What is a Transient Ischaemic Attack?



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A transient ischaemic attack **(TIA)** or **'mini-stroke'** is a set of symptoms **similar** to those of a **stroke**, but that last a short time and occur because of a **temporary** lack of **blood** to part of the **brain**.

A **TIA** can last anything from a few **minutes** to a few **hours** but **symptoms** completely **disappear** within 24 hours. If the symptoms persist after **24 hours** then it is more likely to be a stroke.

What Is The Cause Of A TIA?

In most cases, a **TIA** is **caused** by a **tiny blood clot** that becomes **stuck** in a small blood vessel in the **brain**. This blocks the blood flow, and a part of the **brain is starved of oxygen.**

The **blood clot** then either **breaks up** quickly, or nearby **blood vessels** are able to **make up** for it and the affected part of the brain is *without oxygen* for just a **few minutes**, so the brain soon recovers.

What Are The Common Symptoms Of A TIA?

The **symptoms** that develop **depend** on which **part of the brain** is affected. The brain controls the way we **move**, **think**, **see**, **speak**, and **eat**. Everything we do is controlled by **different parts** of the **brain**. Therefore, symptoms may include one or more of the following.

- Weakness or clumsiness of a hand, arm, or leg
- Numbness or pins and needles on one side of the body
- Difficulties with **speech** or finding words
- Loss of **vision**, or double vision



How Serious Is A TIA?

Most **TIA's** do **no permanent damage** to the brain, and the symptoms soon go. However, it is a **warning** that a part of the **brain** didn't get **enough blood** for a time.

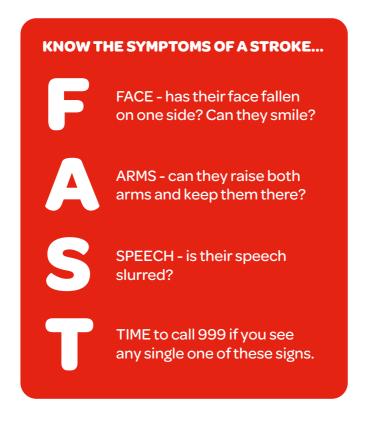
If you have a **TIA** you have a **higher risk** of having a **stroke** which could cause **permanent damage.**





A stroke is a medical **EMERGENCY.** If you see the signs of a stroke **act** quickly and call **999.** Early treatment saves lives and increases the chance of making a better recovery.

Northern Ireland Chest Heart & Stroke supports the FAST campaign.



What To Expect?

The doctor will want to know about your symptoms;

- What they were
- How long they lasted
- Whether they have happened before

This will help to **distinguish** between a **TIA** and other possible **causes** like a migraine or an epileptic fit. What happens next depends on what happened when you had the TIA. Your doctor may refer you to the **hospital** or a **special clinic** for further tests and investigations. You may have some, or all, of the following tests done:

- A blood pressure test
- Blood tests
- A brain scan
- An ultrasound scan of the main blood vessels to the brain
- An ECG (electrocardiogram) to check for abnormal heart rhythms
- An ultrasound of the heart

What Is The Treatment If You Have A TIA?

The aim of **treatment** after a TIA is to **reduce your risk** of having further TIAs or a stroke. Treatment may include the following:

- Medication to reduce the risk of blood clots forming
- Medication to reduce high blood pressure or cholesterol
- Surgery (but this is only suitable for some people)
- Lifestyle changes



Medication To Reduce The Risk Of Blood Clots Forming

Antiplatelet medication – Platelets are tiny particles in the **blood** which help the blood to **clot**. Antiplatelet medication is usually advised if you have had a TIA. Antiplatelet medication **reduces** the **'stickiness'** of platelets.

This helps to **prevent** blood **clots forming** inside blood vessels, which helps to prevent a further TIA or a stroke. A low dose of **aspirin** is the **most commonly** used initial antiplatelet drug but should only be taken on the **advice of a doctor.**

Dipyridamole is another antiplatelet drug and it is sometimes used in combination with aspirin.

Clopidogrel is an antiplatelet drug that is commonly used long term after a TIA. A proportion of people develop stomach problems with Aspirin. Clopidogrel usually does not cause stomach problems. Anticoagulant medication - Some people with an irregular heart beat called atrial fibrillation can have a TIA because a blood clot develops in their heart and travels to the brain.

Anticoagulant medication is usually given if you have a TIA caused by AF. Apixaban, Edoxaban, Dabigatran and Rivaroxaban are examples of anticoagulants. Warfarin is an older anticoagulant that is still suitable for some people.

Unlike Warfarin, the **newer anticoagulants do not require blood level monitoring.** Anticoagulants carry a significant **risk of bleeding** - this should be **discussed with your doctor** before commencing an anticoagulant. Anticoagulants and antiplatelets are **rarely prescribed together.** This combination should only be recommended by a specialist.



Medication To Reduce High Blood Pressure

You may be prescribed **drugs** to bring your **blood pressure down**. There are **many kinds** of medications available and it may take a while to find the **right drug** at the **right dose** to suit you. If you experience any **problems** with the drug you are given tell your **GP** and they may be able to prescribe a different one.

Medication To Reduce High Cholesterol

Medication may also be prescribed to **lower** your **cholesterol** level. The most commonly prescribed drugs are called **statins** and again there are several available.

You will also be given **advice** on how to lower your **blood pressure** and/or **cholesterol** by changing your **diet** and **increasing activity** levels.



If the ultrasound scan shows that the main **blood vessels** (carotid arteries) to your **brain** have become partially **blocked**, by a build up of **fatty material**, then you may be advised to have an **operation** called a carotid endarterectomy. The fatty material makes the **vessel** much **narrower** resulting in poor **blood flow** and bits of it could break off and be carried to a smaller blood vessel in the brain and **block** it.

The carotid endarterectomy **clears** the **blocked artery** so that blood flow is improved and the risk of bits breaking off is reduced. The procedure is useful for people who have severe, but not total blockage. Sometimes both carotid **arteries** need **surgery**, but they are usually done one at a time in separate operations.

Though the **results** are usually very **good**, carotid endarterectomy carries with it a small **risk of stroke** and so, as with any major surgical procedure, **discuss** the situation with your **doctor**.



Lifestyle Changes

If you have a **TIA** you have a **higher risk** of having a **stroke** but there are things you can do to **reduce the risk**.

High blood pressure (hypertension) and high cholesterol are the biggest risks for stroke. Usually they have **no symptoms,** so make sure your blood pressure and cholesterol are **checked** at least **once a year.**

If your blood pressure or cholesterol are high they can be **treated.** You may be prescribed drugs to bring them down but, lifestyle changes will also **reduce** your blood pressure and cholesterol level and reduce your risk of stroke.



Stop Smoking

Smoking damages the lining of the **blood vessels**, increases your blood pressure and makes your blood stickier, all of which **increase** the **risk of stroke**. It is also linked to many other serious health problems.

It is not easy to **quit smoking** but there is help out there; ask your **GP** for information on nicotine replacement products.

Many **local hospitals** run **smoking cessation clinics** and there are some GPs and local pharmacists who also provide this service. You can contact the Health Service for their Smokefree Want 2 Stop Quit Kit on **0808 812 8008** or at **www.want2stop.onfo/quitkit.**



Eat A Healthy, Balanced Diet

Eat at least **five** portions of **fruit** and **vegetables** each **day.** Fruit and vegetables **contain** protective substances called **anti-oxidants** which **protect blood vessel** walls from damage.

Reduce your intake of **salt.** Salt **raises blood pressure.** Don't add salt to your food and **avoid processed foods** that contain a lot of salt.

Limit the amount of **fat you eat.** You can make simple changes to your **diet** such as using semi-skimmed or skimmed milk, choosing **low fat products, grilling** instead of frying, cutting the visible **fat off meat** and keeping cakes and sweets to an occasional treat.

Eating **oily fish** such as sardines, mackerel, salmon and trout, which contain omega-3, once or twice a week can help **reduce** the level of some of the **fatty** substances in your **blood**.

Eating **more fibre** is recommended; choosing **wholemeal bread** instead of white bread, eating a **wholegrain cereal** for breakfast, eating **wholemeal pasta** and eating more **beans and pulses.**

Reduce Your Alcohol Intake

Excessive alcohol consumption can raise blood pressure, and **binge drinking** increases the **risk** of a **blood vessel bursting** causing bleeding into the brain.

People who have had a TIA who drink alcohol should limit their intake to **14 units a week**, spread over at **least three days** (A unit is one small glass of wine, a single measure of spirit or a half pint of normal strength (4%) beer or lager). In Northern Ireland a single measure of spirits is 1.5 units.

Increase Your Level Of Physical Activity

Taking more **exercise** brings many **benefits**. It improves your **circulation**, reduces your **blood pressure**, helps to control your **weight** and helps **reduce** your **cholesterol** level. It also increases a feeling of well-being and helps you to cope with **stress**.

Walking and **swimming** are among the **best** forms of **exercise** but increasing your activity in any way that suits you is the important thing.

Thirty minutes of activity **five days a week** is enough to reduce your risk of stroke. This can be one thirty minute session or several shorter sessions a day.



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