

Hundreds of strokes avoidable, says study

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Hundreds of strokes could be prevented each year if patients suffering ‘mini strokes’, known as transient ischaemic attacks or TIAs, were assessed sooner by specialist clinicians.

A University of Manchester study has found that almost two-thirds of patients attending what are termed ‘rapid access’ TIA clinics took more than the recommended seven days to be seen by a suitably trained professional.

A TIA, often characterised by a temporary weakening of one side of the face and the corresponding arm, drastically increases a person’s chance of suffering a major stroke within days of the initial symptoms, with some studies putting the risk as high as a one-in-four probability.

Despite the obvious importance of early assessment, the research – published today (Thursday) ahead of print in the *Journal of Neurology Neurosurgery and Psychiatry* – suggests that, on average, access to the specialist clinics takes at least twice as long as it should.

“Current UK guidelines recommend that all people who have had a TIA should be assessed by a specialist within seven days of the start of symptoms,” said Dr Craig Smith, from the University’s clinical neuroscience group which coordinated the research.

“Our findings suggest that this standard is not being met and, in reality, TIA patients should ideally be assessed for risk of further stroke within a couple of days, if not on the same day as the initial symptoms.”

Dr Smith and the research team studied 711 people who had sustained a TIA or minor stroke, on average, 15 days earlier and who were seen at five centres in Liverpool and Manchester in the North West of England.

A scoring system (ABCD2), which has been used to assess stroke risk very early after TIA, was also able to detect risk of stroke despite the delays in presentation to specialist assessment.

Every patient was monitored for three months to check their risk of recurrent TIA, stroke, heart attack, or death. Of the 711 patients monitored, 25 went on to have a major stroke while 100 had at least one further TIA during the follow-up period. Three people died.

“This rate of stroke was relatively low due to the delay in being able to assess the patients after their initial TIA,” said Dr Smith. “Some studies have put the number of people suffering a major stroke within a week of a TIA as high as 10%, which suggests even the seven-day guideline figure may be inadequate.”

The delay in TIA patients being assessed by a stroke specialist is due to a number of reasons, including the patients themselves not realising the potential serious nature of the attack. Initial symptoms are temporary, lasting a matter of minutes or hours before the face, arm and, sometimes, leg return to normal, so patients often feel well by the time they are seen by a clinician.

Dr Smith added: “Our findings suggest that current provision of TIA services, where delayed presentation to ‘rapid access’ TIA clinics is common, does not appear to provide an appropriate setting for urgent evaluation or timely secondary prevention in those who may be at the highest risk of stroke.

“If the speed with which TIA patients can be evaluated is improved

many strokes in the UK each year could be prevented.”

Source: University of Manchester

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