

Factsheet: Increase proportion of patients with Transient Ischaemic Attack (TIA) treated within 24 hours

All figures per year	England	Per 100,000	Comments
Potential lives saved from intervention	150	0.28	Calculation based on CVD strategy
Potential lives saved U75	65	0.12	
Reduction in potential years of life lost (u75?)	1,400	2.57	Definition of deaths used in the calculation: Deaths with a primary cause of stroke (ICD10 codes, I61, I63 and I64)
Cost (£)	-	800	Calculation based on CVD strategy
Cost-saving (£)	-	8,300	
Net cost (£)	-	-7,500	
Strength of evidence		1	

In 2012 around 1 in 20 TIAs led to a stroke within a week¹. There are already local areas offering a comprehensive service for people who have suffered a TIA, but there is significant regional variation in availability and capacity of services. If we were able to increase the proportion of patients treated within 24 hours through reduced regional variation in access to TIA services nationally, we could deliver a significant reduction in mortality whilst at the same time delivering cost savings to local services.

Effective TIA care prevents people from going on to have strokes (and possibly other vascular disease such as MI). The effect is through medication (antithrombotics, anticoagulants, statins, blood pressure management, lifestyle advice) as well as surgery (carotid endarterectomy) which is suitable for 5-10 percent of people presenting with TIA.

Up to 80 percent of strokes that occur after a TIA could be avoided if timely and effective treatment were provided². This depends on better public awareness of the importance of the symptoms but also on having responsive services that are available in all parts of the country and seven days a week. This requires access to specialists for diagnosis, brain imaging for some patients and vascular surgery for the 5-10 percent of people with TIA that are appropriate for carotid endarterectomy.

A NICE service commissioning guide for TIA services and stroke clinical guidelines can be found [here](#).

¹ Intercollegiate Stroke Working Party. (2012) *National clinical guideline for stroke*, 4th edition. London [pdf] Available from: <http://www.rcplondon.ac.uk/sites/default/files/national-clinical-guidelines-for-stroke-fourth-edition.pdf> [Accessed September 2013]

² Rothwell, P (2007) *Major reduction in risk of early recurrent stroke by urgent treatment of TIA and minor stroke: EXPRESS Study* Lancet 370: P1432-1443