

Transient Ischemic Attacks (TIAs) and Strokes (CVAs)

Obstruction in blood flow (ischemia) to the brain can lead to permanent damage. This is called a cerebrovascular accident (CVA). It is also known as cerebral infarction or stroke. If the symptoms are temporary without permanent brain damage, the event is called a transient ischemic attack (TIA). Rupture of an artery with bleeding into the brain (hemorrhage) is called a CVA, too. Strokes and TIAs are rated based on the underlying cause. The most common cause of TIAs and CVAs is hypertensive and atherosclerotic plaque within the arteries to the brain (aka cerebrovascular disease or CVD). CVD can be complicated by clots (thrombosis) and by emboli from the heart. Because CVD is an indicator of atherosclerosis in other parts of the body, an individual with a history of TIA or CVA is at risk for coronary artery disease and recurrent stroke. Risk factors for CVD include smoking, coronary artery disease, high blood pressure, diabetes, lipid disorders (such as high cholesterol), peripheral arterial disease, and atrial fibrillation. Signs and symptoms of a CVA/TIA include weakness, numbness, headaches, dizziness, nausea, vomiting, paralysis of one side of the body, speech difficulty, and memory defects. Amaurosis fugax, a form of visual TIA, is temporary monocular (one eye) or partial blindness. Tests are done to evaluate the brain circulation, such as a carotid ultrasound (Duplex) or angiogram (MRA). A brain scan (CT and/or MRI) is used to determine if an individual has had a stroke. A TIA will not show on a scan. **TIA is never ruled-out by negative tests;** diagnosis is adequately met by symptoms only. Although CVAs, TIAs, and bleeding into the brain are mainly due to atherosclerosis or hypertension, there are many non-atherosclerotic causes: migraine, adverse drug reactions, trauma, ruptured congenital aneurysm, valvular heart disease, congenital heart disease, clotting disorders, connective tissue disease (example lupus), and others. At times, no cause can be found in young individuals. This is termed “cryptogenic.” Cryptogenic events over age 55 are assumed to be atherosclerotic. The long term prognosis varies, depending on the cause; and additional tests (such as echocardiogram, clotting studies, and other blood and imaging tests) may be required to determine rare etiologies. Treatment for CVD includes physical and speech rehabilitation for any residual impairment, blood thinners (like aspirin or Coumadin), cholesterol lowering medications, and blood pressure control. Surgical treatment (endarterectomy or stent) may be used to open the obstruction.

If your client has had TIA or CVA, please answer the following:

1. Please provide date(s) of each event

2. What was the underlying cause of the TIA/CVA?

Atherosclerosis and/or hypertension _____

Atrial fibrillation _____

Heart valve disease _____

Congenital heart malformation, such as a hole in the heart _____

Other, please specify _____

3. Is there a history of any other cardiovascular disease (peripheral arterial disease, carotid artery disease, coronary artery disease, etc.)?

Yes, please give details _____

4. Have any tests been completed? (check all that apply)

Echocardiogram _____ (date)

Carotid ultrasound/Duplex _____ (date)

Brain scan by CT and/or MRI _____ (date)

5. Is your client on any medications?

Yes, please give details _____

6. Has your client smoked cigarettes or any other tobacco products in the last 5 years?

Yes _____

No _____

7. Does your client have any other major health problems (ex: cancer, heart disease, seizures, psychiatric illness, etc.)?

Yes, please give details _____
