

STROKE PREVENTION for PRIMARY CARE PROVIDERS

Central South Regional **StrokeNetwork**



Risk of recurrent stroke is **10-20%** within **90 days**, with half of the strokes occurring in the first 2 days following initial symptom onset



Timely initiation of secondary prevention interventions have been shown to **significantly reduce** the risk of major stroke after an initial TIA or non-disabling stroke

WHAT IS THE STROKE PREVENTION CLINIC?

The Stroke Prevention Clinic (SPC) is an outpatient clinic for individuals who have signs and symptoms of a recent stroke or transient ischemic attack. The goal of the clinic is to reduce the incidence of future strokes by:



PROVIDING QUICK ACCESS TO CONSULTATION BY A STROKE SPECIALIST & DIAGNOSTIC TESTING



IDENTIFYING RISK FACTORS FOR STROKE



EXPEDITING ASSESSMENT & ACCESS TO CAROTID REVASCULARIZATION



EDUCATING PATIENTS & FAMILY MEMBERS ABOUT RISK FACTOR MANAGEMENT

HOW TO REFER TO THE STROKE PREVENTION CLINIC?



A physician's referral is required. Complete the dedicated SPC referral form found on www.csnstroke.ca. Do not delay referring to the SPC if tests are not done or results are not available – **send referrals immediately**



All referrals are triaged for urgency. We aim to assess urgent patients within **72 hours** of receipt of referral and within **30 days** for non-urgent patients

If patient presents to your office WITHIN 48 HOURS of stroke symptom onset, send to the **emergency department** and refer immediately to the SPC in your area.

If patient presents to your office OVER 48 HOURS from symptom onset, refer immediately to the SPC in your area.

WHAT TREATMENT SHOULD I INITIATE?

ANTIPLATELET THERAPY

All patients with ischemic stroke or TIA should be prescribed antiplatelet therapy for secondary prevention of recurrent stroke unless there is an indication for anticoagulation.

Acetylsalicylic acid (81 mg to 325 mg), **clopidogrel** (75 mg), or combined **ASA** (25 mg) and extended-release **dipyridamole** (200 mg) are all appropriate options.



ANTICOAGULATION THERAPY

Patients with ischemic stroke or TIA and atrial fibrillation should receive oral anticoagulation as soon as it is thought to be safe for the patient.

In most patients, **direct novel oral anticoagulant** (DOAC) should be prescribed in preference over warfarin.

FOR MORE INFORMATION ON BEST PRACTICE RECOMMENDATIONS VISIT:



strokebestpractices.ca

affiliated partners:

