

Poster presentations

81 A REVIEW OF THE REFERRALS TO A DAILY TIA SERVICE AND SUBSEQUENT SPECIALIST DIAGNOSIS

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Background: Current guidelines highlight the need for all patients experiencing transient ischaemic attacks (TIA) within the previous 7 days to be seen by a specialist service within 24 hours. (RCP National Clinical Guideline for Stroke 2016) Risk stratification tools are no longer recommended. (Lavalée 2007; Wardlaw, 2014) We reviewed the referrals to such a service to assess the proportion of patients who received a diagnosis of TIA and the time taken for assessment.

Methods: We used a retrospective review of 131 patients coded under the daily TIA clinic in 2018 and analysed the clinic letter from the attendance. We assessed the time taken from

referral to clinic review and the percentage of patients diagnosed with TIA by the specialist service.

Results: Of 131 patients seen only 33.6% were diagnosed TIA by the stroke specialist team. Other frequently seen diagnoses were migraine (22.9%), presyncope (12.2%), transient global amnesia (4.6%). 'Other' diagnoses such as peripheral nerve palsy, cervical root impingement and delirium made up the remainder. Referrals from the emergency department only received TIA diagnosis in 25.3%, GP referrals (34.9%) and eye casualty (83.3%).

The time from referral to review was a mean of 2.45 days. The patients diagnosed with TIA were seen with average of 2.14 days, non TIAs were 2.6 days.

Conclusion: Evidence shows that patients suffering TIA should be seen urgently within 24hrs. The degree of non TIA symptoms being reviewed risks these services being overrun. A review of our service has shown that the average time of referral to review is longer than desired, however only a third of patients seen were felt to have a TIA. Unless there is a change in the standard of referral it will continue to be difficult to see all true TIAs within 24hrs. This will require further education for our colleagues and a more robust triaging system.