

This information is for those suspected of having a Transient Ischaemic Attack (TIA).

It describes what a TIA is, what causes it and what may happen to you when you attend the Royal Blackburn Hospital Rapid Access TIA Clinic which your hospital doctor or GP will refer you to if they suspect you have had a TIA.

It is very important that you **do not drive** for the next 4 weeks, the Consultant will give you further advice regarding this.

What is a TIA?

A TIA is often called 'mini-stroke'. The symptoms are very similar to those of a full-blown stroke but only last for 5 to 15 minutes with a gradual recovery and are due to a temporary lack of blood to a part of the brain.

(Ischaemic means a reduced supply of blood and oxygen to a part of the brain).

What are the symptoms of TIA?

The symptoms that develop depend on the part of the brain that is affected and includes one or more of the following:-

- Sudden weakness of all or part of one side of the body or face.
- Numbness or pins and needles of all or part of one side of the body.
- Sudden difficulty with speech.
- Loss of or blurred vision in one or both eyes.

Is a TIA serious?

A TIA can be a warning that there are problems with the blood supply to the brain. A TIA should never be ignored as without seeking medical advice and treatment 1 in 4 may go on to have a full blown stroke. Recognising the symptoms of TIA, seeking medical help and adopting a

healthy lifestyle are key aspects to prevention strokes.

What causes a TIA?

The main cause of TIA is hardening of the arteries known as atherosclerosis.

Two large blood vessels on either side of the neck, known as the carotid arteries carry blood and oxygen to the brain.

Sometimes fatty deposits known as plaque can build up on the inside of the blood vessels damaging the inner walls and causing them to become thicker, less elastic and narrowed. Part of the fatty build up could break off and become trapped in a smaller vessel within the brain or a blood clot can occur disrupting the blood supply to nearby brain cells and starving the cells of oxygen. If this is temporary, a TIA may occur. If this disruption to the blood supply is permanent, it may result in a stroke.

What are the risk factors?

There are several risk factors that you may have which you are unable to influence but others called lifestyle factors which are directly influenced by how you live your life and by altering these can help reduce your risks.

Factors that are unable to be influenced include:-

- **Age:** the risk of TIA increases with age.
- **Gender:** In people under 75 years, more men than women have strokes
- **Family History:** Having a close relative who has experienced a stroke under the age of 65 can increase your risk of TIA and stroke
- **Ethnic Background:** People of Asian and African descent are at greater risk of TIA and stroke because medical conditions like diabetes and high blood pressure are more common.

Factors that the doctor can help with:-

- **High blood pressure** (hypertension) is the single biggest risk factor.
- **Heart disease** (Irregular heart beat- atrial fibrillation)
- **Diabetes**
- **High Cholesterol**

Factors that you are able to influence:-

- **Smoking** (Give up)
- **Too much alcohol** (No greater than 21 units/week for men and 14 units/week for women)
- **Diet:** Eat plenty of fruit and vegetables, cut down on salt and fatty foods which can cause high cholesterol, obesity and high blood pressure
- **Exercise:** Regular exercise helps keep the heart and blood stream healthy.

What happens at the Rapid Access TIA clinic?

If your GP or the hospital doctor suspects you have experienced a TIA you will be referred to the Rapid Access TIA clinic at the Royal Blackburn Hospital. Here a doctor will ask you questions about your symptoms, how long they lasted and if you have experienced these symptoms before.

A simple neurological examination (examination of the nervous system) will be undertaken to determine if your symptoms have resolved.

You may have the following tests at the clinic:-

- **Blood pressure and weight measurement**
- **Blood tests and cardiovascular examination** to see if there is anything linked to your heart or your blood to cause the symptoms.
- **An ECG (Electrocardiograph)** which looks at the electrical activity of your heart.

- **Carotid Duplex Scan** which is a scan to look at the blood flow and for any narrowing of the carotid arteries in your neck. It is a simple scan, painless involving no needles. Similar to a baby scan, ultrasound is used to produce screen images.

You might be referred for:-

- **A CT (Computer Tomography) Head scan.** A scan of your brain to look at the brain in detail.
- **Echocardiogram**, an ultrasound scan of your heart.
- **24 Hour tape**, similar to an ECG but records the heart beat over a 24 hour period. You are able to continue normal activities during this.
- **Review by a Vascular Surgeon:** If your carotid duplex scan results show you have a narrowing (stenosis) of one of the carotid arteries you will be referred to the vascular surgeon. A narrowing of the artery of greater than 70% is a major risk factor for stroke. The vascular surgeon may consider an operation to remove plaque build up on the linings of the artery walls called a Carotid Endarterectomy to reduce your risk of stroke. If this course of action is required then this will be fully discussed with you.

Will I have to take any medications?

- **Anti-platelet medication**

After a TIA many people are prescribed drugs to reduce the risk of clots forming in their blood and blocking arteries or other blood vessels in their brain.

Aspirin is the drug most commonly used to stop platelets (the building blocks of blood clots) sticking together but you may also be prescribed dipyridamole which works with the Aspirin to prevent this. These types of

drugs should only be taken on the advice of your doctor.

- **High blood pressure medication**

If your blood pressure is found to be raised after a series of readings you will be prescribed drugs to bring it down to normal limits. There are many different drugs available that your doctor may prescribe and you may need to take two or three different ones to control your blood pressure.

- **High cholesterol medication**

If your cholesterol level is raised you may require medication to lower it. The commonly prescribed drugs are statins and there is a variety available for use. You will also be advised on reducing the amount of fat in your diet to help reduce your cholesterol level.

If you have any concerns about your medications it is advised you do not stop taking them but to consult your doctor.

Reference:
National Stroke Strategy, 2007

East Lancashire Hospitals 
NHS Trust

PATIENT INFORMATION LEAFLET: TIA (Transient Ischaemic Attack)

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