

EURACARE

PATIENT INFORMATION FORM

TRANSIENT ISCHAEMIC ATTACKS

What is a transient ischaemic attack?

Transient Ischaemic Attacks (TIA's) are a kind of mini stroke. The symptoms may be very like a stroke, but they get better very quickly. Common symptoms include attacks of:

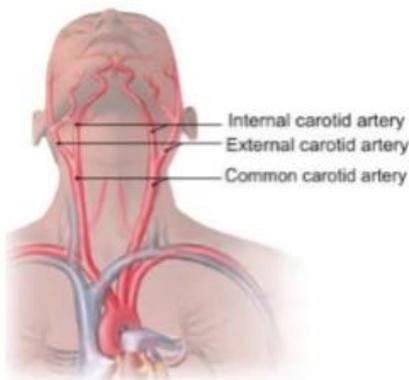
- **Weakness**
- **Clumsiness**
- **Numbness or pins and needles in the face, arm, or leg on one side of the body.**
- **Temporary slurring of speech or difficulty in finding words can also occur.**
- **The eye can also be affected resulting in loss of vision in one eye. This is called Amaurosis Fugax.**

These attacks may only last for a few minutes or hours and are usually better within a day.

What causes TIA's?

TIA's and strokes are caused by narrowing and blockages of the blood vessels that supply the brain. This is due to hardening of the arteries (atherosclerosis) which may be caused by smoking, high blood pressure, high cholesterol levels and diabetes.

In TIA's the blockage is temporary and quickly clears itself. The symptoms depend on which blood vessel to the brain or eye is blocked and so which is starved of blood.



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What are the symptoms?

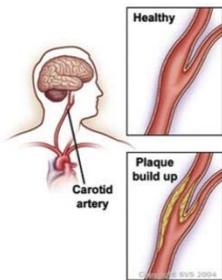
There are several illnesses which may seem very much like TIA's. These include:

- Migraine
- Epileptic fits or seizures
- Low blood sugar
- Changes in heart rhythm

TIA's do not usually cause "blackouts", fainting or loss of consciousness. These other illnesses need different treatments, and it is important that people with TIA symptoms are seen by a specialist to find out the cause of the trouble.

Common symptoms of TIA include brief attacks of weakness, clumsiness, numbness or pins and needles of the face, arm, or leg on one side of the body. The eye can also be affected resulting in loss of vision in one eye. This is called Amaurosis Fugax.

Carotid artery disease is one of the most common causes of stroke. More than half of the strokes occur because of carotid artery disease.



What causes carotid artery disease?

Although everyone is affected to some extent, there are several influences determining how severe it is in individual people.

Some are fixed, such as being male, having a family history of stroke or angina, or getting older.

Others can be modified such as smoking, high cholesterol, high blood pressure or diabetes.

If you already have peripheral arterial disease (PAD) or coronary heart disease you are at higher risk of carotid disease and stroke.

Why are TIA's important?

Although TIA's may be frightening they do not cause any permanent damage. However, a person who has had a TIA has a higher risk of suffering a stroke. The risk of having a stroke in the first year after a TIA is about 10% and about 5% each year after this.

It is important that TIA's are investigated so that any underlying cause can be corrected to try to prevent a stroke in the future.

What tests are required?

If your specialist thinks that your symptoms are a cause for concern, a series of tests will be arranged. These usually include blood tests for high cholesterol and diabetes, and a heart tracing (ECG).

Sometime TIA's are due to narrowing of a blood vessel in the neck (carotid artery). A painless ultrasound scan of the neck will check on this.