Management on Stroke and TIA

Types of Stroke

Anterior circulation stoke (anterior & middle cerebral arteries/carotid system)	**Posterior circulation stroke (POCS)** (posterior cerebral artery/vertebrobasilar system)	**Lacunar stroke (LACS)**
• Contralateral motor or sensory deficit • Homonymous hemianopia • Higher cortical function anomalies (e.g. dysphasia/ visiospatial disturbance) TACS (total anterior circulation stroke) = all 3 of these features PACS (partial ACS)= 2/3 of these features	Any one of: • Isolated homonymous hemianopia • Cerebellar ataxia • Brain stem signs (e.g. cranial nerve palsies)	Any one of: • Pure motor deficit • Pure sensory deficit • Sensorimotor deficit

Management

Important to recognize stroke – can use FAST – greater public awareness of this test will allow more patients to receive treatment in time as they will present earlier.

Patients who present with 4.5hour may receive thrombolysis.

In London- Hyperacute stroke units include:

- Charing Cross Hospital
- King's College Hospital
- Northwick Park Hospital
- Princess Royal University Hospital
- Queen's Hospital
- St George's Hospital
- The Royal London Hospital
- University College London Hospital

Can discuss with UCLH Stroke SpR on m: 07753 739286

Face	Ask the person to smile. Does one side of the mouth or face drop?
Arms	Ask the patient to raise both arms. Can both be raised? Does one drift downwards?
Speech	Ask the person to repeat a sentence. Can they repeat it correctly? Do they slur their words?
Time	Time is of the essence: this is a medical emergency

Following a TIA

STAT DOSE of aspirin (give 300mg), and then continue on clopidogrel 75mg daily until seen in clinic. If on PPI swap to lansoprazole.

After a TIA, early recurrent stoke is common: 10–15% have a second TIA/CVA in the first week, (often in first 48 hours). Identify those at high risk of progression to a stroke in the next 7 days

Using the ABCD score to calculate the risk of progression to a stroke in the next 7 days			
ABCD score (maximum score 6)			
A	Age:	Age>=60	+1
B	Blood pressure	Hypertension at acute evaluation (systolic >=140 or diastolic >=90	+1
C	Clinical features	Focal weakness	+2
		Speech disturbance without weakness	+1
D	Duration of symptoms	10-59 minutes	+1
		>=60 minutes	+2
ABCD score >=4 or 2 or more TIAs in 1 week (crescendo TIAs)		High risk of further stroke: specialist assessment with 24h	
ABCD score <4 or patient present >1w after symptoms		Low risk of further stroke: specialist assessment within 1w	
Score <4 gave 0% risk of completed stroke in the next 7 days			
Those who score 6 (max score) have 35% chance of having second stroke in next 7d			

Secondary prevention

- After Haemorrhagic stroke
  - Thiazides and ACE and BP control.
  - Do not offer anitplatelets, unless at high risk of a cardiac event.
  - Statins NOT recommended.
- After Thrombotic stroke
  - TIA and ischaemic stroke use clopidogrel 75mg daily. If not tolerate then aspirin 75mg OD +dipyridamole MR 200mg bd or if not tolerate use single agent alone
  - NOTE: the stroke risk is higher in AF so should be anticoagulated as per AF guidance
  - Atorvastatin 80mg
  - BP control(but not in first 48hours as this may cause extension of stroke) : SIGN recommend using thiazides and ACE in all – even if normotensive

Further Management

- Focus on early mobilisation, rehabilitation, VTE prophylaxis, be on the look out for depression (affecting 1 in 10 within the first year).
- For central post stroke pain consider amitriptyline (upto 75mg daily). Alternatives include lamotrigine / carbamazepine [but have high incidence of side effects]
- Refer to specialist if complex regional pain syndrome
- For post stroke spasticity Botox may be helpful.

Lifestyle

Driving: Refer to DVLA guidance but latest guidance (Aug 2016):

- Ordinary licence: (group 1) Stroke and TIA: must not drive for 1 month, no need to notify DVLA UNLESS residual neurological deficit after 1m, particularly significant limb disability, visual field deficits or cognitive impairment. If multiple TIAs over a short period then must not drive until free of further attacks for 3m.
- HGV/PSV (group 2 license): For stroke and TIA licensed revoked for 1 year