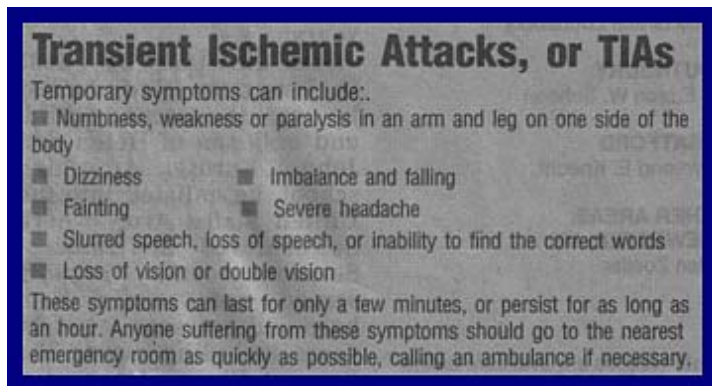


# Mini-Stroke Can Turn Major

## Hospital Neurologist Urges Fast Action for TIA

Danbury News-Times Staff  
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They're what used to be called mini-strokes -- a short period of dizziness, numbness or language failure that passes away after a few minutes, leaving a person clear of symptoms.

The problem is, what's "mini" can become "maxi" after a few days.

"I don't like the term 'mini-stroke,'" said Dr. Louise McCullough, a neurologist at the University of Connecticut Medical Center in Farmington, who is director of stroke research there. " 'Mini' diminishes their importance."

"If someone has one, they should go directly to the emergency room -- don't call a doctor," said Dr. Neil Culligan, chief of neurology at Danbury Hospital and director of the hospital's Stroke Center. "If the symptoms persist, they should call an ambulance."

These events -- called transient ischemic attacks, or TIAs -- are now seen as preludes to much larger, more serious, disabling strokes.

"They're like heart pain preceding a heart attack," Culligan said.

Two studies released this week by The Lancet, a British medical journal, show the importance of treating TIAs seriously. Both studies -- one in England and one in France -- showed that if patients receive treatment for a TIA immediately, it reduces the chance of having a major stroke by as much as 80 percent.

The English study, part of the Oxford Vascular Study, looked at about 600 patients. Of those, 310 patients who had a TIA -- caused by a temporary deficiency of blood to the brain -- received standard medical care for a TIA. They were referred to outpatient clinics within three days and began receiving drugs to treat the TIAs after 20 days. The second group of 281 patients received the same medication, but within 24 hours.

The study found that the first group had a 10.3 percent chance of getting a major stroke within the next three months. The second group's chance of developing a major stroke was reduced to 2.1 percent over the same three-month period -- an 80 percent improvement.

Culligan and McCullough said that American hospitals have begun to treat TIAs seriously, as part of an overall focus on improving stroke care. They are now considered "brain attacks" -- the equivalent of heart attacks.

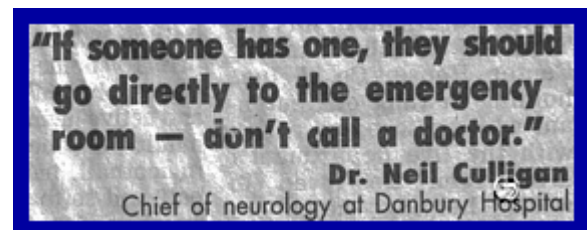
McCullough said that rather than seeing TIAs as separate events, they're now seen by doctors as part of the continuum of a stroke.

Doctors also know that TIAs are a symptom of more important problems -- a blocked carotid artery, which is the major artery in the neck, irregular heart rhythms, or blood clots in the small blood vessels in the head.

Each are treated differently -- a blocked carotid artery requires immediate surgery, while other problems might be treated with blood thinners. McCullough said in some cases there are also lifestyle changes -- treating high blood pressure and high cholesterol, getting proper treating for diabetes, and quitting smoking -- that can also prevent future TIAs.

But, she said, the big problem with TIAs is that people feel better after a short period of time. They don't think they need further care.

"You need to send people away from the emergency room with the medication in their hand," she said.



Culligan said Danbury Hospital will open a dedicated observation section this month that will move patients out of the emergency department but keep them in the hospital for up to 23 hours. They won't be admitted, but they'll get the full battery of tests that will allow doctors to diagnose them properly and send them home with the care they need, he said.

"We'd much rather treat a TIA and prevent a stroke than treat a stroke," Culligan said.

*By Robert Miller*