Transient ischemic attack: where can patients receive optimal care? A rapid review

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Authors' objectives
Definitive strategies or guidelines supporting the necessity of hospital admission for patients with transient ischemic attack (TIA) do not currently exist. Since the majority of TIA patients do not experience an early stroke following an episode of TIA, it is unclear whether hospitalization is necessary for most TIA patients. The objective of this rapid review is to investigate whether the place of initial assessment and treatment of patients who present with symptoms of TIA has an impact on the clinical outcomes.

Authors' conclusions
It is of utmost importance that assessment and treatment be initiated as soon as possible when patients present with symptoms of transient ischemic attack (TIA) or minor stroke. This can be done either through referral to a TIA clinic or an emergency department (ED) with stroke expertise and suitable diagnostic facilities. Evidence from trials of treatment of acute TIA or minor stroke suggests that the relative benefit of interventions is greater in the acute phase. The EXPRESS study demonstrated that urgent assessment and early treatment of TIA or minor stroke reduced the risk of early recurrent stroke by about 80%. Disability, days in hospital, and hospital costs as a result of recurrent stroke were significantly reduced. Most patients (82%) were not admitted to the hospital following appropriate assessment in a TIA clinic where a senior neurologist reviewed all the cases and classified them as TIA, stroke, or other conditions. Several evidence-based guidelines have made recommendations for urgent assessment, diagnosis, and treatment of patients with TIA. The following points are the key recommendations from these guidelines: TIA should be considered as an urgent and time-dependent condition. Rapid and complete diagnostic evaluation and timely initiation of treatment in TIA patients are the key points to preventing a major stroke. The initial investigations for emergent TIAs and suspected acute stroke are the same. All TIA patients should be evaluated by health care professionals with stroke expertise and in facilities where appropriate diagnostic tests can be performed and where treatment can be initiated within 24 hours. TIA clinics should have personnel with expertise in TIA diagnosis and management. For patients in rural settings or with inadequate critical resources, telemedicine linkage with a hospital with appropriate resources should be considered as soon as possible. Patients suspected of having a stroke or having an emergent TIA should be admitted to a stroke unit dedicated to the management of stroke patients. Risk stratification using validated scoring systems should be used in clinical practice to identify patients at high or low risk of stroke. Patients can then receive appropriate diagnostic tests according to their risk score. The general public should receive ongoing education on how to recognize the symptoms of TIA or stroke and the importance of early medical assistance. In conclusion, provision of clinical services with stroke expertise, adequate imaging, and laboratory facilities for urgent assessment and timely treatment of patients with TIA and minor stroke is effective in reducing the incidence of subsequent stroke and its associated costs.

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