

Royal College of General Practitioners and Warwick Medical School
Annual Education, Research and Innovation Symposium
16th June 2016 - Abstract Submission Form

PRESENTER'S DETAILS Session D. Long Term Conditions		
Title (Prof, Dr, Mr, Mrs) Dr	First Name Grace	Surname Turner
Department or organisation University of Birmingham, Institute of Applied Health Research g.turner.1@bham.ac.uk		
Category Research		
Authors Grace Turner Melanie Calvert Max Feltham Ronan Ryan Tom Marshall		Title of Study Not so transient: fatigue, psychological and cognitive impairment following transient ischaemic attack (TIA).
What's the problem you are tackling? Transient ischemic attack (TIA) is defined by short-lasting symptoms and treatment is focused on stroke prevention. However, a recent systematic review suggested that TIA patients may experience ongoing residual impairments. TIA patients are followed-up in primary care; therefore, it is important for general practitioners to understand the holistic consequences of TIA. We aimed to investigate whether TIA is associated with subsequent consultation for fatigue, psychological or cognitive impairment in primary care.		
How did/will you do it? A retrospective matched cohort study using anonymised electronic primary care medical records from The Health Improvement Network (THIN), a primary care database which covers approximately 6% of the UK population. Stroke-free patients who experienced a first-ever TIA between 2000-2013 were matched 1:5 to stroke-free controls. Outcomes were the first consultation for fatigue, psychological or cognitive impairments. Kaplan-Meier (K-M) survivor functions estimated time to first consultation, log-rank tests compared TIA and control patients.		
What did you find? 9,419 TIA patients and 46,511 controls were included. The K-M curves showed that TIA patients were more likely than controls to consult for all three impairments (P<0.0001). Within 7.1 months (95% CI 6.2-8.2), 25% of TIA patients consulted for psychological impairment compared to 23.5 months (95% CI 22.5-24.6) for controls. Hazard ratios for TIA patients were 1.4 (95% CI 1.3-1.5) for consulting for fatigue, 1.3 (95% CI 1.2-1.3) for psychological impairment and 1.5 (95% CI 1.3-1.7) for cognitive impairment.		

Why does this matter?

TIA may be more than a transient event and these patients may experience long-term impairments. Residual impairments are likely to present in primary care; therefore, general practitioners may need to consider more than secondary stroke prevention when treating TIA patients. Future research should investigate interventions to optimise detection and treatment of residual impairments post-TIA to improve patient-centred care.