

Modernisation Initiative

stroke services

Improving local healthcare

Transient Ischaemic Attack (TIA) Patient Handbook

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About my handbook

- This handbook is to help you keep a **record of your care**. It is **confidential**. It may only be read or written in, with your permission.
- This handbook explains how to recognise transient ischaemic attack (TIA), the tests and treatments that should happen afterwards and what you can do yourself to reduce the risk of a further stroke.
- This is your handbook and you choose who to show it to but it may be useful if you **share it with the people involved in your care**. We recommend that you **take it with you to all treatments and appointments**.
- You can ask health and social care staff, for example, nurses and social workers, to record information whenever you feel it would be helpful for you.
- You can also ask other people to write in it if it would be of use to you, for example, a relative or friend.

My details

My contact details:

Name:

Address:

Telephone:

Mobile:

Email:

My next of kin/emergency contact:

Name:

Telephone:

Mobile:

My details

People I would like invited to meetings about my care:

Name:

.....

Relationship:

.....

Telephone:

.....

Email:

.....

My doctor's details:

Name of GP:

.....

Name of practice:

.....

Telephone:

.....

Name of consultant:

.....

My NHS number:

.....

What is transient ischaemic attack (TIA)

A **transient ischaemic attack (TIA)** is sometimes called a 'mini-stroke' or mild stroke. The symptoms are very **similar to those of a stroke**, but they **do not last as long** – anything from a **few minutes up to 24 hours**. As with a stroke, the symptoms are an indication that a **part of the brain is not getting enough blood**. **A TIA should never be ignored**. There is a high risk of developing a full stroke within the following few weeks after a TIA – the risk can be as high as 20% for some patients within the first month. TIAs should therefore be treated as a medical emergency.

Information about transient ischaemic attack (TIA)

Symptoms of TIA

The **Face Arms Speech Test (FAST)** helps people to quickly recognise the key symptoms of a TIA or stroke:

- **Facial weakness:** Can the person smile? Has their mouth or eyelid drooped?
- **Arm weakness:** Can the person raise both arms?
- **Speech problems:** Can the person speak clearly and understand what you say?
- **Test** these symptoms.

If the person fails any one of these tests, they should **seek urgent medical attention**. Other symptoms of a TIA or stroke may include:

- **Weakness**, numbness, clumsiness or pins and needles on **one side** of the body – for example, in an arm, leg or the face
- Loss of or blurred **vision** in one or both eyes
- Slurred **speech** or difficulty finding some words.

Information about transient ischaemic attack (TIA)

If you, or someone you know, have any of the symptoms of a TIA, **you should contact a doctor urgently.** Though the symptoms may be due to something quite different from a TIA, such as a migraine or an epileptic seizure, the sooner the symptoms are investigated, the more likely a doctor will be able to say whether it was a TIA or not.

What causes a TIA?

If a blood clot or other debris (sometimes from blood vessels in the neck or in the heart) **clogs** a tiny blood vessel in the brain, the blood supply to nearby brain cells may be **disrupted**. If this is **temporary**, a **TIA** may occur. If the disruption to the blood supply is **permanent**, it may result in a **stroke**.

Very rarely, symptoms of a TIA are due to **bleeding** (haemorrhage) in the brain.

Information about transient ischaemic attack (TIA)

What the doctor will do and what tests to expect

You will be referred to a specialist clinic (or neurovascular clinic) where you will be seen by a specialist. This may be a neurologist, a stroke physician or a specialist nurse.

The specialist will want to know about your **symptoms** – what they were, how long they lasted, whether they have happened before – to help **distinguish** between a **TIA** and **other possible causes of your symptoms**.

Following a TIA, you may have some or all of the following tests:

- Magnetic resonance imaging (MRI) or computed tomography (CT) head scan
- **Blood pressure** measurements
- **Blood tests** to check **clotting, blood sugar** and **cholesterol** levels
- Electrocardiogram (**ECG**) to look for unusual **heart rhythms**
- Chest x-ray to exclude other **health problems**

Information about transient ischaemic attack (TIA)

- Ultrasound (Doppler scan) of the **carotid arteries** to check **blood flow**
- Echocardiogram to check for various forms of **heart disease**.

Treatment

If the specialist confirms you have had a TIA, your treatment will be aimed at trying to **prevent** another TIA or a stroke. In addition to making certain **lifestyle changes** (see **Staying healthy and reducing the risk of stroke** on page 14), it is likely that you will be prescribed at least one of the following **medications**.

Anti-platelet medication

After a TIA or a stroke, many people are prescribed drugs to **reduce** the risk of **clots** forming in their **blood** and blocking their carotid arteries or other blood vessels in their brain. **Aspirin** is the drug **most commonly used** to stop the platelets – the basic building blocks of blood clots – from sticking together. It is relatively **safe** but should only be taken on the advice of a **doctor**, who will prescribe it where necessary.

Information about transient ischaemic attack (TIA)

Some people may be prescribed a **combination** of **aspirin** and a modified-release drug called **dipyridamole** – dipyridamole has an additional protective effect and can reduce stroke recurrence .

Another anti-clotting drug called **clopidogrel** is often prescribed for people who **cannot take aspirin** because of aspirin's possible side effects. It may also be given to people who have had a TIA despite already taking aspirin or to those who have **arterial disease** affecting other parts of their body.

People who have had a TIA due to a **blood clot** arising from their **heart** (often due to **atrial fibrillation** – an irregular heart rhythm) may be prescribed **warfarin** to prevent further clots. **Warfarin** is a drug that slows down the clotting process in the blood. With atrial fibrillation some people may be prescribed aspirin instead of warfarin. Because of the greater risk of complications warfarin is not usually given without careful discussion of the risks and benefits with your doctor.

High blood pressure medication

If a series of readings show your **blood pressure** is raised, you will be prescribed drugs to bring it down. There are many different **medications** available and it may take a while to find the **right drug** in the right dose

Information about transient ischaemic attack (TIA)

to suit you. If you have any **problems** with the drug you are given, **tell your doctor**, who may be able to change or adapt your prescription. Many people take **two or three** different blood pressure **medications** to control their blood pressure.

High cholesterol medication

If your cholesterol level is raised, you will be given advice on how to **reduce** the amount of **fat** in your diet. You may also be prescribed a **drug** to lower your **cholesterol** level. The most commonly prescribed drugs are called **statins** and, as with drugs for high blood pressure, there are several available. Statins are sometimes also used when the cholesterol level is not very high to help reduce the risk of stroke.

If you have any concerns about the side effects of medication, it is recommended that you **consult your GP as soon as possible**.

Information about transient ischaemic attack (TIA)

When surgery is needed

If your **carotid arteries** have become partially **blocked**, resulting in poor blood flow, you may be advised to have an operation called **carotid endarterectomy**. Fatty material may have built up in the wall of one or both arteries, and **blood cells** and other **debris** may have become stuck to the surface. This makes the artery much **narrower**, and debris may break off and be carried by the blood to block an artery in the brain.

Carotid endarterectomy involves **removing** part of the **lining** of the **damaged artery** and any **blockage**, so that **blood flow is improved** and the risk of **debris** breaking off is reduced. It is useful for people who have **severe**, but **not total blockage**. Sometimes both carotid arteries need surgery, but they are usually done one at a time in separate operations. Though the results are usually very good, carotid endarterectomy carries with it a **small risk of stroke**. As with any major surgical procedure, carefully **discuss the situation with your doctor** before making a decision (for more information contact the Stroke Association helpline 0845 3033 100 or visit **www.stroke.org.uk**).

Staying healthy and reducing the risk of stroke

There are things you can do to reduce your risk of having more TIAs or a stroke and help you stay as healthy as possible. Some things you can take care of yourself, others may include medical treatments from your doctor.

Some things make you **more likely** to have **another stroke**:

- **High blood pressure** – effective drug treatment can bring blood pressure down
- **Cholesterol** – can be corrected with diet and tablets
- **Smoking** – help is available to make stopping smoking easier
- **Diabetes** – if you are diabetic, good control of blood sugar is essential
- Being **overweight**
- Drinking too much **alcohol**
- Lack of **exercise**

Staying healthy and reducing the risk of stroke

The following pages are about **your** own **risk factors** and the **changes you can make** to lower your chances of having another TIA or stroke.

If you want to **talk** to your **GP** about your **risk factors** and what you can do together, it is a good idea to **book** a **double appointment**.

My stroke risk factors are

My notes

Managing high blood pressure

High blood pressure (hypertension) is the single most important **risk** factor for **stroke**.

Good blood pressure control is essential, ideally aiming for **140/85** or lower. There is evidence that getting your blood pressure as low as possible leads to a reduction in stroke of as much as 40%.

Just because you are on tablets it doesn't mean you have good control of your blood pressure. You will often take a combination of tablets to control your blood pressure. If you have any questions, please ask your doctor.

Tips for getting **control**:

- Get your **blood pressure checked** at your GP surgery
- Keep going back until it is under control
- **Don't stop** taking your **medication**. There are lots of drugs so if one doesn't suit another will
- Cut down on salty foods, avoid adding salt in cooking and at the table
- Eat plenty of fruit and vegetables

My blood pressure

Blood pressure is measured using two numbers. For example 120 over 80, this is written "120/80".

Measurements can be recorded in your clinic, GP surgery or at home with a home blood pressure monitor.

You will be given a target to get your blood pressure to.

My blood pressure target _____

Date	Reading	Next check

Managing high cholesterol

Cholesterol is a **type of fat** (lipid) made by the body. It is essential for good health and is found in every cell in the body.

Too much can lead to the narrowing of blood vessels and an **increased risk** of **stroke** and heart disease.

Total blood cholesterol, HDL cholesterol, LDL cholesterol and triglyceride levels are all measured in units called millimols per litre of blood. This is usually shorted to mmol/litre or mmol/l. A good cholesterol level is below 5.00 mmol/l. Recent evidence suggests that lowering cholesterol reduces the risk of further stroke by 27%.

Lowering cholesterol can be achieved by a combination of changing the amount and type of fat, drinking less alcohol, eating a diet high in fibre and exercise. A dietician can advise you on helpful dietary changes.

Medication given for high cholesterol is usually a tablet called '**statin**', for example, pravastatin or simvastatin. These work by blocking an enzyme which is needed to produce cholesterol, lowering the amount of cholesterol in the blood stream.

Cholesterol **levels** can be **monitored** by a simple **blood test**.

Lifestyle changes

Smoking

Smokers **increase** their **risk** of recurrent **stroke** and many other smoking-related diseases such as coronary heart disease and chronic lung disease.

Stop smoking and you can significantly **reduce** your **risk** of stroke. It doesn't matter how old you are or how long you have been smoking.

Nicotine in tobacco is very addictive and you may want support to **help** you **stop**.

You can get **support** from your **GP** surgery **or** by ringing the following numbers.

Lambeth PCT Stop Smoking

Helpline: **0800 856 3409**

Web: **www.letsgiveitup.com**

Southwark PCT Stop Smoking

Helpline: **0800 169 6002**

Web: **www.southwarkpct.nhs.uk**

NHS Smoking

Helpline: **0800 169 0169**

Web: **www.giveupsmoking.co.uk**

My plan to quit smoking

Where am I now?

Where do I want to be?

How am I going to get there?

Agreed by me

Healthcare professional

Review date

Healthy eating and weight control

To help prevent or control high cholesterol, blood pressure and weight, follow a healthy eating plan.

- Eat **regular meals** and avoid snacking between meals
- **Limit fatty foods** (biscuits, cakes, pastries, red meat, hard cheese, butter and foods containing coconut or palm oil all tend to be high in saturated fats)
- Eat more **fruit and vegetables** (five portions per day)
- **Cut down** on **sugar** and **sugary foods and drinks**
- Use **less salt** and avoid salty food.

Talk to your **GP** or **practice nurse** about a healthy diet for you or ask to be referred to a dietician.

Exercise

Discuss an **exercise plan** with your physiotherapist or talk to your GP about exercise programmes.

Alcohol

Don't drink more than the recommended daily consumption of alcohol.

- Men – three to four units per day
- Women – two to three units per day

**One unit = half pint of beer/one small glass of wine/
one shot of spirit**

My diet and exercise plan

Where am I now?

Where do I want to be?

How am I going to get there?

Agreed by me

Healthcare professional

Review date

Managing diabetes

You may be diabetic. If this is a new diagnosis, you should have been seen by the **diabetic specialist nurse** to give you **help** and **advice** on diet, monitoring your diabetes and treatment.

Diabetes can be treated with diet alone, tablets called 'oral hypoglycaemics' for example metformin, gliclazide, or daily injections of insulin. **Good blood sugar control** is **essential** following a stroke to **reduce** your **risk of further strokes**. You can also reduce your risk of heart disease and other complications of diabetes by keeping your blood sugar at the **normal level** which is **between 4 and 7 mmol/l**.

Your blood sugar control can be **monitored every few months** by taking a blood sample and checking your HbA1C. This **blood test** gives your doctor a good guide to your average blood sugar over the past few months.

Good blood pressure control is essential for people with diabetes.

Staying healthy and reducing the risk of stroke

Target HbA1C less than 7%

If your target is not being achieved, you may need different treatment to help you. Talk to your GP if you would like more information.

Monitoring my HbA1C

HbA1C – the blood test which gives an accurate indication of your diabetes control

Your target <7%

Date	HbA1c
Treatment	

Managing an irregular heart rate (atrial fibrillation)

Atrial fibrillation is a fairly common condition where the heart beats irregularly, and can significantly increase the risk of stroke if left untreated.

Due to the irregularity of the heart beat, blood is not pumped through the heart as effectively and blood clots can form within the circulation. If clots travel to the brain and block an artery, this causes a stroke.

The irregular heart beat can be controlled by tablets called digoxin.

Blood clot formation can be reduced by taking **asprin** or **warfarin**.

Warfarin is a type of drug is known as an anticoagulant. If your stroke has been caused by a blood clot originating from the heart, taking warfarin can reduce your risk of further stroke.

Staying healthy and reducing the risk of stroke




Warfarin treatment needs careful monitoring with regular blood tests to check how thin your blood is.

This blood test is called an INR. The target range for most people is two to three. Treatment with warfarin is often lifelong.




Aspirin also reduces the risk of stroke and may be prescribed to people who cannot take warfarin.

Staying healthy and reducing the risk of stroke

My medication – medication I take at home

Start date	Prescribed by	Name & strength	Time(s) taken   	Reason I take this	Any reaction

My medication – medication I take at home

Start date	Prescribed by	Name & strength	Time(s) taken   			Reason I take this	Any reaction

Stroke – know the warning signs

The signs of stroke are:

- Facial weakness
- Arm or leg weakness
- Speech problems
- Loss of sight in one eye

A stroke is a **medical emergency**

If you see the signs of a stroke, **act FAST** and call **999**.

Useful contacts

Here is a list of contacts you may find useful. You may want to write down the name and telephone number of the person you talk to in your notes.

Hospitals

Guy's and St Thomas' NHS Foundation Trust

Telephone: **020 7188 7188**

Web: **www.guysandstthomas.nhs.uk**

King's College NHS Foundation Trust

Telephone: **020 3299 9000**

Web: **www.kch.nhs.uk**

My notes

Primary Care Trusts (PCT)

Primary Care Trusts (PCTs) are responsible for the planning and commissioning health services for their local population.

They have **information** and **contact details** for local health and social care **services** in your area.

Lambeth PCT

Telephone: **020 7716 7100**

Web: **www.lambethpct.nhs.uk**

Southwark PCT

Telephone: **020 7525 0400**

Web: **www.southwarkpct.nhs.uk**

My notes

Patient Advice and Liaison Services (PALS)

If you need information, support or advice about your hospital or Primary Care Trust services you can contact the Patient Advice and Liaison Service (PALS).

Guy's and St Thomas' NHS Foundation Trust

Telephone: **020 7188 8801**

Web: **www.guysandstthomas.nhs.uk**

King's College Hospital NHS Foundation Trust

Telephone: **020 3299 3601**

Web: **www.kch.nhs.uk**

Lambeth PCT

Telephone: **0800 587 8078**

Web: **www.lambethpct.nhs.uk**

Southwark PCT

Telephone: **0800 5877 170**

Web: **www.southwarkpct.nhs.uk**

My notes

You may wish to use this space to record the details of any other useful contacts.

Name:

Address:

Telephone:

Website/Email:

Name:

Address:

Telephone:

Website/Email:

