

### Primary Care TIA Clinic Follow-up Standards

<p><b>Rationale</b></p> <p>People who have experienced a TIA are at significant risk of further TIA and/or disabling stroke. 20% of people experiencing a TIA will stroke within 4 weeks of their TIA without intervention.</p> <p>TIA patients require a personalised and comprehensive approach to the management of their clinical risk factors. This can be achieved as a partnership with primary care services that promotes their self care and is supported by regular review, practical support and motivation, robust information and advice that generates understanding and thereby compliance and perseverance.</p>	<p><b>One Stop TIA Clinic Expectations</b></p> <p>Within the one stop TIA clinic patients will have had a full diagnostic workup (ECG, CT, Doppler, pathology) and been given initial secondary prevention advice and one months supply of risk modifying medication. Patients will have been instructed to stop driving, and to contact their practice to make a one month follow up appointment.</p> <p>The management of any associated complex conditions e.g. symptomatic carotid stenosis requiring surgery, paroxysmal AF requiring ambulatory monitoring will have been initiated by the Stroke Physician in the TIA clinic and GPs informed via usual correspondence.</p>
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Review Timescales		
1 month post TIA as per this standard	3/12 – BP, cholesterol, lifestyle/self management plan support	then annually for ongoing secondary prevention management.

Primary Care TIA Follow-up Standards	
Management of Risk Factors	
Hypertension	<ul style="list-style-type: none"> <li>Ensure patients have completed titration regime initiated in the TIA clinic</li> <li>Check renal function (ace-inhibitor related)</li> <li>Check BP has reached target level (aim <math>\leq 130/80</math> mmHg **)</li> </ul>
Hyperlipidaemia	<ul style="list-style-type: none"> <li>Check concordance with statin prescription (aim total <math>&lt;4</math>mmol/l, LDL <math>&lt;2</math>mmol/l **)</li> <li>Check liver function</li> </ul>
Anti-platelet	<ul style="list-style-type: none"> <li>Ensure patients have completed titration regime initiated in the TIA clinic</li> </ul>
Check for side effects & continue prescribing in accordance with local secondary prevention guidelines for stroke/TIA.	
Diabetics	<ul style="list-style-type: none"> <li>Review glycaemic control</li> <li>Endeavour to avoid hypoglycaemia.</li> </ul>
Atrial Fibrillation Management	<ul style="list-style-type: none"> <li>Review anti-coagulation decision made in the TIA clinic in respect of: <ul style="list-style-type: none"> <li>Warfarin or aspirin</li> <li>patient compliance, ability in monitoring processes, effective administration of Warfarin</li> <li>level of INR control achieved</li> </ul> </li> <li>Consider benefits of poor control v. no anti-coagulation.</li> </ul>
Carotid Stenosis	<ul style="list-style-type: none"> <li>For patients with a stenosis not requiring surgery there is no need for rescanning. Good management of risk factors should prevent progression of stenosis.</li> </ul>

Medicines Review
Undertake level 4 medicines review to ensure patient does not revert to any previous regime that is now inappropriate for risk factor modification.

Managing Lifestyles	
Smoking Cessation	Stopping smoking is the over-riding benefit in reducing risk of disabling stroke following TIA.
Exercise, Diet, Alcohol	Provision of lifestyle advice, rationale for and benefits of reducing risk factors, signpost to information that supports self care, referral to appropriate lifestyle services
Driving	May recommence after one month of a single TIA if well. If multiple TIAs then 3 months if well (and inform DVLA <a href="#">Medical rules for drivers</a> )
Flying	If patients enquire advise to contact the airline and travel insurer for guidance.

Managing Complexities	
Cognitive Impairment	Consider Mini Mental State or tymtest.com. Consider for further investigation/assessment especially if on Warfarin. Check for full stroke.
Younger People <40yrs	Ensure results from TIA clinic initiated tests are available to aid decisions on ongoing management.
Endarterectomy	Some patients may be taking time to consider whether to progress with endarterectomy or not. They may require support and advice. Refer to NICE guidelines, RCP 3 <sup>rd</sup> Edition clinical guidelines for stroke and Stroke Association leaflets.
<a href="http://www.nice.org.uk/nicemedia/pdf/CG68QuickRefGuide.pdf">http://www.nice.org.uk/nicemedia/pdf/CG68QuickRefGuide.pdf</a> <a href="http://www.rcplondon.ac.uk/pubs/contents/6ad05aab-8400-494c-8cf4-9772d1d5301b.pdf">http://www.rcplondon.ac.uk/pubs/contents/6ad05aab-8400-494c-8cf4-9772d1d5301b.pdf</a> <a href="#">The Stroke Association - A-Z list of Factsheets and Resource sheets</a> ** <a href="http://www.bcs.com/download/651/JBS2final.pdf">http://www.bcs.com/download/651/JBS2final.pdf</a>	