Greater Manchester
Neurorehabilitation & Integrated
Stroke Delivery Network

TOOLKIT FOR

Clinicians Providing Transient Ischaemic Attack (TIA) Clinics

VERSION 1.2

A Make Every Contact Count

Every patient contact, irrespective of the diagnosis, should be used as an opportunity to explore, discuss and counsel on behavioural risk factor modification whether primary or secondary prevention.

Clinicians should focus on the identification and management of the **A, B, C** and **Ds** – these are modifiable clinical risk factors: **A**trial Fibrillation (AF), high **B**lood pressure (BP) and **C**holesterol as well as **D**iabetes.

Only sustained behavioural and lifestyle changes may address the risk factors that cause cardiovascular disease (CVD). Supporting patients in shared decision making and holding person centred consultations is essential. Clinical teams should work to build peoples' skills, knowledge and confidence so they can consider and adopt self-management approaches alongside the more traditional use of medications.

CVD is highly linked to health inequalities, with people who are more deprived or those from ethnic minority communities most likely to experience poor health and carry a greater risk. Advice and support must be tailored to meet their needs including religious or cultural beliefs, or limitations in undertaking activities that may improve their health. Specific training resources for Muslim communities have been developed.

The Stroke Association have excellent webpages on TIA plus a downloadable leaflet to support patients understanding of what has happened to them, risks and how to reduce them and what happens next with treatment etc. The information also covers frequently asked questions including: driving, flying and holidays and dealing with the emotional impacts. The charity offers a national helpline on 0330 3300 740.

PROFESSIONALS

British Heart Foundation - Healthcare professionals

GMNISDN CVD prevention training resources for Muslims (in downloads)

GMNISDN Greater Manchester Stroke Care Pathway Training for Stroke Professionals

HEARTUK

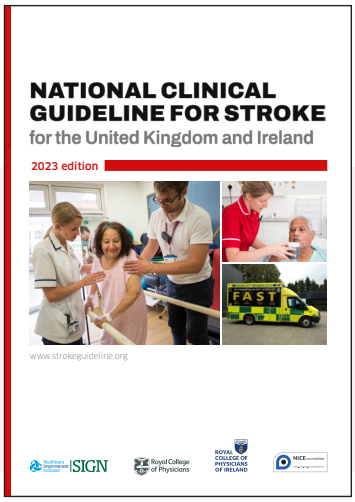
PATIENTS & PUBLIC

Stroke Association - TIA

Future Learn - Understand cardiovascular disease and learn how to keep your heart healthy & Causes of Human Disease: Understanding Cardiovascular Disease

B Follow the National Clinical Guideline for Stroke

The national guideline provides detailed recommendations for the clinical management of TIA, as well as support for secondary prevention and longer-term management.

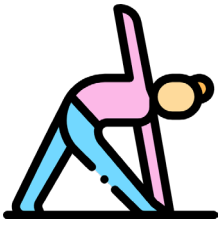


PROFESSIONALS

Acute stroke care: Section 3.2 Management of TIA and minor stroke – assessment and diagnosis and Section 3.3 Management of TIA and minor stroke – treatment and vascular prevention

Long term management and prevention: Sections 5.1-28

C Support Behavioural Change for a Healthier Lifestyle



1. Physical activity – moving more

Incorporating physical activity into daily life can improve overall health. Being physically active offers numerous benefits, including lowering blood pressure, reducing cholesterol levels and controlling blood sugar. Engaging in regular physical activity can also improve mood and reduce anxiety.

2. Healthier diet - eating well

A healthy, balanced diet helps to protect against malnutrition, as well as noncommunicable diseases including diabetes, heart disease, stroke and cancer. Consideration should be given to people who may have cultural or religious beliefs that impact their diet including the preparation of food.

3. Smoking - quitting for good

Smoking doubles the risk of dying from a stroke, but once patients quit, their risk of a stroke / TIA starts to decline immediately. Counsel the patient about their risk and signpost to GP, local pharmacy or CURE smoking cessation services.

4. Alcohol - drinking in moderation

The recommended safe limit for alcohol in the UK is 14 units per week, which applies to both men and women. Support the patient with regards to the risk of alcohol excess and how intake could be moderated.

5. Obesity

People who are overweight or obese should be offered advice and support for weight loss through healthier diet, more exercise and moderating alcohol. Targeting weight reduction in isolation is unlikely to be successful. You may need to take into account different risk profiles in patients from ethnic backgrounds as BMI thresholds for overweight and obese may be lower.

PROFESSIONALS

GM Moving – including training and resources for professionals

NHS England - All Our Health

NICE – Obesity identification and classification

Personalised Care Institute

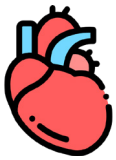
PATIENTS & PUBLIC

Drinkaware

NHS England - Better Health

GM Moving – including activities available by borough

D Investigate and Manage Modifiable Clinical Risk Factors



1. Atrial Fibrillation

Non-invasive Ambulatory ECG monitoring should be initiated as early as possible and preferably within 24 hours in suitable patients after TIA/minor stroke. Implantable Loop recorders can be considered in TIAs of embolic origin and of uncertain source, where initial non-invasive monitoring has not detected AF.

2. Blood pressure (BP)

Treatment should be initiated or intensified to consistently achieve a target clinic systolic BP below 130mmHg or a home systolic BP below 125mmHg. Exceptions are made for individuals with severe bilateral carotid artery stenosis, who may have a systolic BP target of 140-150mmHg.

- The initiation of treatment should not be delayed due to concerns about potential adverse effects as preventing stroke, major cardiovascular events and mortality take precedence.
- Timely initiation of BP lowering treatment - initiate treatment at the first clinic visit.
- Recommend monitoring and escalation of treatment to achieve target BP in primary care as per agreed guidance.
- Promote home BP monitoring or community pharmacy access for advice.

3. High cholesterol

The lower your cholesterol, the lower the future risk of cardiovascular events including stroke. The most cholesterol can be reduced through diet is 20% (depending on what people eat) whereas as medication such as statins can lower it by 55%. Lipid lowering treatment for people with established CVD (including TIA) should aim to reduce their LDL cholesterol to <1.8 mmol/L - equivalent to non-HDL cholesterol of below 2.5 mmol/L. There are alternatives and different types of lipid lowering therapy available for those intolerant to statins.

4. Impaired glucose tolerance

All patients with diagnosed TIA must be screened for diabetes and/or Impaired Glucose Tolerance with a blood test for HbA1c. If raised, follow local guidance on ongoing monitoring and treatment.

5. Other considerations

Screening for symptomatic carotid stenosis with carotid imaging and referral for endarterectomy should be undertaken for patients where this is appropriate and indicated.

Poor compliance with prescribed medicines for secondary prevention negatively affects the reduction of risk factors for CVD. Offer verbal and written information including: reasons for the medication, how and when to take it and common adverse effects.

PROFESSIONALS

Blood Pressure UK

British and Irish Hypertension Society

GMNISDN blood pressure management webinar and *GMNISDN blood pressure measurement webinar*

Greater Manchester hypertension management pathway and *lipid management pathway for secondary prevention of CVD*

Stroke Association – Stroke prevention and *Atrial Fibrillation*

PATIENTS & PUBLIC

Blood Pressure UK

British Heart Foundation - Atrial Fibrillation, *High blood pressure*, *Understanding blood pressure leaflet* and *Understanding high cholesterol leaflet*

Greater Manchester MyWay Diabetes

Stroke Association - Atrial Fibrillation

E Recognition of Stroke Symptoms - Act F.A.S.T.

Ensure the patient and relevant family members/carers are fully aware the importance of recognising stroke symptoms so they can respond quickly and dial 999.

Further information on CVD prevention including downloadable TIA leaflets for patients in plain English and aphasia accessible can be downloaded here or via the QR code.

Find out more:

www.gmnisdn.org.uk

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