

# TRANSIENT ISCHEMIC ATTACKS (TIAs)

In my previous articles I described the causes, symptoms of stroke and the road to recovery and in my third and last article I will explain Transient Ischemic Attacks (TIAs) and the risk factors.

TIAs are often referred to as “ministrokes” on account of their short duration with no lasting disability.

## How to recognise the attacks?

Patients may display the following symptoms:

- a. Loss of vision from one or both eyes, double vision. Or other forms of visual disturbance. Sudden and transient.
- b. Inability to walk properly or handle objects due to lack of coordination and or loss of balance. Sometimes resulting in falls. Also patients may experience dizziness.
- c. Patients may find that they are unable to speak, or the speech is slurred.
- d. Numbness in an arm, leg or one side of face.
- e. Weakness in an arm, leg or face.

## How long does the attack last?

By definition symptoms should not last more than 24 hours. Usually they are experienced for minutes. The majority clear within the hour Is specialist medical consultation needed? Yes. Even if symptoms have cleared there is a high risk of developing strokes later on. A detailed review by the stroke physician is essential to establish the nature of the attack, arrange appropriate investigations, review the risk factors and work out a plan specific for the individual patient to ensure that proper treatment is started.

## What are the risk factors for stroke?

We divide the risk factors into those that cannot be changed “nonmodifiable” and the ones that we can take active measures to reduce or change “modifiable”.

## Nonmodifiable risk factors

1. **Age**  
The incidence of stroke is greater in older age groups. 75% of stroke patients are over the age of 65.
2. **Sex**  
Males tend to have more strokes than females
3. **Race**  
The black races are at greater risk
4. **Family history**

## Modifiable risk factors

1. **Hypertension**  
There is a definite risk from blood pressure. And evidence shows clearly that lowering the blood pressure to normal levels will reduce risk. Many patients with high blood pressure may have no symptoms and therefore may not feel happy taking medication that is often long term but the risks of leaving hypertension untreated cannot be ignored and they are not restricted to stroke alone, there are also risks to the heart, the kidneys and to the rest of the circulation. Treating hypertension is a gradual process that needs adherence to medication and regular checks.
2. **Heart Disease**  
The presence of abnormalities in the heart whether in the structure or in the rhythm of the heart beat mainly atrial fibrillation (a form of fast irregular beat) are risk factors.

Also a history of coronary artery disease or heart attacks.

## 3. Diabetes mellitus

In diabetes there is a greater risk for hardening of the arteries, which results in narrowing and clot formation over time. There are strict guidelines in controlling blood sugar, blood pressure and cholesterol in diabetic patients to reduce risk.

## 4. Other arterial disease

Disease in the arteries in the neck (carotid arteries) or peripheral arterial disease such as in the legs with poor circulation, is a risk factor.

## 5. Smoking

Cigarette smoking (and passive smoking) is a risk factor. It is dose related and cessation will reduce the risk over 2 to 5 years.

## 6. Overweight

Being overweight is a risk factor. Reduction in weight is advisable, it also results in lowering blood pressure and in diabetic patients it improves control.

## 7. Cholesterol

Lowering cholesterol levels reduces the risk of stroke and other vascular events.

Having a previous stroke or a stroke warning can increase the risk of another stroke in the future. This risk is reduced with careful investigation and treatment.

There are several other risk factors that can be discussed with individual patients - these include hormone replacement therapies, contraceptive pills, lack of exercise, diet and certain types of migraine among many others. It is however important to understand that many of the risk factors can be modified and the risk can be reduced with real benefits in health gain and protection.

## Stroke prevention/rapid access clinic:

When a patient experiences symptoms that could be a warning of stroke, a Transient Ischemic Attack, he needs to be seen promptly by the specialist for advice.

The history details are taken with the patient and often a close relative or friend. Symptoms are carefully evaluated and all the risk factors are considered.

A plan for tests and investigations is made and explained to the patient, some interim measure may be implemented while the results are awaited.

At the Golders Green centre patients will be seen in less than 5 working days. All scanning tests are done on site with fast and reliable results. So the right diagnosis is made and treatment is given without delay.

## Dr. R. R. Farag MB Bch, FRCP

Dr Farag is a Consultant Physician in Stroke Medicine, head of the Stroke Unit at Hemel Hempstead General Hospital and a Consultant in General & Elderly Medicine. He also consults at The Wellington Diagnostic and Outpatients Centre.

The Wellington Diagnostics  
& Outpatients Centre

Golders Green

The Wellington Diagnostics & Outpatients Centre

ROMAN HOUSE, 296 GOLDERS GREEN ROAD LONDON NW11 9PY Tel: 020 8736 1100

www.wellingtondiagnosticscentre.com

HCA