

## RECOGNITION OF STROKE AND TRANSIENT ISCHAEMIC ATTACK

Stroke or TIA usually presents with:

- **Acute** onset of **focal** (rarely global) neurological symptoms including
  - face/arm/leg weakness (usually unilateral)
  - difficulty speaking or understanding (aphasia)
  - visual loss (monocular loss or hemianopia)
  - clumsiness or numbness of arms and legs (usually unilateral)
- Patterns of symptoms and signs that are attributable to one part of the brain and a particular vascular supply

**Non-focal** neurological symptoms on their own should **not** be interpreted as evidence of stroke or TIA. For example:

- Altered/loss of consciousness +/- impaired vision in both eyes
- Generalised weakness or fatigue
- Lightheadedness/faintness/dizziness
- Confusion
- Isolated vertigo

**Syncope and seizure activity** are **unusual** at stroke onset and should prompt search for alternative diagnosis.

**Hypoglycaemia** can (rarely) mimic stroke/TIA. Other mimics include seizures, demyelination, transient global amnesia, migraine and space occupying lesions.

The **FAST** (Face, Arm Speech) Test may be used as a rapid screening test for stroke. It will not pick up all strokes (e.g. pure visual field loss due to occipital stroke), but is likely to detect strokes of sufficient severity for reperfusion therapy (thrombolysis, thrombectomy).



**Note: TIA cannot be diagnosed until symptoms are fully resolved; all patients with new symptoms have stroke until proved otherwise. In reality, most TIAs last for a short period of time, often a few minutes only.**

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