
Is Transient Ischemic Attack a Medical Emergency? OHTAC Recommendation

Ontario Health Technology Advisory Committee (OHTAC)

Record Status

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Authors' conclusions

The results of this systematic review, based on low to moderate quality of evidence, have important clinical implications. Emergency investigation and initiation of treatment of patients with signs and symptoms of TIA is an effective strategy in reducing the incidence of subsequent stroke. Management in TIA clinics, where patients can be evaluated and treated urgently, results in lower rates of stroke and disability than conventional treatment. About half of strokes following TIA occur within the first 48 hours; therefore, patients with TIA should be evaluated as early as possible within 24 hours of first call to medical attention. Patients at high risk of stroke may require admission to a stroke unit for further evaluation and appropriate treatment. This review showed that patients with an ABCD2 score of 4 or higher have significantly higher rates of stroke or recurrent TIA if they receive standard treatment and are discharged from an ED, compared to patients who are hospitalized. This may indicate that higher-risk patients need more comprehensive, intensive investigation and management than lower-risk patients. At the same time, this analysis identified limitations to the use of ABCD2 risk scores in assessing which patients are at higher risk of stroke. ABCD2 risk scores do not reflect the absence or presence of conditions that require immediate treatment (i.e., symptomatic internal carotid or intracranial artery stenosis of 50% or greater, or a major cardiac source of embolism). Therefore, imaging data can improve both diagnosis and prognosis for patients at particularly high risk for stroke. The diagnosis of TIA should be based on all available information including history, clinical examination, and laboratory tests supplemented with imaging. For patients with ABCD2 score of 5 or less, no recurrent TIA in the previous week, and no active embolic source, no significant differences were found in rates of stroke or subsequent TIA between those managed in a TIA clinic and those admitted to hospital. The cost of initial assessment of these patients at a TIA clinic is less than the cost of hospital admission. No studies compared outcomes for high-risk patients cared for in a TIA clinic versus hospital admission.

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