissions



TIA

- Symptoms of stroke
- Resolution within 24 hours



Who will have a stroke?

- Can we assign risk?
- Does it matter anyway?



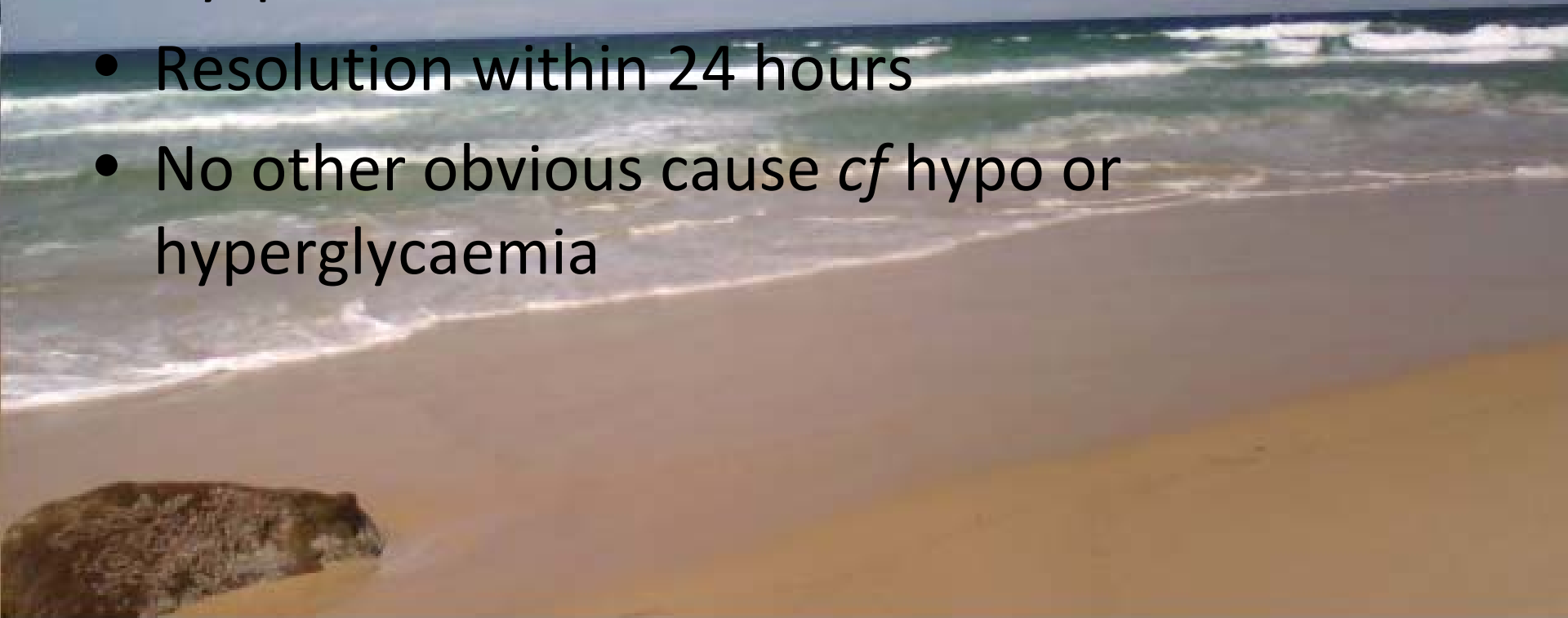
Risk of stroke

- A simple scoring system helps identify patients with TIA who may benefit from early, aggressive investigation of underlying treatable risks



Is it a TIA

- Sudden onset of focal neurological symptoms
- Usually motor weakness
- Dysphasia
- Resolution within 24 hours
- No other obvious cause *cf* hypo or hyperglycaemia



ABCD²

- Risk stratification



ABCD²

- **A**ge greater than 60 = 1
- **B**lood pressure >140/90 = 1
- **C**linical features
 - Unilateral weakness = 2
 - Speech disturbance without weakness = 1
- **D**uration of symptoms
 - 10 to 59 mins = 1
 - more than 60 min = 2
- **D**iabetes = 1

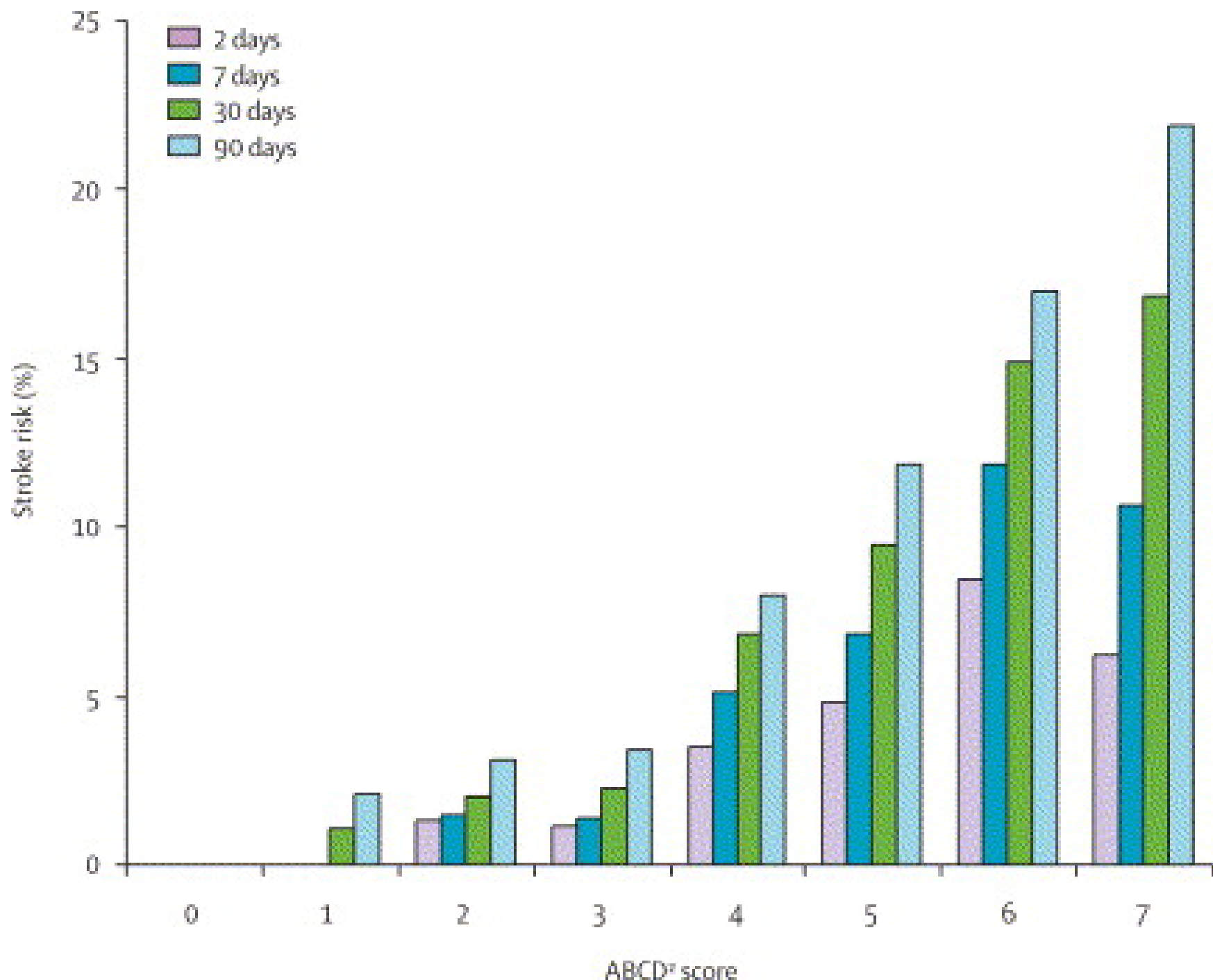
Risk of stroke @ 2 days

Score 0-3 = 0%

Score 4-5 = 4.1%

Score 6-7 = 8.1%





Who to admit

- Score 6-7
- Maybe score 4-5 depending on clinical circumstances and availability of services



Why admit for TIA?

- Chance of appropriate investigation in reasonable time frame
- May receive prompt therapy if stroke happens
 - *eg* tPA



Why admit for stroke?

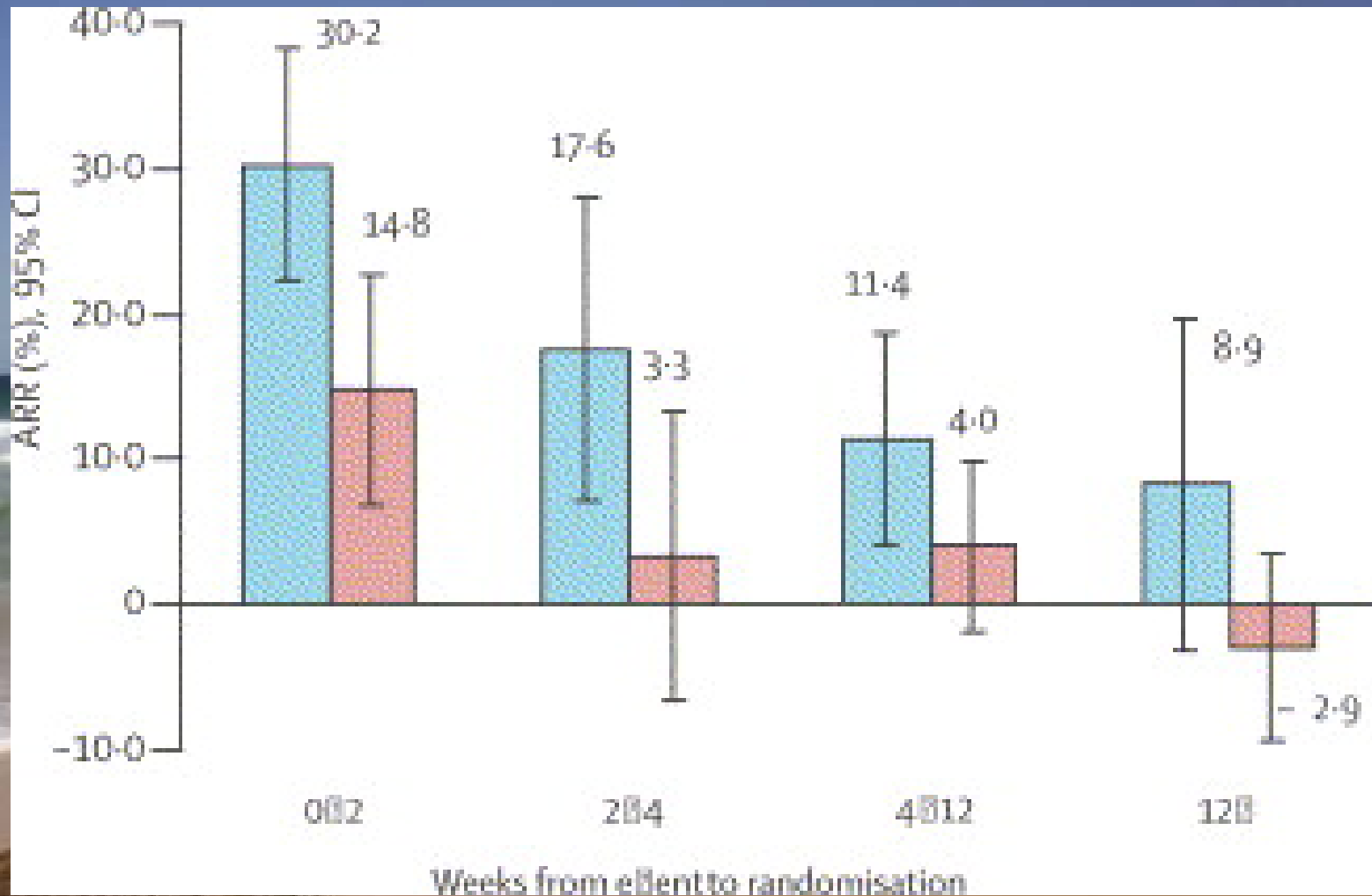
- tPA
 - If less than 3 hours
 - If not too severe
 - If no contraindications
- Stroke Unit
 - See Dr Pollack
- BSL control
- TEDS and Enoxaparin

Why admit for stroke?

- High flow O₂
- Fever management
- Swallowing assessment
- Aspirin
- BP management



CEA after TIA/minor stroke
Blue bars >70%; red 50-69%



Emergent Therapies

- Statins
- Minocycline
- Caffeinol



TIA and Stroke

- Emergencies for some
- Treatable for some



Thank you

