

Stroke Management

Guidelines (RCP)

Bamford Classification

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Geriatric Medicine, Horton

Guidelines

- 2004 most up to date
- National guidelines
- Audited every 2 years, Sentinel Audit

Guidelines

Stroke Service Organisation

Guidelines

Stroke Service Organisation

- Every hospital to have organised stroke service
- Moderate / severe refer to hosp with expectation of admission
- Except those in whom will make little difference to management

Guidelines

Stroke Service Organisation

- Manage at home if care service able to provide flexible support within 24 hrs
- That these services are part of an acute stroke service
- After acute phase could be at home if can transfer from bed to chair and continuing care from MDT

Guidelines

TIA

Guidelines

TIA

- TIA or stroke with good recovery, manage at home
- Assess and investigate within 7 days at specialist clinic

Guidelines

TIA

- Do not admit unless
 - Cannot be seen at clinic within 1 week
 - Suspicion of underlying cause requiring urgent treatment
 - More than one TIA in short period (crescendo TIA)

TIA

ABCD Triage

- **A**ge > 60 (1)
 - **B**lood Pressure > 140/90 (1)
 - **C**linical Features (hemi/speech/other) (2)
 - **D**uration of Symptoms (>60/10-59/<10) (2)
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- Score 4 or more consider admission for Ix

Guidelines

Early Hospital Management

Guidelines

Early Hospital Management

- All cases should have brain imaging
- Rule out ICH, SAH or other causes of stroke syndrome
- Within 48 hours unless good reason for not

Guidelines

Early Hospital Management

- Urgent Imaging
 - Depressed conscious level
 - Unexplained progressive or fluctuating symptoms
 - Papilloedema, fever, neck stiffness
 - Severe headache at onset
 - Trauma
 - ?Thrombolysis or early anticoag
 - On warfarin already

Guidelines

Early Hospital Management

- Imaging
 - Always scan before anticoag
 - Consider MRI if CT normal and Dx in doubt
 - Consider MRI in brainstem and cerebellar symptoms

Guidelines Acute Interventions

Guidelines

Acute Interventions

- Aspirin (150-300mg) ASAP if Haemorrhage ruled out by CT
- Thrombolysis
 - tPA
 - Within 3 hours of symptoms
 - Haemorrhage definitively excluded
 - Specialist centre
 - Starting soon Horton 9-5

Guidelines

Acute Interventions

- No other drug unless part of RCT
- Neurosurgery for hydrocephalus
- Anti-coagulation for AF
 - Exclude haemorrhage with imaging
 - Wait 14 days

Guidelines

Acute Interventions

- Avoid centrally acting drugs
- Manage
 - Pyrexia
 - Hypertension
 - Hyperglycaemia
 - Hydration
 - Feeding

Guidelines Secondary Prevention

Guidelines

Secondary Prevention

- Apply to all stroke and TIA

Guidelines

Secondary Prevention

- BP persistent for 1/12 $> 140/85$
- Long acting ACE (perindopril/ramipril) and thiazide
- Ischaemic stroke and not on warfarin
 - Aspirin (75-325)
 - Clopidogrel
 - Combination Asp and Dipyridamole MR

Guidelines

Secondary Prevention

- Anticoagulation
 - Should not be used unless cardiac embolus suspected
 - Imaging
 - Every AF unless contraindicated
 - Mitral valve dis, prosthetic heart valve, MI (within 3/12)

Guidelines

Secondary Prevention

- Carotid endarterectomy
 - Carotid territory stroke
 - Minor or absent residual disability
 - Carotid stenosis $>70\%$

Guidelines

Secondary Prevention

- Other vascular risk factor management
 - Statin therapy chol > 3.5
 - Smoking
 - Diabetes etc

Bamford Classification of Stroke

Bamford Classification of Stroke

- Stroke heterogeneous
 - Death
 - Dependency
 - Recurrence

Bamford Classification of Stroke

- Total anterior circulation syndrome (TACS)
- Partial ant circ syndrome (PACS)
- Lacunar syndrome (LACS)
- Posterior circ syndrome (POCS)
- Primary intracerebral syndrome (PICH)

Bamford Classification of Stroke

- TACS
 - Motor and or sensory deficit
 - Dysphasia/inattention, neglect, dyspraxia
 - Visual field defect

Bamford Classification of Stroke

- PACS

- Any two points of TACS

Or

Monoplegia

Isolated higher cerebral dysfunction

Bamford Classification of Stroke

- LACS
 - Motor and or sensory deficit
 - No other signs (no parietal)

Bamford Classification of Stroke

- POCS
 - Isolated visual field defect
 - Cranial nerve palsy with contralateral motor / sensory
 - Bilateral motor / sensory
 - Eye movement disorder
 - Cerebellar

Bamford Classification of Stroke

- Mean infarct size
 - TACS 92 ml
 - PACS 19 ml
 - LACS 4 ml
 - POCS 8 ml