Round-table Report:

Discussing the Real Impact of TIA

Research Round-table meeting 20 May 2014
What is a TIA?

A transient ischaemic attack or TIA (also known as a mini-stroke) is the same as a stroke, except that the symptoms last for a short amount of time. Although the symptoms may not last long, a TIA is still very serious. More than one in 12 people will have a stroke within a week of having a TIA, hence a TIA is also sometimes called a warning stroke.

Why did we hold a round-table on TIA?

In Spring 2014, the Stroke Association launched our “Not just a funny turn” campaign, which reported the key messages from our survey of 670 people who had experienced a TIA. Most of those surveyed said that having a TIA was a “wake up call”, with almost half saying that they had never heard of a TIA prior to having one. This highlights a desperate need to raise awareness of TIA with the general public. Although most people believed their symptoms were taken seriously when they did seek medical attention, a third felt that health and care professionals were too quick to dismiss their TIA, and a number of people reported examples of poor care. The survey also showed that many people felt that their TIA left them with long-term physical, cognitive and emotional problems and that they would have liked more support following their TIA.

What did we want to discuss?

Our round-table meetings aim to share knowledge arising from our funded research and create debate about the implications for health and social care policy and practice. They bring together researchers with stroke survivors, commissioners, clinicians, policy makers and other funders. The purpose of our TIA round-table was to discuss both the research we fund and the questions posed by our TIA survey.
What happened?

Chris Randell (Parliamentary and Policy Officer, Stroke Association) set the scene by sharing the findings of our “Not just a funny turn” survey:

- **47%** of respondents said that when they had their TIA, they didn’t know what was happening to them, with **37%** not taking any action whilst experiencing symptoms.

- Although most who sought medical attention believed their symptoms were taken seriously, **30%** felt that health and care professionals were too quick to dismiss TIA, and others reported examples of poor care and delays in referral to specialist services. Some felt this contributed to them going on to have a full stroke.

- More than **50%** of people who had experienced a TIA had been given little or no information about the link between stroke and TIA, with the same number receiving little or no information or advice about the changes they could make to their lifestyles to reduce their risk of further TIAs or strokes.

- Around **70%** of people reported that their TIA had long-term effects including memory loss, poor mobility, problems with speech and difficulty in understanding. **60%** of people stated that their TIA had affected them emotionally.
In response, Mr Randell said that the Stroke Association is calling on all those in the TIA community to help improve public and professional awareness of TIA and the need for urgent action; ensure that systems are in place for rapid referral to and treatment by specialist TIA services; ensure that people who experience TIA are provided with better information, advice and support; to more fully consider the possible longer-term impacts of TIA; and finally, to improve support available for people to reduce their risk of stroke following TIA.

We also welcomed Professor Peter Rothwell (Director, Oxford Stroke Prevention Research Unit). In 1996 the Stroke Association funded his research which showed that a TIA is not just a ‘funny turn’, but in fact, a medical emergency. This has led to TIA clinics being set up right across the country, and to the development of the ABCD2 score, the tool used to assess TIA patients for urgency of treatment. Professor Rothwell spoke about how we could better exploit existing treatments, such as the timely administration of aspirin to improve TIA patient outcomes, and the importance of 7-day TIA clinics. He also said that awareness of TIA by the public is still a major hurdle. He presented evidence showing that people seek medical attention for TIA quicker if it happened on a weekday, rather than on a weekend – when people felt they could wait until the following week, not aware of the high risk. He also presented evidence suggesting that 90% of TIAs are reported by bystanders, not the person having the TIA themselves, which he said is why raising wider public awareness is crucial to improving diagnosis of TIA and delivering treatment.

Jonathan Mant (Professor of Primary Care Research, University of Cambridge) gave us an update on the state-of-play of TIA in GP surgeries. He asked whether enough research is being conducted into the implementation of what we already know about TIA. He used the example of the ABCD2 score not always being used in the way it was intended; we need to understand the reasons for this, and also any possible advantages or disadvantages of doing so. He also raised the issue of the disastrous effects of people not sticking to their medication after having a stroke or a TIA, with evidence showing that the knock-on effect is having more, worse strokes than if they had taken their medication as directed.

We also heard from Catherine Sackley (Professor in Rehabilitation Research, University of East Anglia). She discussed her on-going Stroke Association funded project, ‘FACE-TIA’ (Functional, Cognitive and Emotional problems after TIA), which investigates these widely reported, long-lasting impacts of TIA. She stressed the fact that many people could be in denial about the seriousness of having a TIA, resulting in poor adherence to their prescribed medication.
Our general round-table discussion highlighted the following key issues that should be addressed by the TIA community:

- What we call TIA. ‘Threatened stroke’ may be more informative than ‘TIA’ or ‘mini-stroke’, though there remained some disagreement on the terminology.

- Defining TIAs as lasting up to 24 hours is not based on evidence and can be misleading. Is there a better classification?

- How do we raise TIA awareness, which was not improved by the national Act FAST campaign?

- What are the real long-term impacts of having a TIA and how can we ensure treatment options fully address them?

- Comparatively, stroke care is high cost with limited outcomes, TIA care is low cost with better outcomes. Can we commission better, preventative services?

- There is still variation in access to and the quality of specialist TIA services. How can we raise standards across the board?

- Aspirin is a cheap, widely available treatment. Can we better harness it to prevent recurrent TIAs and strokes?

- About half of TIA patients do not receive adequate information showing the link between TIA and stroke. How can we ensure that the right people receive the information they need?

What are the emerging priorities for the TIA community?

Three priorities emerged from the discussion:

- We must find ways of improving the very low public awareness of TIA.

- We need to ensure that research is implemented to establish best practice, and that existing guidelines are followed by all healthcare professionals.

- We should continue to consider the possible longer-term impacts of TIA and how to address them.
We are the Stroke Association

The Stroke Association is the leading stroke charity in the UK. We believe in the power of research to save lives, prevent stroke and ensure that people make the best recovery they can after a stroke.

We’re here for you. If you’d like to know more, please get in touch.

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