

South West London Stroke Study Day



The Open Access TIA Clinic, Mayday Hospital

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What is a TIA?

- Clinical syndrome characterised by acute loss of focal brain or monocular function lasting less than 24 hours & vascular in origin.
- Why is TIA important?
 - It presents as a warning of stroke or ischaemic heart disease
 - It's a call for action



Risk factors

- Age
- Hypertension
- Diabetes Mellitus
- Family history
- Smoking
- High cholesterol
- Ischaemic heart Disease
- Atrial Fibrillation
- Alcohol
- Oral contraceptives
- Socio economic status/race
 - more common in Asian/Afro-Caribbeans



Opportunity to prevent strokes

- There is a significant risk of stroke after TIA
- Risk of stroke in the week after a TIA is 10-30%
 - Half of events occur in first 48-72hrs
- New evidence that urgent treatment after TIA prevents further events
- ABCD2 score used to identify patients at higher risk of stroke after TIA



ABCD2 Score

- Age
 - <60yrs = 0 points
 - ≥ 60yrs = 1 point
- BP at presentation
 - SBP>140 or DBP≥90 = 1 point
- Clinical features
 - Unilateral weakness = 2 points
 - Speech disturbance = 1 point
 - Sensory /other symptom=0pt
- Duration of symptoms
 - ≥ 60 minutes = 2 points
 - 10-59 mins = 1 point
 - < 10 mins = 0 points
- Diabetes
 - 1 point



NICE Guidelines for Management of Transient Ischaemic Attack (TIA)

High Risk TIA Patients

i.e an ABCD2 \geq of 4 or more than 1 TIA in 1 week should receive:

- immediate initiation of aspirin
- specialist assessment **within 24 hours of onset of symptoms**
- commencement of secondary prevention as soon as the diagnosis is confirmed.

Low Risk TIA Patients

i.e an ABCD2 score of less than 4 should receive:

- immediate initiation of aspirin
- specialist assessment as soon as possible, but **definitely within 1 week of onset of symptoms**
- commencement of secondary prevention as soon as the diagnosis is confirmed



Risk stratification of TIAs using ABCD2

ABCD2 Score	% risk of stroke at 7 days (95% CI)
<4	0
4	2.2 (0-6.4)
5	16.3 (6.0-26.7)
6-7	35.5 (18.6-52.3)



The evidence for early initiation of existing treatments for TIA

- The EXPRESS Study compared usual practice of delayed assessment with revised protocol of prompt assessment (no appointments, daily clinic) and start therapy in 24 hours.
- Waiting time fell from 3 days to <1 day
- Delay of prescription to treatment fell from 20 days to 1 day
- **80% risk reduction of stroke at 90 days from 10% to 2.1%.**
- Similar risk reduction in SOS-TIA study



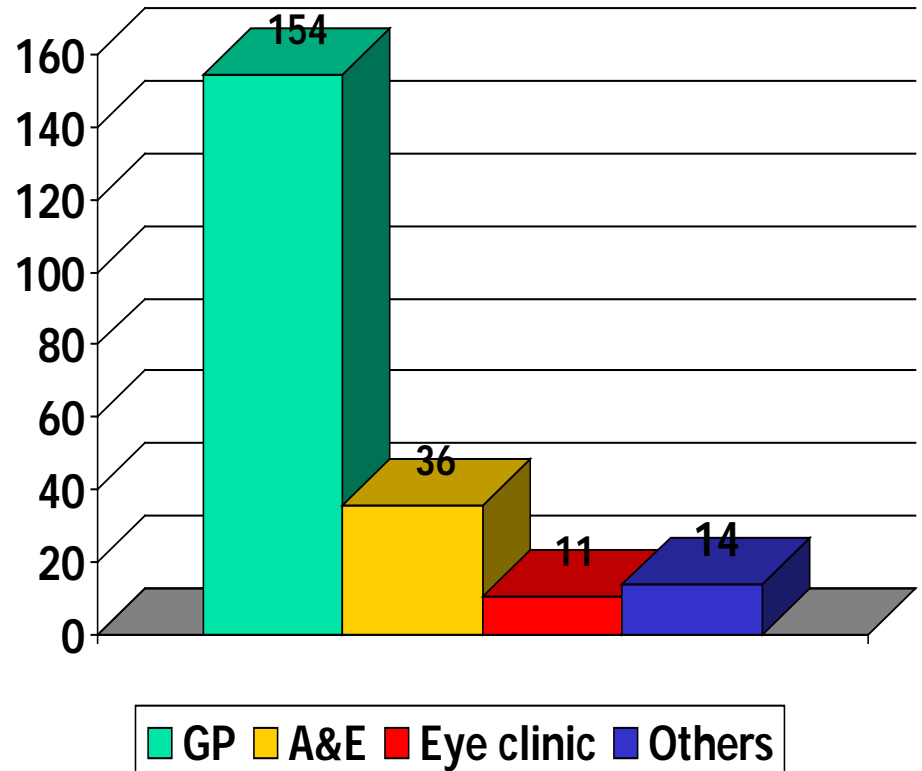
The Open Access TIA Clinic

- Previously 3 out-patient clinics a week
- Aim to see all high risk TIA pts within 24 hrs and low risk in 1 week
- Daily (Mon-Fri) Ward based clinic started in March '09.
 - No appointment needed
 - GPs informed about changes to TIA service
- 'One stop' same day investigation and treatment
- Routine follow up in out- patient clinic

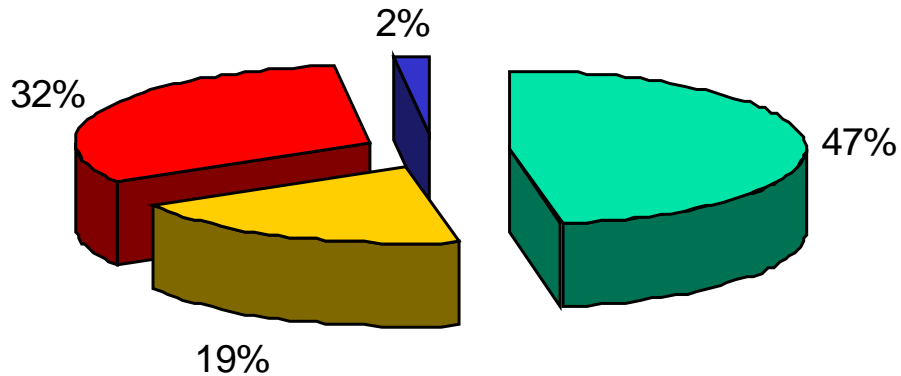
Referrals to clinic

[Sept 2009- Feb 2010]

- Total no of patients referred in 6 months = 218 (5 DNAs & 5 follow up)
- Total no of new patients seen in 6 months = 208
- 'Walk in' = 88[42%]
- Mean age 66 years (Range: 30-96)
- 57% Female



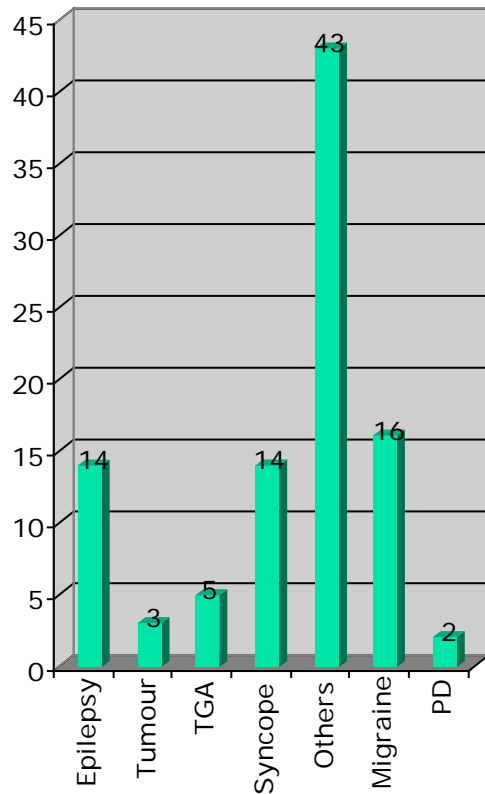
Diagnosis



- Non-strokes 98
- Stroke 40
- TIA 66
- Retinal Vein/
Artery Occlusion 4

■ Non stroke ■ Stroke ■ TIA ■ Retinal Occulsion

Other diagnoses



98 patients with non-stroke diagnosis

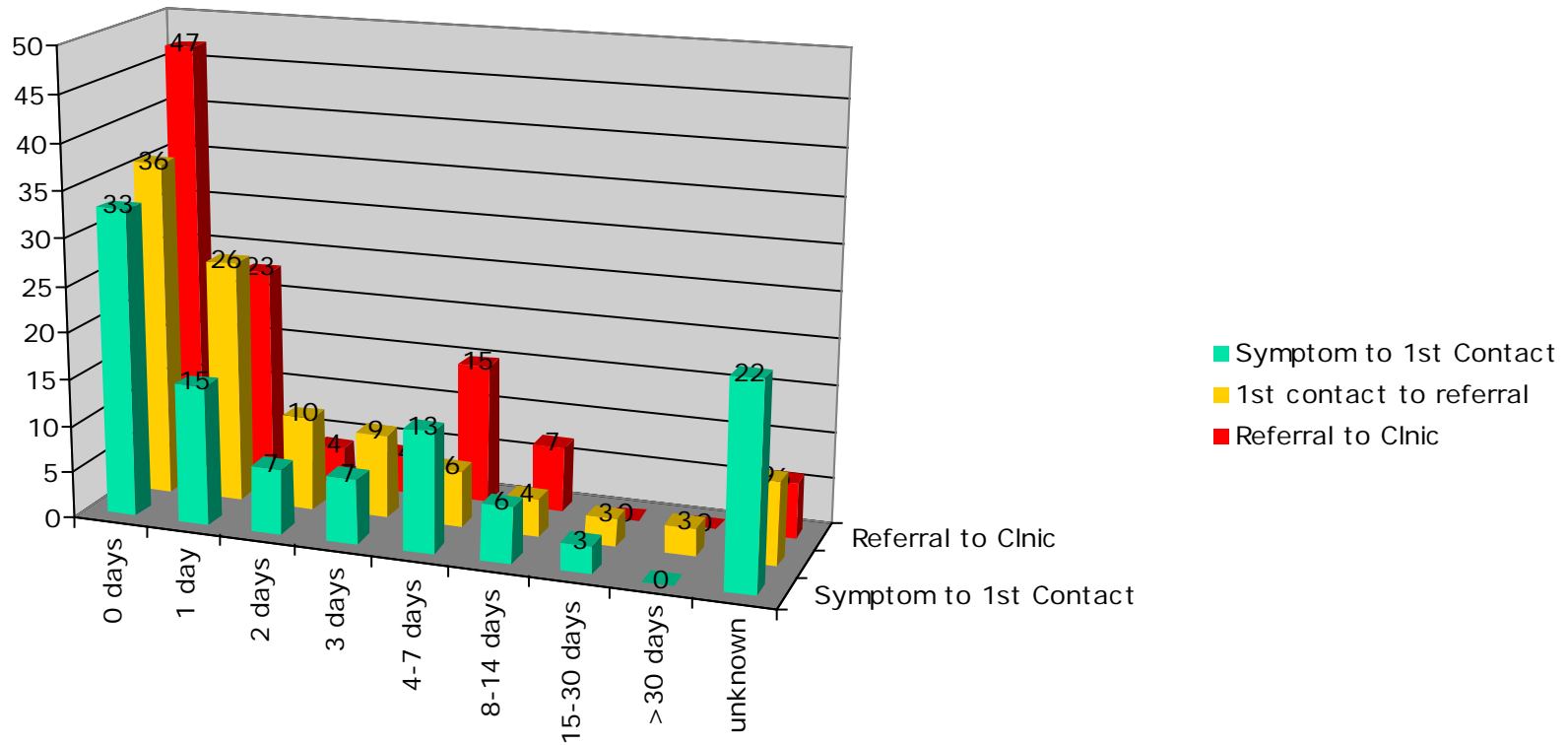
- Migraine
- Epilepsy
- Syncope
- TGA
- Brain Tumour
- Parkinson's
- Other
 - Peripheral neuropathyl
 - Labyrinthine disorders
 - Metabolic disorders
 - Functional
 - MS



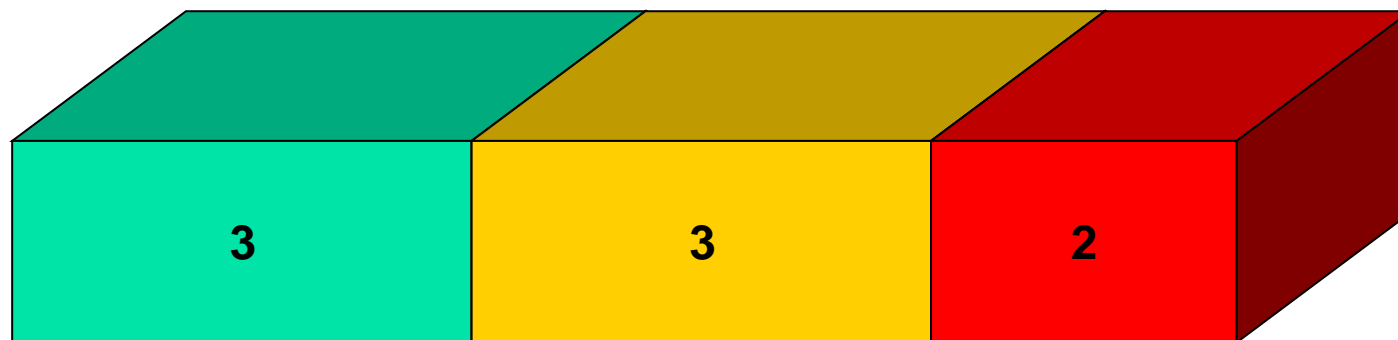
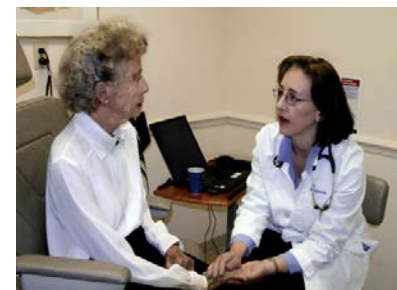
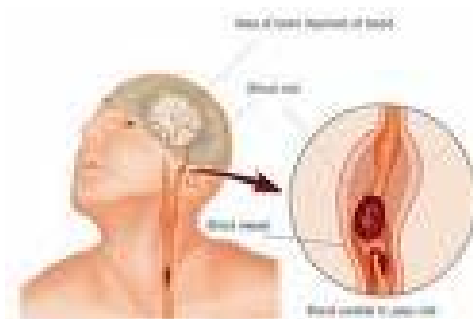
Symptoms

- Anterior circulation symptoms 50%
- Visual Disturbance 21%
- Dizziness / unsteady gait 10%
- Headache 7%
- Memory loss & confusion 7%
- LOC 4%
- Others 17%

Where the delays are (Stroke & TIAs)



Where are the delays?



■ Symptom to 1st contact ■ 1st contact to referral
■ Referral to Clinic



Targets

Total Number of TIAs: 66

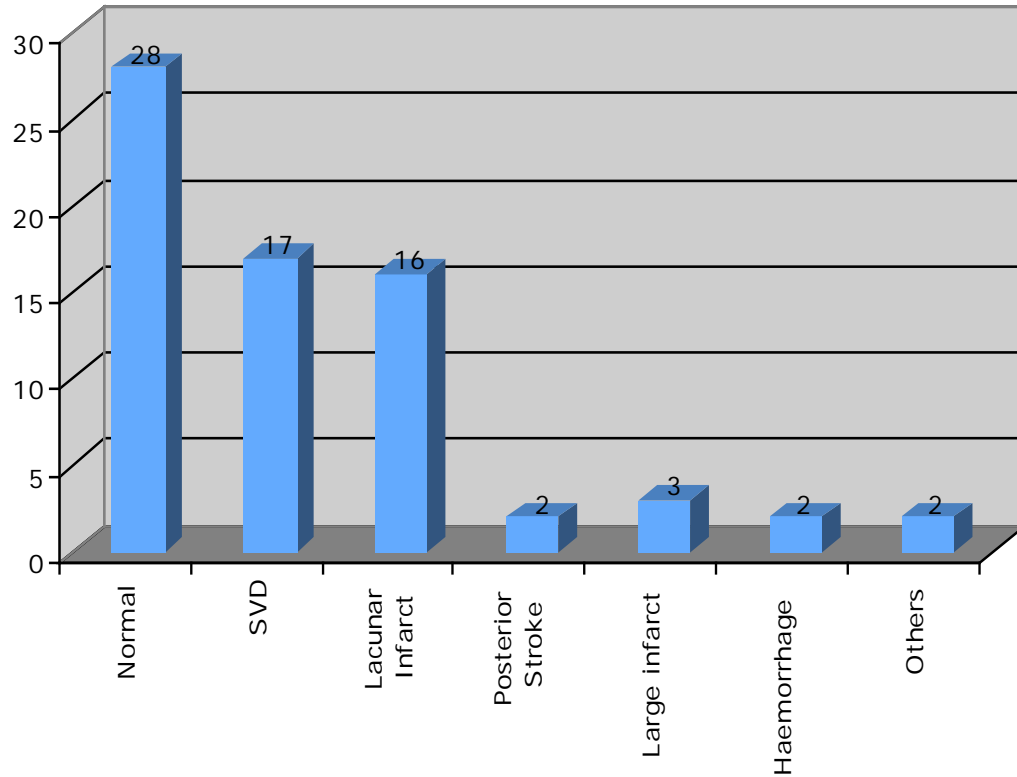
- High Risk TIAs:28
- Seen in TIA clinic within 24 hours of primary contact = 9 (**32%**)
- Low Risk TIAs: 38
- Seen in TIA clinic within a week of primary contact = 31 (**82%**)



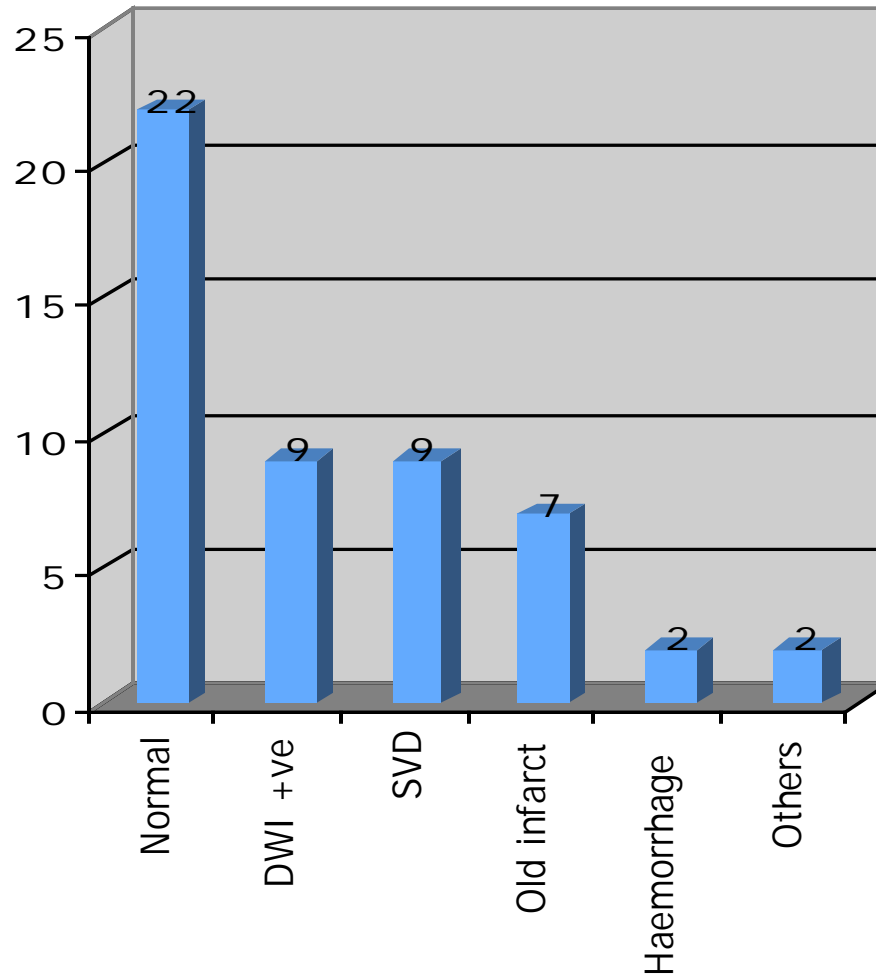
Imaging

	Stroke / TIA (n=106)	Non Stroke (n= 102)	Total (n= 208)
CT	70	45	115
MRI	50	25	75
CT & MRI	16	7	23
No Imaging	2	39	41

CT findings

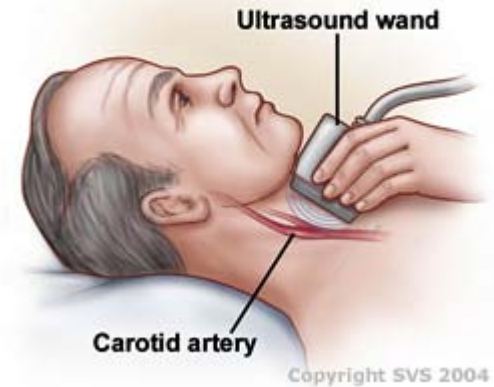
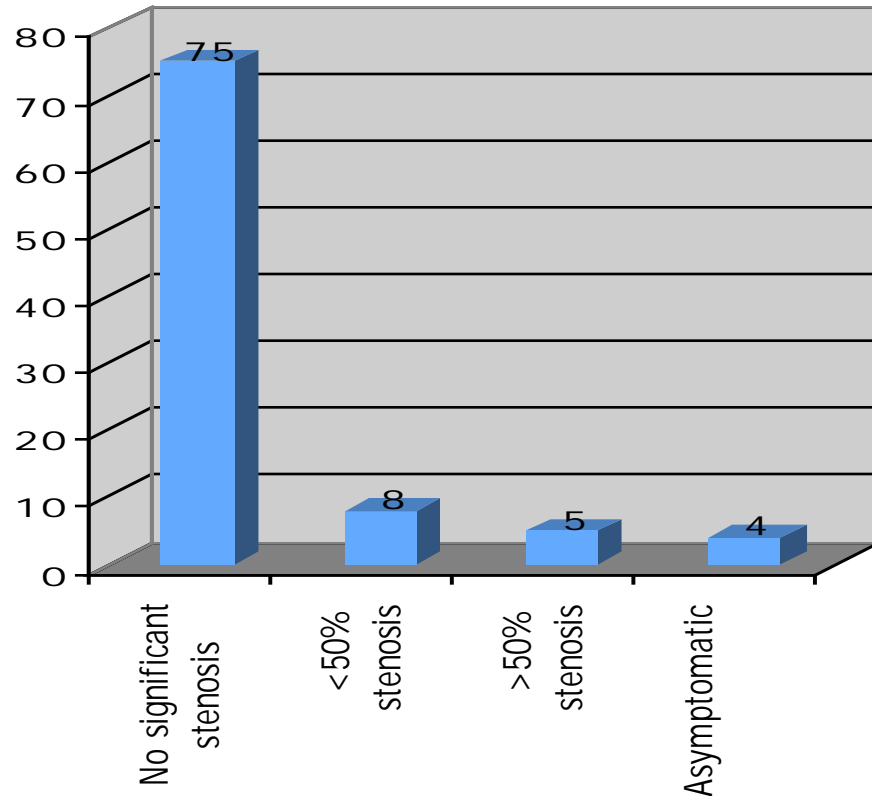


MRI findings



Carotid Doppler results

- No of Dopplers performed 92 (44% of referrals)



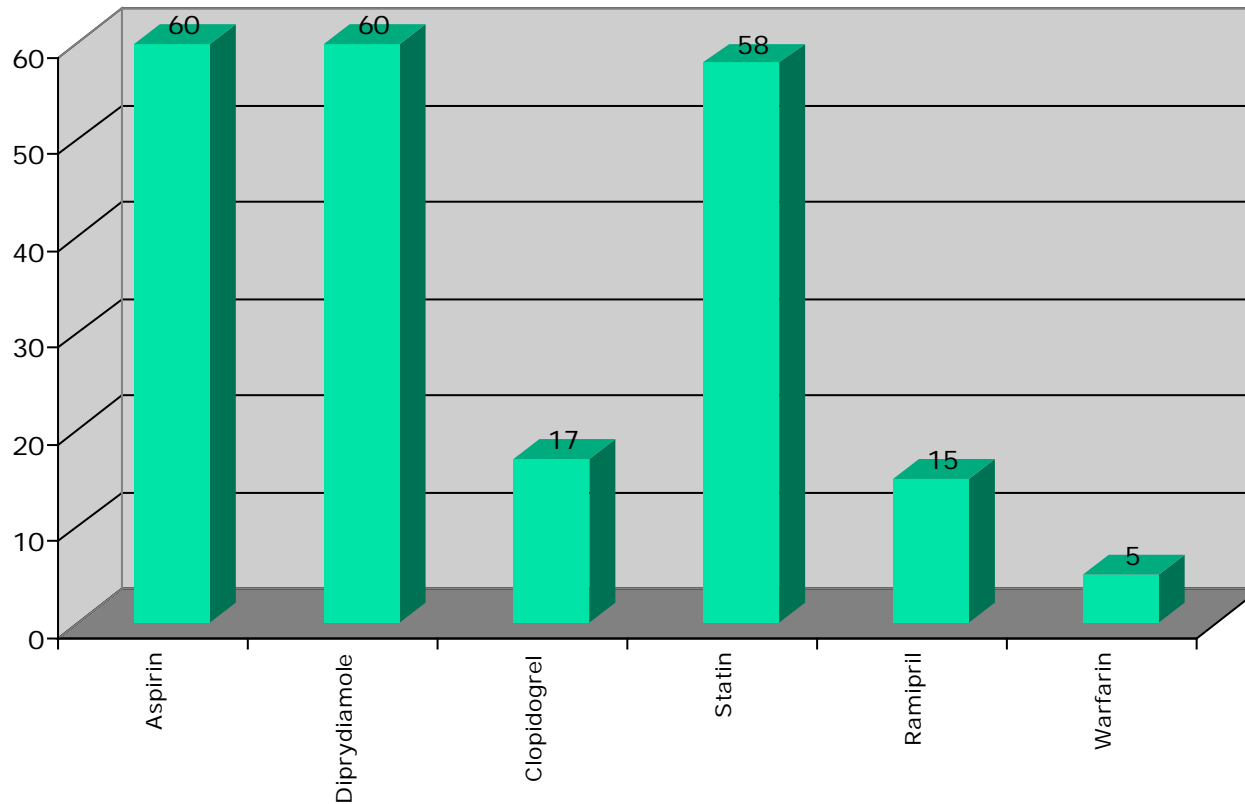


Carotid Endarterectomy

- Symptomatic stenosis
 - 5 patients
 - Vascular surgeons contacted same day for all
 - 2 had endarterectomy, 2 medical management as deemed unfit for surgery, 1 patient refused
 - Time from 1st contact to operation
 - Mean 15 days
 - Range 13-17 days



Medication started





Patient satisfaction survey

OPEN ACCESS TIA CLINIC

PATIENT SATISFACTION QUESTIONNAIRE

- EASE OF ACCESS TO STROKE TEAM [9.8]
- SERVICE GIVEN BY STROKE TEAM [9.9]
- RAPIDITY OF INVESTIGATION [9.6]
- RAPIDITY OF TREATMENT [9.9]
- INFORMATION GIVEN BY STROKE TEAM ON MEDICATION [9.9]
- INFORMATION GIVEN BY STROKE TEAM DURING CONSULTATION [9.4]

Response: 89 out of 106 patients



Patient satisfaction survey

“ I felt very well looked after and care was taken to explain the reasons for my visit

“Very impressed, clean ward, excellent staff”

“Team were polite and gave good instruction regarding medication”

“ everyone was extremely helpful and really helped to make a worrying experience as painless and relaxing as possible”

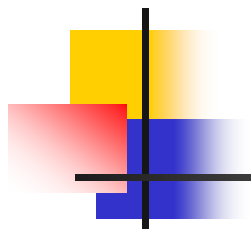
“Staff were extremely kind and helpful with providing information, I cannot thank them enough”

“Could not have asked for better treatment, thank you so much”



Conclusion

- 30% of patients referred to TIA clinic were true TIAs
- Late presentation means delay to investigation and treatment
 - 58% not referred as Walk Ins
 - Increased public & primary care awareness needed
- Good patient satisfaction
- Same day discussion with vascular surgeons
- One stop clinic feasible in a DGH setting



Thank You