






Transient Ischaemic Attack (TIA) and Stroke

Transient ischaemic attacks (TIAs) are uncommon presentations in general practice and can be difficult to diagnose. However, it is essential that registrars are competent in the assessment of symptoms consistent with a TIA, as early intervention is critical to reduce the risk of stroke. Stroke affects 50,000 Australian's each year, 30% of whom are under 60 years of age. Evidence suggests adherence to guidelines for management of TIA is poor.

<p>TEACHING AND LEARNING AREAS</p> 	<ul style="list-style-type: none"> • Clinical features of TIAs, including atypical presentations (posterior circulation) and differential diagnoses • Risk assessment using the ABCD2 score • Immediate investigations for TIA (blood tests, brain and carotid imaging, ECG) • Immediate management of TIA • Mechanism for referral e.g. rapid access TIA clinic, ED etc • Screening for stroke risk 				
<p>PRE-SESSION ACTIVITIES</p> 	<ul style="list-style-type: none"> • Read TIA – Assessment and Management - RACGP AFP 				
<p>TEACHING TIPS AND TRAPS</p> 	<ul style="list-style-type: none"> • Taking a very careful history is critical in the assessment of possible TIA • Expect a long consultation! • Regard all possible TIAs as urgent • Urgent brain imaging is critical in order to institute antiplatelet therapy • Early management strategies for TIA can reduce the relative risk of stroke by 80% 				
<p>RESOURCES</p> 	<table border="1"> <tbody> <tr> <td data-bbox="336 1597 432 1686">Read</td> <td data-bbox="432 1597 1489 1686"> <ul style="list-style-type: none"> • Stroke Prevention - RACGP Red Book • National Stroke Foundation - Clinical Guidelines for Stroke Management </td> </tr> <tr> <td data-bbox="336 1686 432 1776">Watch</td> <td data-bbox="432 1686 1489 1776"> <ul style="list-style-type: none"> • Young stroke survivors in Australia – the face you wouldn't expect • FAST Campaign </td> </tr> </tbody> </table>	Read	<ul style="list-style-type: none"> • Stroke Prevention - RACGP Red Book • National Stroke Foundation - Clinical Guidelines for Stroke Management 	Watch	<ul style="list-style-type: none"> • Young stroke survivors in Australia – the face you wouldn't expect • FAST Campaign
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<p>FOLLOW UP/ EXTENSION ACTIVITIES</p> 	<ul style="list-style-type: none"> • Role play challenging scenarios e.g. vertebrobasilar TIA presenting as vertigo • Ask the registrar to complete the OSCE case under exam conditions 				

Transient Ischaemic Attack (TIA) and Stroke

Clinical Reasoning Challenge

INSTRUCTIONS FOR SUPERVISOR

You are Fred Rathmines, a 69 year old retired university lecturer, who has come to the doctor because last night you noticed that your speech was slurred.

You have been attending the practice for about 7 years since moving to the area but have not met the registrar before.

"I had some slurred speech last night and thought I should get my blood pressure checked"

Story

- The episode of slurred speech came on suddenly while having dinner. You felt like you could not speak properly but had no problems thinking of what words to use. Your wife wanted to call the ambulance but you decided to wait a while and the slurred speech settled completely after about 25 minutes
- There were no other features at all i.e. weakness, visual disturbance, CVS symptoms etc.
- Nothing like this has ever happened before
- You started tablets for 'mild blood pressure' about two weeks before and despite not having any side effects so far, you wonder whether it was related to these
- You currently feel completely well, but thought that you should have a check of your BP
- You are not overly concerned about the event
- You have no significant medical problems apart from blood pressure and gout
- You had back surgery 15 years previously
- You only take the new BP medicine (Ramace) and Panadol Osteo occasionally for your back
- You don't smoke or drink
- You are married with grown up children
- You have had a TIA.
- The registrar is expected to elicit the important aspects of history, and institute an immediate management plan. When asked about examination, you can state that BP is 138/82, HR 72, BMI 28, BSL 4.1, ECG normal SR, and the remainder of the examination is completely normal.

Assess

- Communication skills

- History taking – comprehensive

- Problem definition – TIA likely, explanation of problem, risk stratification using ABCD2

- Management – urgent brain imaging, carotid dopplers, medication, urgent referral

- Follow-up and safety netting

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OSCE Case

INSTRUCTIONS TO CANDIDATE

Your next patient is Fred Rathmines, a 69 year old retired university lecturer. He has been attending the practice for about 7 years since moving to the area but you have not met him before.

You have eight (8) minutes to:

- Take a focused history
- Request the results of the physical examination
- Outline your diagnostic impressions and discuss management options.

Health summary

- PMHx
- 2002: L5 discectomy
- Hypertension
- Gout

Medications

- Ramipril 5 mg daily
- Panadol Osteo

Social History

- Non-smoker
- Very occasional alcohol
- Married, two grown up children
- Retired lecturer in physics
- Nil significant FHx
- Nil allergies

Relevant Past Information

- Attended two weeks previously for review of chronic mild hypertension (BP ~ 150/90) and commenced on ramipril 5mg daily
- Recent investigation show BSL 5.0, lipids (TC 5.1, TG 2.1, LDL, 2.7, HDL, 1.0)
