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Medication Algorithm for Secondary Prevention after TIA/Ischaemic Stroke

Clinical diagnosis of TIA or ISCHAEMIC STROKE

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Neurovascular Clinic or ADMIT TO HOSPITAL FOR CT SCAN TO EXCLUDE HAEMORRHAGE, AND FOR FULL ASSESSMENT

AFTER CT SCAN, and within 24 hours post event, START ASPIRIN 300mg daily for 14 days then change to clopidogrel 75mg daily

Or (Specialist/registrar initiated)

If high risk TIA (ABCD2 score >/= 4)* or minor ischaemic stroke (NIHSS </=3)* prescribe DAPT - loading with 300mg clopidogrel + 300mg aspirin, followed by aspirin 75mg daily + clopidogrel 75mg daily for 21 days, then clopidogrel 75mg daily

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- Add PPI if GI intolerance of antiplatelet/high risk of GI bleeding.
- If unable to tolerate clopidogrel, change to aspirin 75mg daily.
- Current **anti-hypertensive** medication to continue
- Start/Continue/review statin in ALL patients (as tolerated)

  - If initiating statin therapy prescribe atorvastatin 40mg daily
  - If currently on simvastatin, change to atorvastatin 40mg daily
  - If admitted with further event, increase to atorvastatin 80mg daily.

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When clinically stable (usually 7 days post event), **review medication as below**

Blood Pressure

- Sustained high blood pressure (>200 systolic) post event: seek advice from stroke consultant.
- Treatment should be initiated and/or increased as tolerated to consistently achieve a clinic systolic blood pressure below 130 mmHg, except for people with severe bilateral carotid artery stenosis, for whom a systolic blood pressure target of 140–150 mmHg is appropriate.
- Treatment for hypertension following stroke or TIA should be initiated following diagnosis and may include a thiazide-like diuretic, angiotensin-converting enzyme inhibitor or long-acting calcium channel blocker.

Anti-coagulation

- Consider appropriateness of WARFARIN or NOAC if indicated in ATRIAL FIBRILLATION or SUSPECTED CARDIO-EMBOLIC STROKE (e.g. recent MI with mural thrombus)
- Delay start for 2 weeks post event.
- Continue aspirin or clopidogrel until INR > 2.0 (if warfarinising); stop antiplatelets if prescribing NOAC.

If neurological signs present in patient on warfarin, admit for URGENT CT SCAN

Review existing medication as clinically appropriate

LIFESTYLE ADVICE – AS APPROPRIATE:
STOP SMOKING. INCREASE EXERCISE LEVELS
REVIEW DIET TO ↓SALT, ↓ SATURATED FAT, ↓ WEIGHT AND ↓OVERALL RISK
REVIEW ALCOHOL INTAKE
***Refer overleaf for ABCD2 and NIHSS scales**

Bibliography: SIGN 108 December 2008

RCP guides(https://www.strokeaudit.org/SupportFiles/Documents/Guidelines/2016-National-Clinical-Guideline-for-Stroke-5t-(1).aspx)

BHS. Working party guidelines for Management of Hypertension. Accessed via:
http://www.bhsoc.org/Latest_BHS_management_Guidelines.stm
NICE TA210

National Institutes of Health Stroke Scale

NIH – Stroke scale (NIHSS)			
Date and time	DD-MM-YYYY	HH:MM (24h)	
1.a. **Level of Consciousness** 0: Alert 1: Not alert, but arousable with minimal stimulation 2: Not alert, requires repeated stimulation to attend 3: Coma			
1.b. **LOC questions** (Ask patient the month and her/his age) 0: Answers both correctly 1: Answers one correctly 2: Both incorrect			
1.c. **LOC commands** (Ask patient to open/close eyes & form/release fist) 0: Obeys both correctly 1: Obeys one correctly 2: Both incorrect			
2. **Best gaze** (only horizontal eye movement) 0: Normal 1: Partial gaze palsy 2: Total gaze paresis or Forced deviation			
3. **Visual Field testing** 0: No visual field loss 1: Partial hemianopia 2: Complete hemianopia 3: Bilateral hemianopia (blind including cortical blindness)			
4. **Facial Paresis** (Ask patient to show teeth/ raise eyebrows & close eyes tightly) 0: Normal symmetrical movement 1: Minor paralysis (flattened nasolabial fold, asymmetry on smiling) 2: Partial paralysis (total or near total paralysis of lower face) 3: Complete paralysis of one or both sides (absence of facial movement in the upper and lower face)			
5. **Motor Function – Arm** 0: Normal (extends arms 90° (or 45°) for 10 seconds without drift) 1: Drift 2: Some effort against gravity 3: No effort against gravity 4: No movement 9: Untestable (Joint fused or limb amputated) (*do not add score*)		Right Left	
6. **Motor Function - Leg** 0: Normal (hold leg in 30° position for 5 sec without drift) 1: Drift 2: Some effort against gravity 3: No effort against gravity 4: No movement 9: Untestable (Joint fused or limb amputated) (do not add score)		Right Left	
7. **Limb Ataxia** 0: No ataxia 1: Present in one limb 2: Present in two limbs			
8. **Sensory** (Use pinprick to test arms, legs, trunk and face- compare side to side) 0: Normal 1: Mild to moderate decrease in sensation 2: Severe to total sensory loss			
9. **Best Language** (Ask patient to describe picture, name items, read sentences) 0: No aphasia 1: Mild to moderate aphasia 2: Severe aphasia 3: Mute			
10. **Dysarthria** (Ask patient to read several words) 0: Normal articulation 1: Mild to moderate slurring of words 2: Near unintelligible or unable to speak 9: Intubated or other physical barrier (*do not add score*)			
11. **Extinction and inattention (Formerly Neglect)** (Use visual or sensory double stimulation) 0: Normal 1: Inattention or extinction to bilateral simultaneous stimulation in one of the sensory modalities 2: Severe hemi-inattention or hemi-inattention to more than one modality			
		Total Score	

National Institutes of Health Stroke Scale. https://sitsinternational.org/homefoldercontent/registry/scales/files/resources-scales-nihss_english.pdf. Accessed August 5, 2013.

ABDC2 SCORE

- Age >60 - 1
- S BP>140 or DBP>90 - 1
- Symptoms- Arm and Leg - 2
  speech only - 1
  (max 2 for symptoms)
- Duration >10 mins - 1
  >60 Mins - 2
  (max 2 points for time)
- Diabetes -1

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