

New Stroke & TIA Pathways for Bradford & Airedale

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The medicine behind the pathways

- Stroke is essentially an ischaemic (80%) or haemorrhagic (20%) event which potentially leads to an area of brain damage and disability
- TIA is a thrombotic or embolic event in which the brain is starved of oxygen for a short amount of time (causing symptoms) but in which the brain fully recovers and symptoms fully resolve

Why Stroke & TIA are important

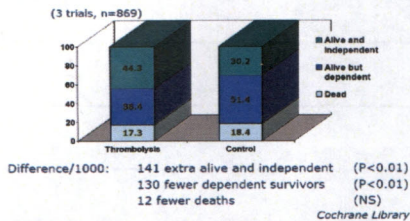
- There are roughly 100,000 strokes a year (788 with in B&A tPCT)
- It is the 3rd largest cause of death in the UK (We have higher than average mortality rates in our PCT)
- It uses 1 in 5 acute beds, and 1 in 4 long term beds
- 1/3 of patients will end up with a long term disability
- It presently cost the NHS 7 billion pounds/ year

Why the need for change-Stroke

•Thrombolysis for Ischaemic Strokes

The evidence

Outcomes in randomized trials of rt-PA within 3 hours of acute ischaemic stroke



Overall for every 100 patients treated 32 benefit, 3 harmed
"Intravenous rt-PA is 10 times more likely to help than to harm eligible patients with acute ischaemic stroke."

What does this mean for the patient

- Patients need to be admitted and have a CT (to exclude haemorrhage) and have the drug administered with in 3 hours of onset of symptoms.
- Trials are on going to look at whether patients benefit after the present 3 hour window

What does this mean for us!

- Stroke needs to be treated as an emergency and all patients with a suspected Stroke need to be admitted as an emergency.
- Any patient with any residual symptoms at all needs to be admitted
- Patients should be sent via 999 ambulance to A&E- similar to acute chest pain referrals
- In cases of very dependent nursing home patients please a different approach may be required!

Why the urgency

- Until a patient has had a CT scan a haemorrhage cannot be excluded and aspirin cannot be given!
- We only have 3 hours to give the t-PA! For those patients that are suitable
- Even a patient who has had a stroke several days ago needs a swallowing assessment etc to prevent aspiration pneumonia

New Service in Bradford & Airedale

- Bradford & Airedale has been thrombolysing a few patients 'in hours' in the last 2 years
- **Both Bradford & Airedale have been Designated 'Hyperacute Stroke Units' and have dedicated Stroke Teams ready to take on the challenge of 24/7 thrombolysis over the next few months**
- **At the moment they will run a service each but may join up at night in the future**

Why the need for change-TIA

- TIA is the most important forecaster of impending stroke
- 1707 patients presenting to A&E with TIA
 - within 3/12-10.5% Stroke
 - -2.6% other CV event
 - -2.6% Died

• JAMA 2000 284:2901-6

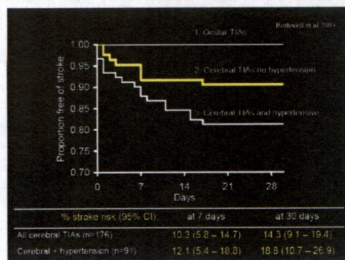
The evidence-EXPRESS study

“Effect of urgent treatment of transient ischaemic attack and minor stroke on early recurrent stroke (EXPRESS study): a prospective population-based sequential comparison”,

Rothwell PM, et al, *Lancet* 2007; 370: 1432-42

- Early initiation of existing treatments after TIA or minor stroke was associated with an **80% reduction** in the risk of early recurrent stroke.
- This could be done as soon as patients seek medical attention (primary care, A&E).

We also know some TIAs are more at risk than other.



The ABCD2 Score

Age \geq 60 years	1
Blood pressure (Systolic \geq 140mmHg and/or diastolic \geq 90mmHg)	1
Clinical features;	
Unilateral weakness	2
Speech disturbance/no weakness	1
Other	0
Duration of symptoms;	
\geq 60 minutes	2
10-59 minutes	1
$<$ 10 minutes	0
Diabetes	1

Risk of stroke after a TIA

Risk of stroke after a TIA ABCD2 Score	Risk of stroke after a TIA 2 days	7 days	90 days
$<$ 4	1%	1.2%	3.1%
4-5	4.1%	5.9%	9.8%
$>$ 5	8.1%	11.7%	17.8%

New Service in Bradford & Airedale

- For along time B&A have been running some once and some twice weekly clinics
- **Now they are running daily clinics 7 days a week every day of the year!**
- **All high risk patients ($>$ 4) have to be seen with in 24 hours of presentation to a primary care clinician (AF/recurrent events -high risk)**
- **All low risk patients ($<$ 4) have to be seen with in 7 days**

TIA Hot Lines

- Both Hospitals are running dedicated mobile phone hot lines-which go directly through to the Consultant Stroke physician on call
- Airedale Patients ring Stroke / TIA hotline on **07825530448**
- Bradford Patients ring Stroke/TIA hotline on **07940 550825**
- **These hot lines ensure that the correct patients are seen in the right clinic or admitted (if needed)**

What does this mean for us!

- We need to see potential TIA patients as an emergency.
- We need to refer them to the Stroke consultant on the hot lines during the consultation!!
- We need to remember how to do the /ABCD₂ score, the phone numbers and advise them not to drive-etc etc
- And so....

- A new 'Suspected TIA' SystemOne template
- To print out and fax instead of a referral at the end of surgery

STROKE UNIT - STROKE UNIT

The Future for TIA

- we are planning that both B&A run a system one register of TIA patients and so instead of faxing the template in the future we will just create a share/phone the consultant and they will access the template on the acute side
- We are in the process of developing a system one template for secondary care which will do away with clinic letters/scanning and coding letters etc

- Any feed back on your experience of the Stroke/TIA hot lines, the TIA template and any issues with the service are gratefully received as it is all a work in progress!
