Transient Ischemic Attack





Transient ischemic attack

•This is an ischaemic (usually embolic) neurological event with symptoms lasting <24h (often much shorter).

•Without intervention, more than 1 in 12 patients will go on to have a stroke within a week, so prompt management is imperative.



Investigations

- FBC
- ESR
- Urea & Electrolytes
- Glucose
- Lipids
- CXR
- ECG
- carotid Doppler ± angiography
- CT or diffusion-weighted MRI
- echo cardiogram.



Management of TIA

• Control cardio vascular risk factors: Optimize:BP (cautiously lower; aim for <140/85mmHg,); hyperlipidaemia; Diabetes; help to stop smoking.

• Antiplatelet drugs: As with stroke, give aspirin 300mg OD for 2wks, then switch to clopidogrel 75mg OD. If this is contraindicated or not tolerated, give aspirin 75mg OD combined with slow-release dipyridamole.



Management of TIA

 Anticoagulation indications: Cardiac source of emboli.

• Carotid endarterectomy: Perform within 2wks of first presentation if 70–99% stenosis and operative risk is acceptable.



Act FAST

- •Several public health measures have aimed to increase awareness of stroke and the seriousness of the condition: the re-labelling of stroke as a 'brain attack,' and via the graphic mass media **FAST** campaign
- 1. Facial asymmetry
- 2. Arm/leg weakness
- 3. Speech difficulty
- 4. Time to call for an ambulance.



Prognosis after a stroke

- •Prognosis Overall mortality: 60 000/yr; UK 20% at 1 month, then 10%/yr.
- •*Full recovery:* ≤ 40%.
- Drowsiness ≈poor prognosis
- Avoid pressure ulcers



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