

# TIA patient handbook

This is a personalised document for:

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Hospital number:

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Date of TIA clinic

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## What is a TIA?

TIA stands for 'Transient Ischaemic Attack'.

A TIA is the sudden onset of stroke like symptoms that resolves within 24 hours (but most commonly within thirty minutes). It usually occurs due to a temporary blockage in the blood supply to the brain.

If your symptoms have lasted longer than 24 hours it is likely you have had a small stroke, rather than a TIA.

Symptoms are variable and depend on which part of the brain is affected.

### Examples of symptoms include;

- Speech disturbance (slurred and/or difficulty finding words)
- Visual disturbance
- Weakness of face, arm or leg
- Altered sensation of face, arm or leg
- Clumsiness
- Difficulty swallowing

## Why are TIAs important?

TIAs are important as we know that patients who have had a TIA are at risk of developing strokes.

You have been seen in TIA clinic today and have been diagnosed with a possible/probable/definite TIA.

The aim of seeing you in TIA clinic is to investigate the underlying cause of your TIA and to use this opportunity to manage your individual risk factors for TIAs and stroke. By doing this we can significantly reduce your chance of developing further TIAs and/or a stroke.

## What investigations have I had today?

- **Blood pressure** – so that your GP can adjust your medication to control this.
- **ECG** – to look for an irregular heart rhythm (atrial fibrillation) which is a risk factor for a stroke/TIA.
- **Blood tests** – to look for underlying risk factors of your TIA.
- **Chest x-ray** – to look at your heart and lungs to see if there is anything contributing to your TIA/stroke.
- **Carotid doppler** – to look for narrowing of the blood vessels that supply your brain. If there is significant narrowing you may be considered for an operation to reduce this. This test is not suitable for all TIA's.
- **CT scan** – to see whether there is any permanent change to your brain and to exclude bleeding. This is not required for all TIAs.
- **MRI scan** – to see in detail whether there is any permanent damage to your brain and the location of this or whether there is any other cause for your symptoms. This is not required for all TIAs.

## What medications have you been prescribed?

- Aspirin 300mg once daily with food for 2 weeks in total**  
To make your blood less sticky to prevent another TIA or stroke.  
Last dose \_\_\_\_\_
- Lansoprazole 30mg once daily**  
To protect your stomach while you are taking the high dose of Aspirin.  
Last dose \_\_\_\_\_
- Clopidogrel 75mg once daily after finishing Aspirin**  
To make your blood less sticky to prevent another TIA or stroke.  
This can be taken long term.  
First dose \_\_\_\_\_
- Anticoagulant**  
To stop your blood clotting so easily to help prevent strokes in atrial fibrillation (irregular heart beat).
- Statin**  
To reduce the amount of cholesterol that your body makes.  
Your body makes most cholesterol at night.
- Other**  
\_\_\_\_\_

If you experience any problems associated with your medications then you consult your GP or the TIA clinic before making any changes.

## Why did it happen and what can I do?

There are many risk factors for having a TIA or a stroke. Some risk factors for TIAs and stroke cannot be changed. These include increasing age, a family history of stroke and ethnicity (Asian, African, African Caribbean).

Other risk factors for TIAs and stroke can be changed. Below we have ticked the risk factors for TIA and stroke that are personal to you with information regarding what can be done to modify these risk factors.

### High blood pressure

High blood pressure (hypertension) is an important risk factor for TIA and stroke. If blood pressure can be kept at 130/80 or less then this will significantly reduce your chance of developing a stroke. Ways to do this include reducing your salt intake, eating a balanced healthy diet and through regular blood pressure checks from your GP with consideration for blood pressure medications.

Your blood pressure in clinic today was \_\_\_\_\_

Today we have started the following tablet for your blood pressure;

\_\_\_\_\_

We would advise having your blood pressure checked at your GP's in \_\_\_\_ weeks' time.

### High body mass index

The body mass index (BMI) is a measurement of your weight in relation to your height. A healthy body mass index is between 20 and 25. A body mass index of 25 to 30 is considered overweight and a body mass index of 30 to 35 is considered obese.

Your body mass index in clinic today was \_\_\_\_\_

Ways to lose weight include eating a healthy balanced diet and taking regular exercise. A healthy diet should be low in salt and should include at least five portions of fruit or vegetables per day and oily fish twice a week. For exercise you should try and do at least 30 minutes of something that gets you out of breath two to three times per week.

Specifically to you we would advise

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## □ **Diabetes mellitus**

Diabetes mellitus is a strong risk factor for TIA and stroke. It is important to ensure that your blood sugar level is as well controlled as possible to help reduce risk of TIA and stroke. Your diabetic nurse and GP will be able to help with this.

## □ **High cholesterol**

High cholesterol levels are associated with an increased risk of stroke. Whatever your cholesterol level is, we know that the lower it is, the lower your risk of developing stroke. Today we have started the following medication for your cholesterol;

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## □ **Smoking**

Smoking is associated with an increased risk of stroke. By stopping smoking you can significantly reduce your chance of developing a stroke. There are many products available to help you stop. Speak to your GP or a pharmacist.

## □ **Alcohol consumption**

Reducing alcohol intake to less than fourteen units a week for both women and men will reduce the chance of developing a stroke.

## □ **Irregular heart rhythm (atrial fibrillation)**

An irregular heart rhythm (atrial fibrillation) is associated with a high risk of stroke. This is because you are at risk of developing tiny blood clots within your heart with this rhythm. If this is the case we may consider an anticoagulant drug to thin down your blood and help reduce your chance of developing a stroke.

Your heart tracing (ECG) today showed that your heart was in a normal / irregular rhythm.

We would advise;

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Other

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**Driving**

The DVLA states that you should not drive for 1 month after a TIA or minor stroke. If you have any residual symptoms at 1 month you should seek medical advice before commencing driving.

Those with visual problems may need to be approved by the eye hospital before recommencing driving. If you do drive during the first month then your insurance would not be valid.

If you have suffered recurrent TIAs then the DVLA states that you should not drive for 3 months.

**Further symptoms**

If you develop any new symptoms after we have seen you in clinic you should dial 999 and attend hospital immediately as you may be eligible for clot busting treatment. This has best effect if given within the first hour but can be given up to 4.5 hours after the symptoms start.

## Useful contacts

### Royal Sussex County Hospital

Telephone 01273 696955

### TIA Clinic

01273 523218

### Clinical Stroke Nurse Specialist

01273 696955 Ext. 7561 or bleep 8065

If you have a special requirement (for example, related beliefs or an allergy/disability) please contact the TIA clinic on **01273 523218**. If you have vision, mobility or access issues please contact the TIA clinic on **01273 523218** for further advice / information.

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#### Disclaimer

The information in this leaflet is for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.

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