

Praeinančių smegenų išėmijos priepuolių tarnybos organizavimas Jungtinėje Karalystėje

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[http://www.insultoasociacija.lt/index.php/
profesionalams/gydytojams](http://www.insultoasociacija.lt/index.php/profesionalams/gydytojams)

Availability of secondary prevention services after stroke in Europe: An ESO/SAFE survey of national scientific societies and stroke experts

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On behalf of the ESO-SAFE Secondary Prevention Survey
Steering Group

Abstract

Background: Recurrent stroke is associated with increased disability and cognitive impairment, but the availability of secondary prevention measures after transient ischaemic attack (TIA) or stroke in Europe is uncertain. This limits prioritisation of investment and development of national stroke strategies.

Methods: National stroke representatives throughout Europe were surveyed. Consensus panels reported national data if available, or else expert opinion, estimating the availability of each intervention by quintiles of patients, dichotomised for analysis at 60%. Countries were classified into tertiles of gross domestic product per capita.

Results: Of 50 countries, 46 responded; 14/45 (31%) had national stroke registries and 25/46 (54.3%) had national stroke strategies incorporating secondary prevention. Respondents reported that the majority of TIA patients were assessed by specialist services within 48 hours in 74.4% of countries, but in nine countries more than 20% of patients were seen after more than seven days and usually assessed by non-specialists (7/46 countries). Eighty percent of countries deferred blood pressure assessment to primary care, whilst lifestyle management programmes were commonly available in only 46% of countries. Although basic interventions were widely available, interventions frequently not available to more than 60% of patients included: ambulatory cardiac monitoring (40% countries); prescription (26%) and continuation (46%) of statins; blood pressure control at follow-up (44%); carotid endarterectomy within one month

- Praeinantis smegenų išemijos priepuolis (PSIP) – galvos smegenų kraujotakos sutrikimas, sukeliantis trumpalaikius neurologinius simptomus.
- Teoriškai simptomai trunka iki 24 val.
- Praktiškai neurologinė simptomatika regresuoja per 10 – 15 min.

Valio! Simptomai išnyko!

Ar visada galime ploti rankomis?

Krūtinės angina -> Miokardo infarktas

PSIP -> Galvos smegenų infarktas





Stroke and transient ischaemic attack in over 16s: diagnosis and initial management

Clinical guideline

Published: 23 July 2008

[nice.org.uk/guidance/cg68](https://www.nice.org.uk/guidance/cg68)

NICE algoritmas

- Visi pacientai su įtariamu PSIP'u turi būti konsultuojami skubos tvarka, atsižvelgiant į insulto riziką (ABCD2 skalė)

'One Stop TIA Clinic'

ABCD2 skalè

Age	
≥ 60 years	1
Blood pressure	
Systolic BP ≥ 140 mm Hg OR Diastolic BP ≥ 90 mm Hg	1
Clinical features of TIA (<i>choose one</i>)	
Unilateral weakness with or without speech impairment OR	2
Speech impairment without unilateral weakness	1
Duration	
TIA duration ≥ 60 minutes	2
TIA duration 10-59 minutes	1
Diabetes	1

ABCD2 skalė ir insulto rizika

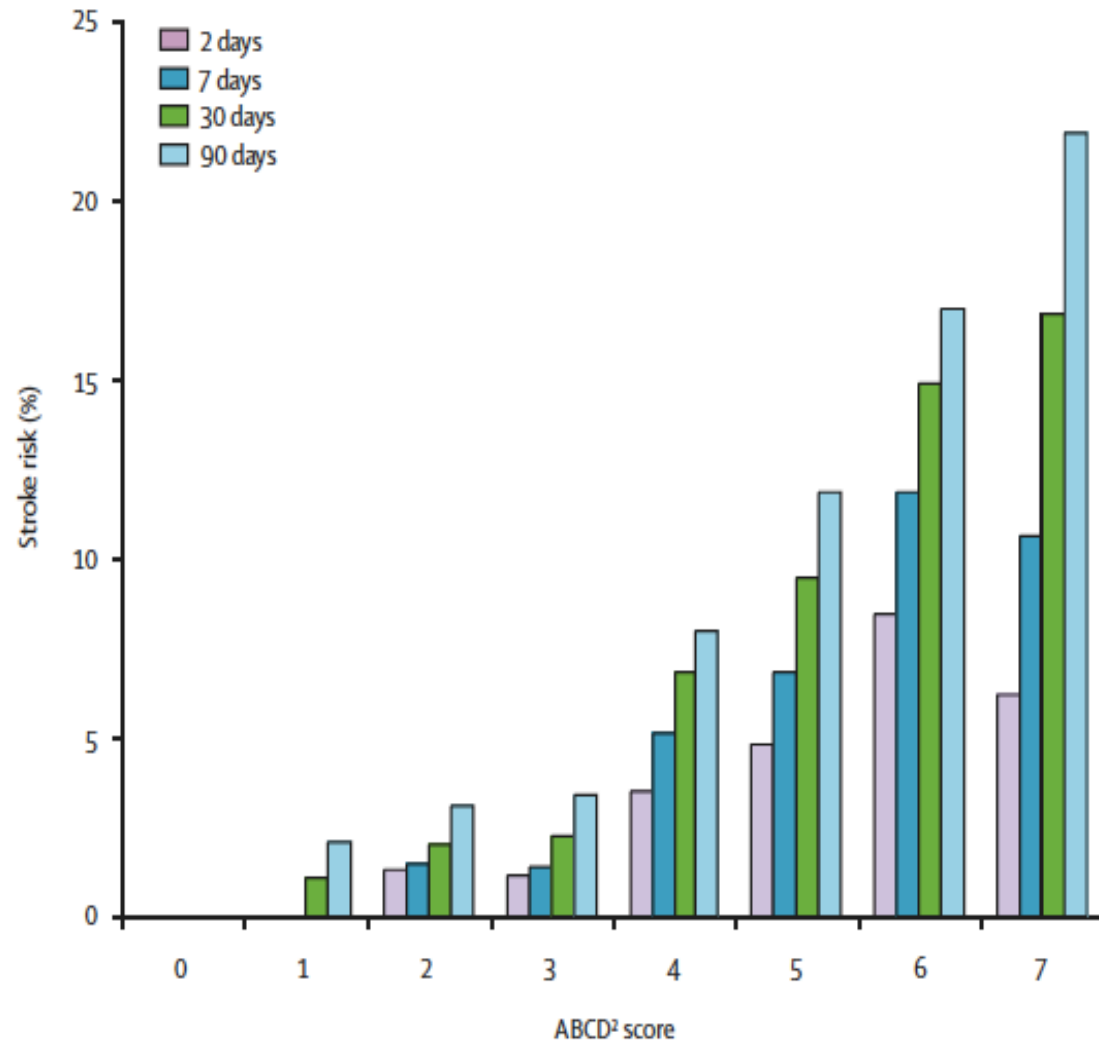
- Didelės rizikos PSIP ≥ 4
Konsultacija - 24 val.
- Mažos rizikos PSIP ≤ 3
Konsultacija - 7 dienas

Ženkliai didina riziką!!!

Crescendo tipo PSIP

Prieširdžių virpėjimas

>50% VMA stenozė



PSIP ištyrimas ir gydymas

Kodėl pacientas su PSIP'u turėtų būti skubiai tyrimas ir gydomas?

- Sumažina insulto riziką 80%
- Sumažina lojadienių skaičių insultų sk.
- Sumažina išlaidas insultų gydymui
- Sumažina pacientų invalidizaciją

Lavallee PC et al. Lancet Neurol 2007; 6:953-60

Luengo-Fernandez R et al. Lancet Neurol 2009; 8:235-43

Rothwell PM et al. Lancet 2007; 370:1432-42

Jeif pacientui įtariamas insultas (NICE):

- Simptomai išlieka -> priėmimo sk.
- Simptomai regresavo (įtariamas PSIP'as):
 - Aspirinas 300mg
 - Siunčiamas į PSIP tarnybą

Kaip tai atrodo praktiškai?

- PSIP tarnyba dirba 7 dienas per savaitę (ne 24val.)
- Insultų sk. atskiras kabinetas (gydytojo kabinetas) – RATIA (*rapid access TIA office*)
 - EKG
 - Faksas
 - Kompiuteris
- Poliklinikoje atskiras insultų kabinetas

TIA Referral Proforma for GPs

Patient Details:

Name: _____ Address: _____
 NHS No: _____
 Sex: Select Date of Birth: _____ Postcode: _____

IMPORTANT - telephone number(s) for the next 72 hours, these MUST be verified:

Home: _____
 Mobile: _____

Details of Referring GP:

GP Name: _____ Practice Address: _____
 Practice Telephone: _____ Practice Postcode: _____

Symptom Onset Date & Time: _____

GP Appointment Date & Time: _____

Presenting Complaint (patient must have experienced at least one of the following symptoms):

speech disturbance Please give clinical details:
 amaurosis fugax or hemianopia Select Side
 Face / arm / Leg / weakness Select Side
 Loss of co-ordination
 MORE THAN ONE of dysarthria, vertigo, diplopia.

PLEASE ESTABLISH IF SYMPTOMS WERE:
 Focal neurology/monocular rather than global
 Sudden in onset
 Maximum at onset rather than spreading or stuttering
 Negative rather than positive (loss of function, numbness rather than paraesthesia due to migraine/seizure)
IF YES TO ALL 4 QUESTIONS THEN TIA IS LIKELY

Vascular Risk Factors:

Previous TIA/Stroke
 Diabetes
 Hypertension
 Heart Disease
 Congestive Heart Failure
 Atrial Fibrillation

Please give details of any other PMH:

Aspirin Given Date & Time: _____

ABCD² Score:

Age	Age > 60	1	<input type="checkbox"/>
BP	Systolic > 140	1	<input type="checkbox"/>
	Dystolic > 90		
Clinical	Other, no weakness	0	<input type="checkbox"/>
	Speech disturbance only	1	<input type="checkbox"/>
	Unilateral weakness	2	<input type="checkbox"/>
Duration	< 10 minutes	0	<input type="checkbox"/>
	> 10 and < 59 minutes	1	<input type="checkbox"/>
	> 60 minutes	2	<input type="checkbox"/>
Diabetic	Yes	1	<input type="checkbox"/>

ABCD² Score: _____

Treat as High Risk TIA if More than 1 TIA within one week Or atrial fibrillation or on anticoagulants

Presenting Complaint (patient must have experienced at least one of the following symptoms):

- speech disturbance
- amaurosis fugax or hemianopia
- Face / arm / Leg / weakness
- Loss of co-ordination
- MORE THAN ONE of dysarthria, vertigo, diplopia.

Please give clinical details:

PLEASE ESTABLISH IF SYMPTOMS WERE:

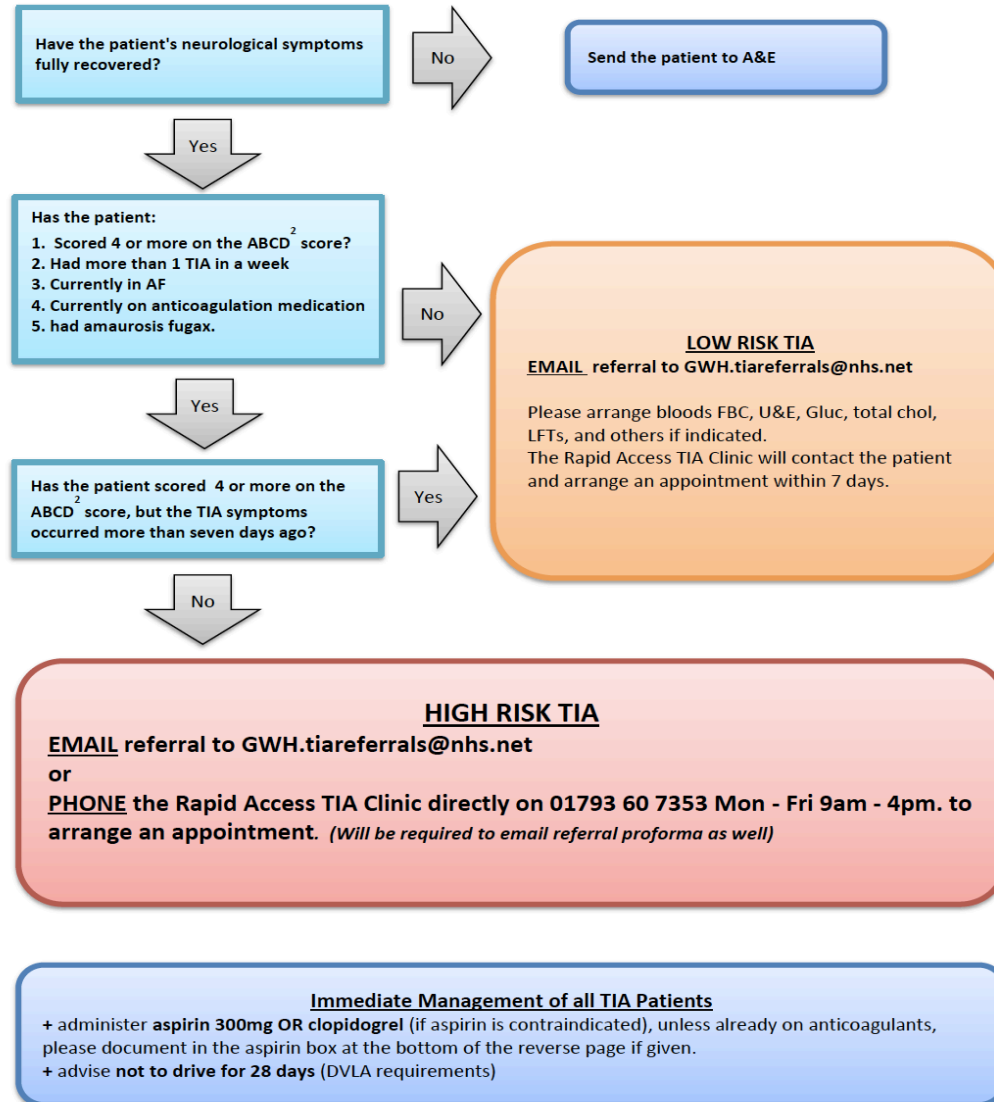
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TIA Referral Pathway for GPs

A TIA will have focal neurological symptoms that have completely resolved in less than 24 hours.

Non-focal neurological symptoms on their own such as loss of consciousness, light headedness/faintness/dizziness, total body weakness or fatigue, or drop attacks should not be interpreted as TIA. Please refer to General Syncope Clinic or Neurology Clinic.



Siuntimas

'Standartinė' forma
(intranetas)

- Faksas
- Elektroninis paštas

BPG

Pacientas informuojamas
dėl konsultacijos

Priėmimo sk.

Kviečia 'Insultų Specialistą'
(9-17val)

Paskiriamas konsultacijos
laikas (17-9val, savaitgalis)

Priėmimo sk. (savaitgaliais ir ne darbo valandomis)

- Būklė įvertinama gydytojo
- EKG
- 'Standartiniai kraujo tyrimai'
- Galvos KT arba galvos MRT
- Aspirinas 300mg
- Pacientui paskiriamas konsultacijos laikas PSIP tarnyboje

PSIP tarnyba (siuntimas)

- 8.30 – 9.00 val. gydytojas įvertina (triage) siuntimus:
 - ‘Didelės rizikos PSIP’
 - ‘Mažos rizikos PSIP’
 - Atmetamas (nurodoma priežastis)
- Specializuota Insulto Slaugytoja (Stroke Nurse) arba Insultų sk administratorė paskambina pacientui ir paskiria konsultacijos laiką

Great Western Hospital (District General Hospital)

Insultų tarnyba – 400.000 gyventojų

- 2 Consultant in Neurology or Stroke Medicine
- 1-2 rezidentai (Neurologija arba Geriatrija)
- 2 ‘bendriniai’ rezidentai
- 1 Specializuota Insulto Slaugytoja (Stroke Nurse)
- 1 Insultų tarnybos administratorė
- Insultų sk. (18 lovų)
- Konsultacijos kt. skyriuose
- Trombolizės
- PSIP tarnyba

Konsultacija PSIP tarnyboje

Jeigu PSIP arba įtariamas PSIP

- EKG
- Kraujo tyrimas
- Galvos KT
- Kaklo kraujagyslių ultragarsinis tyrimas

- Jei EKG sinusinis ritmas -> 7 dienų monitoravimas dėl paroksizminio prieširdžių virpėjimo

- Jei kaklo kraujagyslių ultragarsas nustato sunkaus laispio VMA stenozę -> siuntimas angiochirurgui (standartizuota forma, faksas arba elektronis paštas)

Konsultacija PSIP tarnyboje

Rekomendacijos

1. Antiagregantai arba antikoaguliantai (NOAK)
2. Statinai
3. Vaistai mažinantys spaudimą
4. Rūkymas
5. Judėjimas
6. Dieta
7. DVLA vairavimas

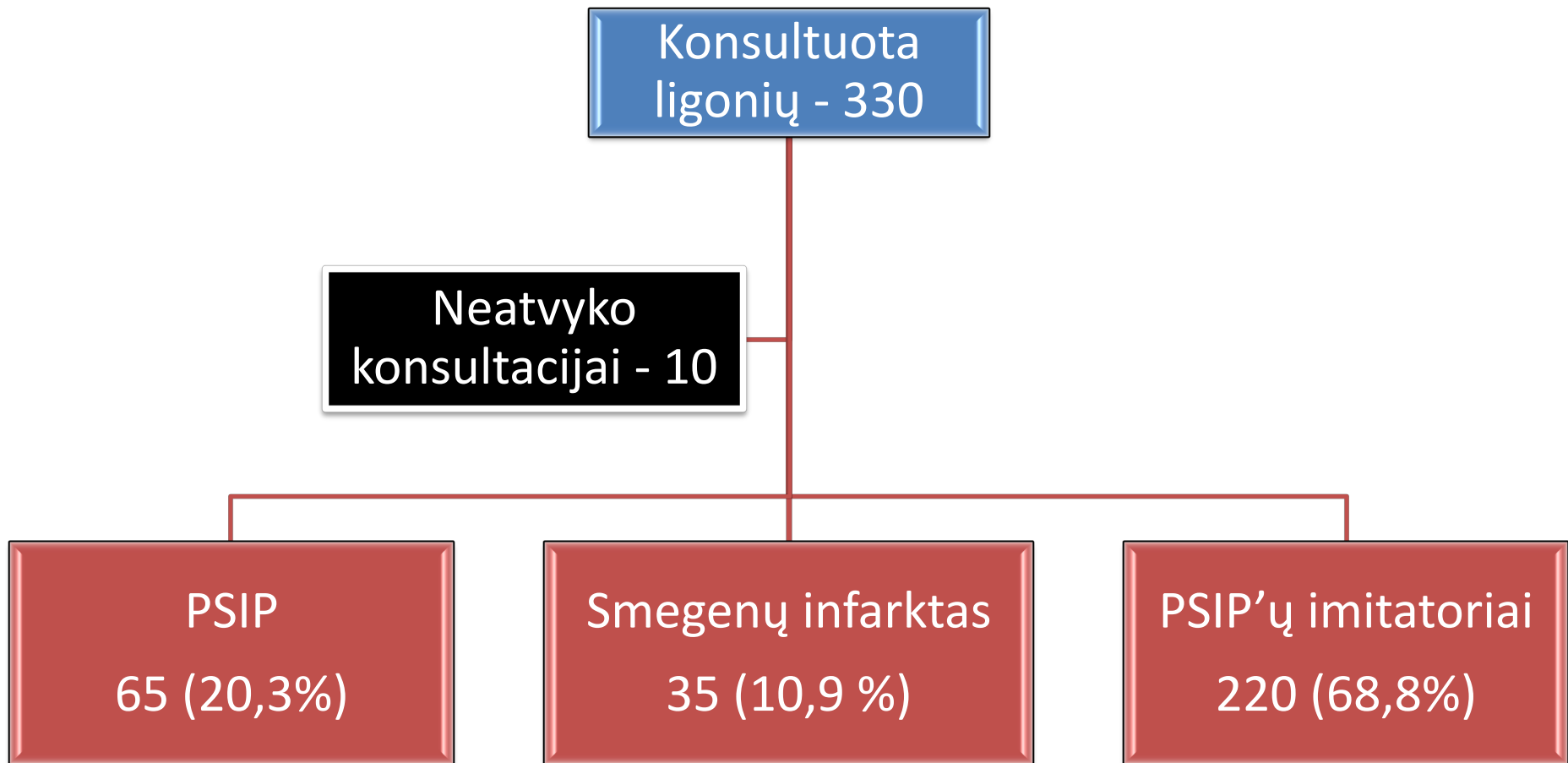
Monitoravimas dėl prieširdžių virpėjimo

- PV ženkliai padidina insulto riziką, todėl tik EKG nepakanka
- 2013m. auditas '72h Holterio monitoravimas po smegenų išemijos'

**10% nustatyta parok. PV ir skirti
antikoagulantai**

PSIP tarnyba

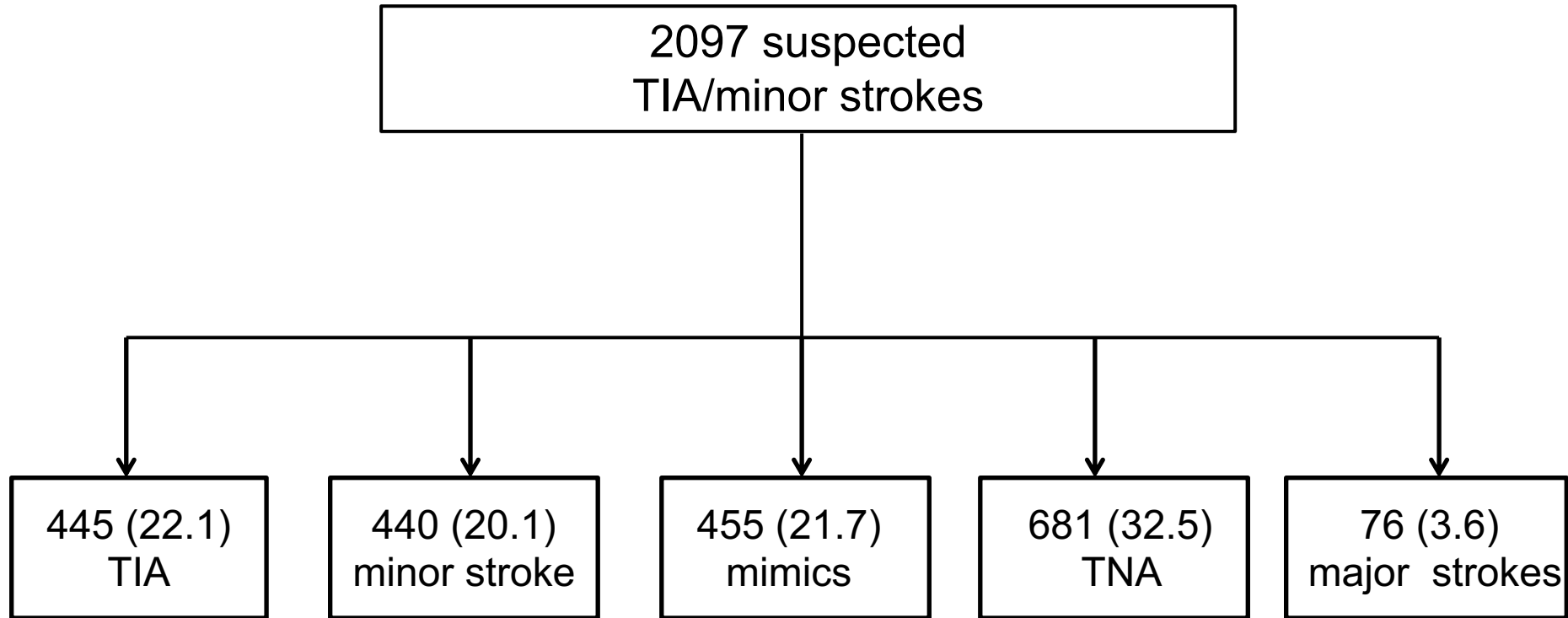
(autorius neskelbti duomenys)



PSIP'ų imitatoriai (N=220)

- Migrena/galvos sk. – 85 (38,6%)
- Ne specifiniai simpt. – 29 (13,2%)
- 'Funkciniai simpt.' – 19 (8,6%)
- Traukuliai/sinkopė – 17 (7,7%)
- Streso sukelti simpt. – 10 (4,5%)
- Išsėtinė sklerozė/demieliniz. susirgimai – 7 (3,2%)
- AKS 'svyravimai' – 7 (3,2%)
- Kompresinės neurop. – 5 (2,3%)
- Svaigimai – 5 (2,3%)
- Akių ligos – 5 (2,3%)
- Lėtinis skausmas – 5 (2,3%)
- Demencija/PD – 5 (2,3%)
- Praeinanti globalinė amnezija – 2
- Smegenų navikai - 2

Suspected TIA/minor strokes in the first 10 years of OXVASC



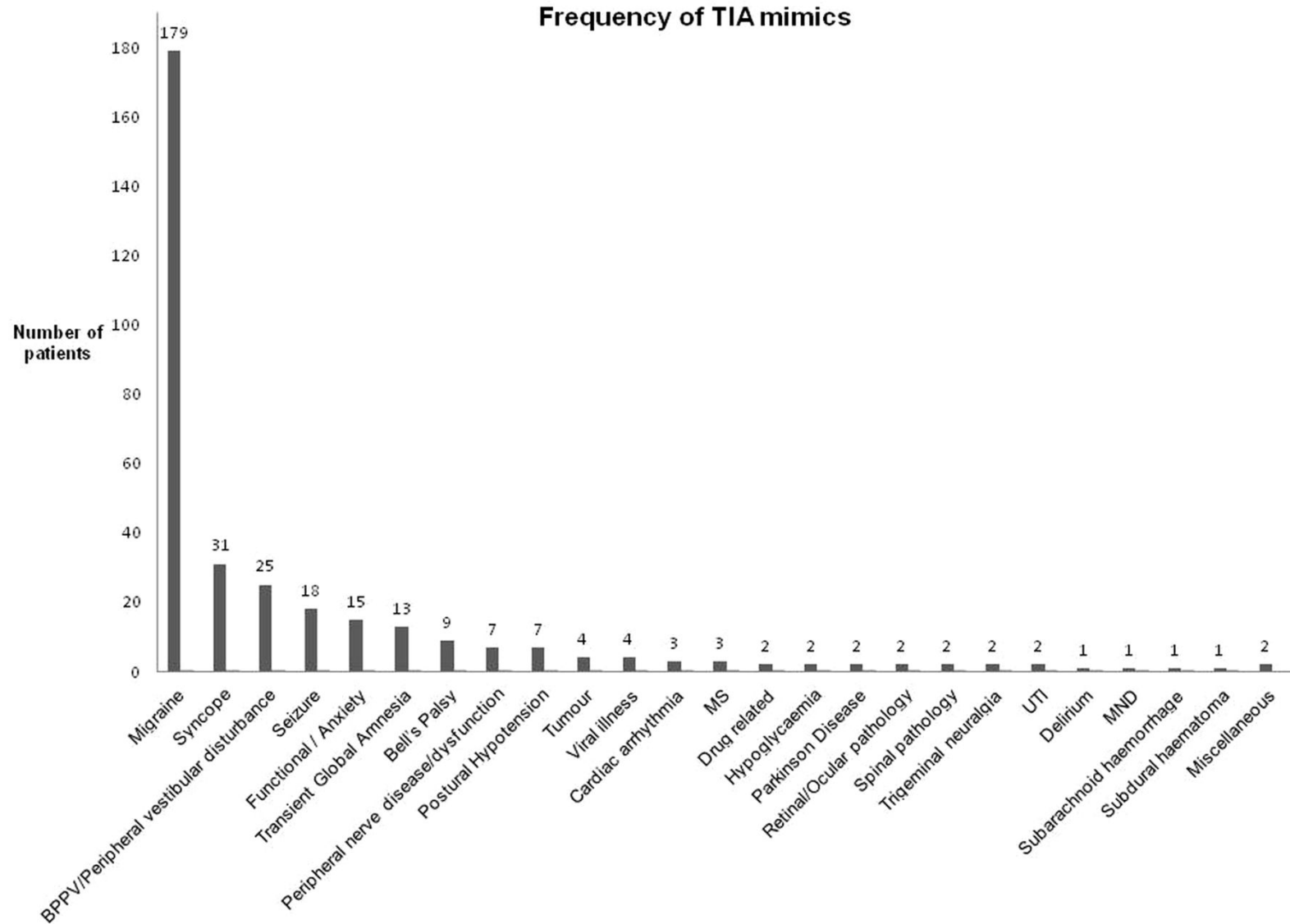
Neurological mimics n=322

Neurological mimics diagnosis	n	Neurological mimics diagnosis (cont)	n
Migraine aura	66	Headache without focal symptoms	4
Brain tumour or brain metastasis	43	Myasthenia gravis and Eaton Lambert syndrome	4
Seizure	39	Motor neuron disease	4
Peripheral nerve involvement	33	Reversible cerebral vasoconstriction syndrome	2
Microvascular cranial nerve lesion	28	Temporal arthritis	1
Transient global amnesia	25	Tolosa-Hunt syndrome	1
Multiple sclerosis/other demyelinating disorders	17	Neurosarcoidosis	1
Parkinson/other movement disorders	15	Traumatic cortical haemorrhage	1
Dementia	14	Brain mycotic aneurysm	1
Subdural haematoma	9	Brain arteriovenous malformation	1
Myelopathy	8		
Bell's palsy	5		

Non-neurological mimics (n=133)

Non neurological non-ocular diagnosis	n	Ocular diseases	N=7
Syncope/pre-syncope	49	Retinal detachment	2
Functional	22	Progressive visual loss	2
BPPV/ other vestibular peripheral dysfunction	20	Retinal vein occlusion	1
Alcohol and drugs related	9	Orbital haematoma	1
Limb pain	6	Vitreous detachment	1
Osteoarthritis	4		
Sepsis	3		
Depression	3		
Isolated tinnitus	2		
Mechanical fall	2		
Subclavian steal syndrome	1		
Acute peripheral embolism	1		
Progressive hearing loss	1		
Knee effusion	1		
Obstructive sleep apnoea	1		
Extra-adrenal paraganglioma	1		

Frequency of transient ischaemic attack (TIA) mimics (338) from 1532 consecutive suspected TIA referrals to the University College London comprehensive stroke service.



Auditas

Month/Quarter/Year	Apr-14	Jul-14	Oct-14	Jan-15
High Risk TIA Patients	40	48	48	71
Low Risk TIA Patients	94	88	100	113
High Risk TIA & Less Than 24 Hours	72.50%	60.42%	87.50%	90.14%
Numerator (All/Appointment)	29	29	42	64
Denominator (All/Appointment)	40	48	48	71
Unknown	0	0	0	0
Other	0	0	1	0
Transport Delay - Private Transport	0	0	0	0
Transport Delay - Hospital Transport	0	0	0	0
Service Delay - Weekend Referral	7	11	1	0
Service Delay - Radiology	0	0	0	1
Service Delay - Preferred Consultant (NEW)	0	1	0	1
Service Delay - Consultant Availability	0	0	0	0
Service Delay - Appointment Availability	0	2	1	0
Delayed TIA Referral - SWAS (NEW)	1	0	1	0
Delayed TIA Referral - GP	3	3	1	2
Delayed TIA Referral - A&E	0	2	1	2
Low Risk TIA & Less Than 7 Days	92.55%	94.32%	96.00%	92.92%
Numerator (All/Appointment)	87	83	96	105
Denominator (All/Appointment)	94	88	100	113

Problemos

- Jei ne PSIP'as, tai pats ABCD2 nebetenka prasmės
- 'Neadekvatūs' siuntimai:
 - 'Skubios Medicinos Pagalbos' rezidentai rotuoja kas 3-4 mėn.
 - Šeimos gydytojų kaita (trumpalaikės sutartys) – Locum'ai
- Ilgos eilės monitoravimui dėl prieširdių virpėjimo

Kaip sumažinti 'neadekvačių' siuntimų skaičių?

- Atmetant siuntimą, nurodoma priežastis ir paaiškinama. 'Siuntėją' paprašome papildyti siuntimą, jei kliniškai atrodo PSIP'as
- Mokymai:
 - 'Skubios Medicinos Pagalbos' ir 'Ūmios Medicinos' rezidentų (kas 3 mėn.)
 - Šeimos gydytojų mokymai
- Temos:
 - Insultų 'imitatoriai'
 - Galvos skausmai
 - Sąmonės netekimos epizodai ir traukulių priepuoliai

Mielai atsakysiu į klausimus!

