

EWOOD 21 November 2012

## HBP

Even a little lowering gives large amounts of survival benefit

Lifestyle + Measuring both arms+ 3-4 drugs

ACE duration increases with dose rather than the effect Avoid in

Pregnancy, Vomiting and Diarrhoea [Dehydration can cause K damage]

Large sys diastolic difference or Very Variable or No night dip more damaging

## TIA

Most Ischaemic [a bleed unlikely to resolve in 1 h]

2 types carotid and lacunar [tiny vessels supplying basal ganglia]

Risk factors BP Age DM

Exclude Hypoglycaemia in a TIA esp if DM and on Rx

ABCD2 A age over 60 1

BP over 140 sys Dias 90 1

Cerebral Symptoms 1 sided weakness 2

Speech 1

Amaurosis Fugax 0

Duration over 60 mins 2 under 60 mins 1 under 10 mins 0

Dianetes 1

Score 4 or more or 2 in a week urgent fone stroke coordinator

Otherwise fax TIA form

Hospital will do carotid Doppler

MRI

Start BP drug Statin and 300mg aspirin sta followed by Clopidogrel

Give Lifestyle and driving advice

Note If symptoms present when seen FAST [face arm speech time to all an ambulance] send in as stroke don't w8

If already on warfarin add aspirin 300

If not completely resolved send in as stroke

Note on amaurosis fugax if not eye cause treat as tia with dopple and rx's but MRI not done as the condition is known to be caused by problems in the carotid territory [operate if 70% narrowing]

Note on other strokes e.g. diplopia not in carotid territory not amenable to surgery

## AF

## AF

Stroke Prophylaxis 1% of 60s and 8% of 80s have AF

14% get a stroke it is worse than an ischaemic stroke as the clot from the Lt atrium is bigger

Tests include echo chest x and tsh

Only 40% of eligible patients are on Warfarin

Warfarin better than aspirin

CHADS2 and CHADSVASC

[www.improvement.nhs.uk](http://www.improvement.nhs.uk) GRASP UK for finding patients on surgery computer

CCF 1

HBP 1

Age 75 1

DM 1

Previous stroke tia thomo embolism 2

2 or more start warfarin

If 1 do CHADSVASC

As CHADS2 plus Vascular Disease 1

65-74 1

Female 1

Then do HAS BLED SCORE

Dr Ninan does an AF clinic if any one is a candidate for Dagibatran

One indication INRs all over the place

Contra is poor renal function

## HF

Worse if has reaches edema stage [ RHF and Pulmonary Hypertension]

1% have HF

Start ace b Blocker [furosemide if really breathless] and refer

Rxs for BP and Cholesterol

There is a "Pumping Marvellous" patient information website

Also Cardiac and Stroke Network for Lancashire and Cumbria is at

[www.csnlc.nhs.uk](http://www.csnlc.nhs.uk)

B Blockers can be used in COPD with care in asthma

Both COPD and HF have crepts difficulty telling apart