

**QUICK REFERENCE GUIDE FOR PRIMARY HEALTH CARE PROVIDERS:
2010 Best Practice Guidelines for Stroke Primary & Secondary Prevention**



Please refer to the full 2010 Stroke Best Practice Guidelines for more specific information. They can be found at www.strokebestpractices.ca

LIFESTYLE MANAGEMENT TARGETS	
EXERCISE	30-60 Minutes of moderate exercise 4-7 days/week ; medically supervise high risk patients
CONTROL SODIUM INTAKE	1200mg for ages 0-9; 1500mg for ages 9-50; 1300mg for ages 50-70; 1200mg ages 70+ Maximum daily intake for all ages is 2300mg Resources: www.sodium101.ca , www.lowersodium.ca
WEIGHT	Waist circumference of <80cm for women and <94cm for men; BMI of 18.5-24.9kg/m ²
SMOKING	Each visit assess & document smoking status using the 5 A's: Ask, Advise, Assess, Assist, Arrange Discuss the 5 R's: Relevance, Risks, Rewards, Roadblocks, Repeat Attempts
ALCOHOL CONSUMPTION	≤ 2 drinks per day to a weekly maximum of 14 for men and 9 for women Resources: www.lrdg.net , www.checkyourdrinking.net
BLOOD PRESSURE MANAGEMENT**	
TARGETS	< 140/90 mmHg for general population in primary and secondary stroke prevention < 130/80 mmHg for patients with diabetes < 130/80mmHg in non-diabetic patients with chronic kidney disease
TECHNIQUE	Proper blood pressure monitoring techniques for clinicians can be found at http://www.hypertension.ca/en/accurate-measurement-of-blood-pressure
RESOURCE	http://www.hypertension.ca/images/stories/dls/2011gl/CHEPbooklet_2011.pdf
LIPID MANAGEMENT	
TARGETS	Total cholesterol < 5 mmol/L LDL of < 2 mmol/L
RESOURCE	http://www.ccs.ca/consensus_conferences/cc_library_e.aspx
DIABETES MANAGEMENT	
TARGETS	Glycated hemoglobin (HbA _{1c}) level of ≤ 7%, or individualized for patient Blood pressure of <130/80 mmHg 2-hour glucose tolerance test 3 months and 6 months after stroke/TIA using standard targets
RESOURCES	http://www.diabetes.ca/files/for-professionals/CPGExecSummaryEssentials.pdf
ATRIAL FIBRILLATION MANAGEMENT**	
TARGET	CHADS ₂ – Vasc scores ≥ 1 should receive OAC therapy, [dabigatran or warfarin (target INR 2-3)], after completing a risk for bleeding assessment
TECHNIQUE	Assess by using 14-day to 28-day event/loop monitor
RESOURCES	CHADS ₂ -Vasc Calculator: http://www.qxmd.com/calculate-online/cardiology/cha2ds2-vasc-stroke-risk-in-atrial-fibrillation http://www.ccsguidelineprograms.ca/images/stories/Artrial_Fibrillation_Program/Final_Recomendations_2010/prevention_of_stroke_ccs_af_guidelines_2010.pdf
CAROTID INTERVENTION	
PATIENT GROUP	Symptomatic (TIA or non-disabling stroke) with ipsilateral 70-99% internal carotid stenosis
REFERRAL	Refer to physician specializing in stroke or vascular surgeon for above and questionable patients

**** consider sleep study for those with atrial fibrillation and those with persistent, uncontrolled hypertension**



COGNITIVE VASCULAR IMPAIRMENT	
PATIENT GROUP	<ul style="list-style-type: none"> Vascular risk factors Clinically evident cognitive changes (i.e., during interviewing, ADL, etc.) covert stroke, white matter disease, clinically evident stroke/TIA
TECHNIQUE	Screen using a validated tool, such as the Montreal Cognitive Assessment (MoCA)
RESOURCE	www.mocatest.org
PATIENT GROUP	All, especially those with the following risk factors: <ul style="list-style-type: none"> chronic diseases previous stroke/TIA family history of depression chronic levels of high stress lack of social supports caregivers
TECHNIQUE	Screen using standardized tool, such as the Geriatric Depression Scale, Hospital Anxiety and Depression Scale (HADS), or the Patient Health Questionnaire (PHQ) 2 or 9
RESOURCES	Geriatric Depression Scale: http://www.stanford.edu/~yesavage/GDS.html Hospital Anxiety and Depression Scale: http://shop.gl-assessment.co.uk/home.php?cat=417 Patient Health Questionnaire 2 or 9: http://www.phqscreeners.com/

RECOMMENDATIONS FOR PATIENTS IDENTIFYING TIA/STROKE SYMPTOMS ON OUTPATIENT BASIS	
Patients presenting to a family physician's office or other community primary care setting reporting symptoms of suspected TIA or non-disabling stroke:	
Within 3.5 hours*	Telephone 911 , report TIA/stroke-like symptoms, and have EMS transport patient to hospital
Within 24 hours*	Send patient to the nearest emergency department that has neurovascular imaging (i.e., CT, MRI, etc.); instruct them to report experiencing stroke/TIA-like symptoms
Within 1 month*	Refer to designated Secondary Stroke Prevention Clinic/Urgent TIA Clinic (refer to chart below)
Over 1 month*	Consult with Secondary Stroke Prevention/Urgent TIA Clinic (refer to chart below) for appropriate referral destination

*From the time last seen normal

SECONDARY PREVENTION/URGENT TIA CLINICS IN ERIE ST. CLAIR AND SOUTH WEST LHINS			
District	Location of Clinic	Contact Name	Contact Number
Chatham-Kent	Chatham –Kent Health Alliance (Chatham Campus)	Sherry Sims Stroke Prevention Nurse	Tel: 519-352-6401 x 6901 Fax: 519-436-2500
Sarnia-Lambton	Bluewater Health – Norman Site	Tracy Christopher Administrative Assistant	Tel: 519-464-4400 x 8562 Fax: 519-464-4440
Windsor-Essex	Hotel Dieu-Grace Hospital	Sandy Rebner Stroke Prevention Nurse	Tel: 519-973-4444 x 3120 Fax: 519-255-2285
Grey-Bruce	Grey-Bruce Health Services – Owen Sound Site	Bretta Misch Administrative Assistant	Tel: 519-376-2121 x 2922 Fax: 519-372-4062
Huron-Perth	Huron-Perth Health Alliance (Stratford General Hospital)	Louise Flanagan Stroke Prevention Nurse	Tel: 519-272-8210 x 2295 Fax: 519-272-8242
Thames Valley	LHSC – University Hospital	Maidy Keir Administrative Assistant	Tel: 519-663-3674 Fax: 519-663-3140