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Chapter 1 : Stroke and Transient ischemic attack (TIA)

Get this from a library! The Official Patient's Sourcebook on Transient Ischemic Attack.. [James N Parker; Philip M Parker] -- This book has been created for patients who have decided to make education and research an integral part of the treatment process.

Print Diagnosis A prompt evaluation of your symptoms is vital in diagnosing the cause of your TIA and deciding on a method of treatment. To help determine the cause of your TIA and to assess your risk of a stroke, your doctor may rely on the following: Physical examination and tests. Your doctor may check for risk factors of a stroke, including high blood pressure, high cholesterol levels, diabetes and high levels of the amino acid homocysteine. Your doctor may also use a stethoscope to listen for a whooshing sound bruit over your arteries that may indicate atherosclerosis. Or your doctor may observe cholesterol fragments or platelet fragments emboli in the tiny blood vessels of your retina at the back of your eye during an eye examination using an ophthalmoscope. A wand-like device transducer sends high-frequency sound waves into your neck. After the sound waves pass through your tissue and back, your doctor can analyze images on a screen to look for narrowing or clotting in the carotid arteries. Computerized tomography CT scanning. CT scanning of your head uses X-ray beams to assemble a composite 3-D look at your brain. Computerized tomography angiography CTA scanning. Scanning of the head may also be used to noninvasively evaluate the arteries in your neck and brain. CTA scanning uses X-rays similar to a standard CT scan of the head but may also involve injection of a contrast material into a blood vessel. Magnetic resonance imaging MRI. This procedure, which uses a strong magnetic field, can generate a composite 3D view of your brain. Magnetic resonance angiography MRA. Black people are at greater risk of dying of a stroke, partly because of the higher prevalence of high blood pressure and diabetes among blacks. A TTE involves moving an instrument called a transducer across your chest. The transducer emits sound waves that echo off of different parts of your heart, creating an ultrasound image. During a TEE, a flexible probe with a transducer built into it is placed in your esophagus – the tube that connects the back of your mouth to your stomach. Because your esophagus is directly behind your heart, clearer, detailed ultrasound images can be created. This allows a better view of some things, such as blood clots, that might not be seen clearly in a traditional echocardiography exam. This procedure gives a view of arteries in your brain not normally seen in X-ray imaging. A radiologist inserts a thin, flexible tube catheter through a small incision, usually in your groin. The catheter is manipulated through your major arteries and into your carotid or vertebral artery. Then the radiologist injects a dye through the catheter to provide X-ray images of the arteries in your brain. This procedure may be used in selected cases. **Treatment** Once your doctor has determined the cause of your transient ischemic attack, the goal of treatment is to correct the abnormality and prevent a stroke. Depending on the cause of your TIA, your doctor may prescribe medication to reduce the tendency for blood to clot or may recommend surgery or a balloon procedure angioplasty. **Medications** Doctors use several medications to decrease the likelihood of a stroke after a transient ischemic attack. The medication selected depends on the location, cause, severity and type of TIA. Your doctor may prescribe: These medications make your platelets, one of the circulating blood cell types, less likely to stick together. When blood vessels are injured, sticky platelets begin to form clots, a process completed by clotting proteins in blood plasma. The most frequently used anti-platelet medication is aspirin. Aspirin is also the least expensive treatment with the fewest potential side effects. An alternative to aspirin is the anti-platelet drug clopidogrel Plavix. Your doctor might prescribe both aspirin and clopidogrel together for about a month after the TIA. Research shows that taking these two drugs together in certain situations reduces the risk of a future stroke more than taking aspirin alone. Your doctor may consider prescribing Aggrenox, a combination of low-dose aspirin and the anti-platelet drug dipyridamole, to reduce blood clotting. The way dipyridamole works is slightly different from aspirin. These drugs include heparin and warfarin Coumadin, Jantoven. They affect clotting-system proteins instead of platelet function. Heparin is

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used for a short time and warfarin over a longer term. These drugs require careful monitoring. If atrial fibrillation is present, your doctor may prescribe another type of anticoagulant, dabigatran Pradaxa. In certain cases, thrombolytic therapy is used to treat an ongoing stroke by dissolving blood clots that are blocking blood flow to the brain. In these situations, the neurologic symptoms and findings will have lasted more than a few minutes and are not improving. The thrombolytic agent alteplase Activase , also known as a recombinant tissue plasminogen activator, was first approved by the FDA in to treat strokes within hours of onset. Surgery

Carotid endarterectomy In carotid endarterectomy, your surgeon opens the carotid artery to remove atherosclerotic plaques. If you have a moderately or severely narrowed neck carotid artery, your doctor may suggest carotid endarterectomy end-ahr-tur-EK-tuh-me. This preventive surgery clears carotid arteries of fatty deposits atherosclerotic plaques before another TIA or stroke can occur. An incision is made to open the artery, the plaques are removed, and the artery is closed.

Angioplasty In selected cases, a procedure called carotid angioplasty, or stenting, is an option. This procedure involves using a balloon-like device to open a clogged artery and placing a small wire tube stent into the artery to keep it open. Request an Appointment at Mayo Clinic Clinical trials Explore Mayo Clinic studies testing new treatments, interventions and tests as a means to prevent, detect, treat or manage this disease. What you can do If you want to discuss your risk of a stroke with your doctor, write down and be ready to discuss:

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Chapter 2 : Transient ischemic attack (TIA) - Symptoms and causes - Mayo Clinic

*The Official Patient's Sourcebook on Transient Ischemic Attack: A Revised and Updated Directory for the Internet Age [Icon Health Publications] on blog.quintoapp.com *FREE* shipping on qualifying offers. This book has been created for patients who have decided to make education and research an integral part of the treatment process.*

Temporary interference with blood flow to the brain, resulting in transient strokelike symptoms. Most physicians define a TIA as an episode of strokelike symptoms that fully resolves within twenty-four hours. A stroke, on the other hand, is defined as an episode that produces neurological symptoms that are permanent. Strokes and TIAs are caused when the blood supply to the brain is interrupted. This interruption may occur because of a hemorrhage in an artery in the brain. Other causes of stroke or TIA may include a blood clot or piece of plaque that breaks loose from somewhere else in the body and eventually lodges in an artery that feeds the brain, or from severe narrowing in an artery that feeds the brain. Symptoms from a stroke or TIA that originates in the carotid arteries the main arteries in the front of the neck include weakness or numbness on one side of the body, temporary loss of vision in one eye, and difficulty speaking. When the back of the brain is damaged, symptoms such as dizziness, difficulty walking, or a drop attack sudden loss of leg strength may occur. One might think that since the symptoms of a TIA go away, such an attack is not a serious condition. However, a TIA is often a warning signal of an impending stroke. For this reason, anyone suffering a TIA should immediately seek medical attention. The risk factors for TIA and stroke are similar. They include high blood pressure, high cholesterol, smoking, diabetes mellitus, advancing age, cardiac disease especially irregular heart rhythm problems, stress, and lack of physical activity. Genetics can make one more likely to have a stroke or a TIA as well. Treatment and Therapy A person experiencing symptoms of a TIA should call paramedics in order to be seen in an emergency room immediately. Diagnostic tests will likely include magnetic resonance imaging MRI of the brain to check for hemorrhage or damage. Other tests may include magnetic resonance angiography MRA of the arteries or an ultrasound of the arteries that serve the brain. If these studies show a narrowing of the carotid arteries, then surgery can be done to remove the narrowed section before it causes more damage. In some cases, medications will be used to lessen the risk of a full-blown stroke. They may include anticoagulants blood thinners and antiplatelet drugs such as aspirin, clopidogrel Plavix, ticlopidine, and dipyridamole Aggrenox. Drugs that lower cholesterol may also be prescribed. Bibliography Adams, Harold P. Oxford University Press, Chaturvedi, Seemant, and Steven R. Icon Health,

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Chapter 3 : Signs and Symptoms of Transient Ischemic Attacks | TIAs

A transient ischemic attack (TIA) is very similar to a stroke. Most physicians define a TIA as an episode of stroke-like symptoms that fully resolves within twenty-four hours. A stroke, on the

Print Overview A transient ischemic attack TIA is like a stroke, producing similar symptoms, but usually lasting only a few minutes and causing no permanent damage. Often called a ministroke, a transient ischemic attack may be a warning. About 1 in 3 people who have a transient ischemic attack will eventually have a stroke, with about half occurring within a year after the transient ischemic attack. A transient ischemic attack can serve as both a warning and an opportunity – a warning of an impending stroke and an opportunity to take steps to prevent it. Most signs and symptoms disappear within an hour. The signs and symptoms of a TIA resemble those found early in a stroke and may include sudden onset of: Weakness, numbness or paralysis in your face, arm or leg, typically on one side of your body Slurred or garbled speech or difficulty understanding others Blindness in one or both eyes or double vision Dizziness or loss of balance or coordination Sudden, severe headache with no known cause You may have more than one TIA, and the recurrent signs and symptoms may be similar or different depending on which area of the brain is involved. When to see a doctor Since TIAs most often occur hours or days before a stroke, seeking medical attention immediately following a possible TIA is essential. Prompt evaluation and identification of potentially treatable conditions may help you prevent a stroke. Request an Appointment at Mayo Clinic Causes A transient ischemic attack has the same origins as that of an ischemic stroke, the most common type of stroke. In an ischemic stroke, a clot blocks the blood supply to part of your brain. In a transient ischemic attack, unlike a stroke, the blockage is brief, and there is usually no permanent damage. The underlying cause of a TIA often is a buildup of cholesterol-containing fatty deposits called plaques atherosclerosis in an artery or one of its branches that supplies oxygen and nutrients to your brain. Plaques can decrease the blood flow through an artery or lead to the development of a clot. A blood clot moving to an artery that supplies your brain from another part of your body, most commonly from your heart, also may cause a TIA. Others you can control. Your risk may be greater if one of your family members has had a TIA or a stroke. Your risk increases as you get older, especially after age Men have a slightly higher likelihood of a TIA and a stroke, but more than half of deaths from strokes occur in women. Prior transient ischemic attack. Also called sickle cell anemia, a stroke is a frequent complication of this inherited disorder. Sickle-shaped blood cells carry less oxygen and also tend to get stuck in artery walls, hampering blood flow to the brain. However, with proper treatment for sickle cell disease, you can lower your risk of a stroke. Black people are at greater risk of dying of a stroke, partly because of the higher prevalence of high blood pressure and diabetes among blacks. Risk factors you can take steps to control You can control or treat a number of factors – including certain health conditions and lifestyle choices – that increase your risk of a stroke. Health conditions High blood pressure. Your doctor will help you decide on a target blood pressure based on your age, whether you have diabetes and other factors. Eating less cholesterol and fat, especially saturated fat and trans fat, may reduce the plaques in your arteries. This includes heart failure, a heart defect, a heart infection or an abnormal heart rhythm. The blood vessels in your neck that lead to your brain become clogged. Peripheral artery disease PAD. The blood vessels that carry blood to your arms and legs become clogged. Diabetes increases the severity of atherosclerosis – narrowing of the arteries due to accumulation of fatty deposits – and the speed with which it develops. High levels of homocysteine. Elevated levels of this amino acid in your blood can cause your arteries to thicken and scar, which makes them more susceptible to clots. A body mass index of 25 or higher and a waist circumference greater than 35 inches 89 centimeters in women or 40 inches centimeters in men increase risk. Lifestyle choices Cigarette smoking. Smoking increases your risk of blood clots, raises your blood pressure and contributes to the development of cholesterol-containing fatty deposits in your arteries atherosclerosis. Engaging in 30 minutes of moderate-intensity exercise most days helps reduce risk. Eating too much fat and

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salt, in particular, increases your risk of a TIA and a stroke. Use of illicit drugs. Avoid cocaine and other illicit drugs. Use of birth control pills. All oral contraceptives increase your risk of a stroke but taking certain ones may be more risky than others. Prevention Knowing your risk factors and living healthfully are the best things you can do to prevent a TIA. Included in a healthy lifestyle are regular medical checkups. Stopping smoking reduces your risk of a TIA or a stroke. Limit cholesterol and fat. Cutting back on cholesterol and fat, especially saturated fat and trans fat, in your diet may reduce buildup of plaques in your arteries. Eat plenty of fruits and vegetables. These foods contain nutrients such as potassium, folate and antioxidants, which may protect against a TIA or a stroke. If you have high blood pressure, avoiding salty foods and not adding salt to food may reduce your blood pressure. Avoiding salt may not prevent hypertension, but excess sodium may increase blood pressure in people who are sensitive to sodium. If you have high blood pressure, regular exercise is one of the few ways you can lower your blood pressure without drugs. Drink alcohol in moderation, if at all. The recommended limit is no more than one drink daily for women and two a day for men. Maintain a healthy weight. Being overweight contributes to other risk factors, such as high blood pressure, cardiovascular disease and diabetes. Losing weight with diet and exercise may lower your blood pressure and improve your cholesterol levels. Drugs such as cocaine are associated with an increased risk of a TIA or a stroke. You can manage diabetes and high blood pressure with diet, exercise, weight control and, when necessary, medication.

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Chapter 4 : What are transient ischemic attacks (TIAs)? | eNotes

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How long does a ministroke last? The symptoms of a ministroke can last as briefly as one minute. By definition, ministrokes last for fewer than 24 hours. Often, the symptoms are gone by the time you get to a doctor. Your symptoms may not be present while a doctor evaluates you, so you have to describe the event after your symptoms have disappeared. Duration aside, symptoms of a ministroke are the same as symptoms of an ischemic stroke. An ischemic stroke is the most common type of stroke. Symptoms that come on suddenly and without warning could signify a stroke. A for arms Arm numbness or weakness can be a warning sign. Slurred speech can indicate that the person is having a stroke. T for time Act fast if someone is experiencing stroke symptoms. Call or your local emergency services if you or someone around you has any of these symptoms. What are the risk factors for ministroke and stroke? High blood pressure is a major risk factor. It can damage the inner walls of the arteries, resulting in atherosclerosis. This plaque buildup can rupture and lead to blood clots in these arteries. These abnormalities can lead to a ministroke and stroke. You should invest in a home blood pressure monitor to check your blood pressure. Keeping track of your blood pressure at home can give your doctor a more accurate assessment of your typical blood pressure. This information helps them adjust your blood pressure medications more effectively. If you have an at-home machine, you should check your blood pressure immediately if you experience any of the following:

Chapter 5 : Transient ischemic attack (TIA) - Diagnosis and treatment - Mayo Clinic

Transient Ischemic Attack (TIA) Resources General Patient Resources. American Stroke Association; A TIA, or Transient Ischemic Attack, is a "mini-stroke" and should be taken very seriously.

Chapter 6 : Transient Ischaemic Attacks. TIA and stroke information | Patient

One serious effect is a problem called a transient ischemic attack, or TIA for short. When you have a TIA, the flow of blood to part of your brain gets cut off for a short time.