July 2018

Priority Topic: **STROKE**

Key Features:

For a single source of info on this topic: Australian Stroke Guidelines 2010

1. In patients presenting with symptoms and/or signs suggestive of stroke, include other diagnoses in the differential diagnosis (e.g., transient ischemic attack [TIA], brain tumour, hypoglycemia, subdural hematoma, subarachnoid bleed).

What you should study:

✓ Diagnosis of Acute Stroke AAFP 2015 **Especially Table 4: Stroke Mimics**

2. In a patient presenting with a stroke, differentiate, if possible, hemorrhagic from embolic/thrombotic stroke (e.g., through the history, physical examination, and ancillary testing, such as scanning and electrocardiography), as treatment differs.

What you should study:

There are studies on differentiating clinical features of hemorrhagic vs ischemic stroke but it is not straightforward.

✓ Clinical Manifestation of HS vs IS 2017

✓ Risk factors for IS vs HS

3. Assess patients presenting with neurologic deficits in a timely fashion, to determine their eligibility for thrombolysis.

What you should study:

✓ Inclusion and Exclusion Criteria for tPA AHA/ASA 2015

✓ Acute Ischemic Stroke Early management ASA/AHA 2018

4. In a patient diagnosed with stroke, involve other professionals as needed (e.g., a physical therapist, an occupational therapist, social service personnel, a physiatrist, a neurologist) to ensure the best outcome for the patient.

5. When caring for a stroke patient with severe/serious deficits, involve the patient and her or his family in decisions about intervention (e.g., resuscitation, use of a feeding tube, treatment of pneumonia).

6. In patients who have suffered stroke, diagnose "silent" cognitive deficits (not associated with sensory or motor symptoms or signs, such as inattention and impulsivity) when they are present.

What you should study:

Remember to look for cognitive deficits in EVERY patient who has suffered a stroke. Depression post-stroke is also an important factor and associated with higher mortality.

✓ Post-Stroke Memory Deficits 2017

✓ Post-Stroke Depression AHA/ASA 2016

7. Provide realistic prognostic advice about their disabilities to stroke patients and their families. **This is realistically very difficult and will probably require a collaborative approach with the treating neurologist.**

What you should study:

✓ NIH Stroke Score (NIHSS one page)

✓ Predicting Motor Recovery Post-Stroke 2014 **BILINGUAL article that reviews some prediction models for post-stroke prognostication**

8. In stroke patients with disabilities, evaluate the resources and supports needed to improve function (e.g., a cane, a walker, home care).

What you should study:

✓ Resources post-stroke **This is a lovely ppt outlining post-stroke community resources in Ontario - just to give you some ideas.**

9. In the continuing care of stroke patients with deficits (e.g., dysphagia, being bedridden), include the prevention of certain complications (e.g., aspiration pneumonia, decubitus ulcer) in the treatment plan, as they are more common.

What you should study:

✓ Post-Stroke Care Checklist AHA/ASA 2014

10. In patients at risk of stroke, treat modifiable risk factors (e.g., atrial fibrillation, diabetes, hyperlipidemia, and hypertension). **ie: PRIMARY prevention**

What you should study:

✓ AHA/ASA primary stroke prevention guidel ine

✓ Stroke Prevention PBSGL 2012 www.members.fmpe.org

✓ Stroke Prevention in Women AAFP 2015

11. In all patients with a history of TIA or completed stroke, and in asymptomatic patients at high risk for stroke, offer antithrombotic treatment (e.g., acetylsalicylic acid, clopidogrel) to appropriate patients to lower stroke risk. **i.e. know PRIMARY AND SECONDARY prevention**

What you should study: **take your pick:**

✓ TIA II - Risk factor modification and treatment AAFP 2012

✓ Recurrent Stroke - Prevention Strategies AAFP 2017

✓ AHA/ASA secondary stroke prevention guideline

A few other articles on TIA, which you should also cover:

✓ TIA I - Dx and Evaluation AAFP 2012

✓ TIA in the clinic AIM 2011