

Nonclassic TIA Symptoms and Stroke Risk

Both classic and nonclassic symptoms of transient ischemic attack confer similar 90-day stroke risk.

The short-term risk for stroke after transient ischemic attack (TIA) is high, and urgent evaluation and treatment can reduce this risk. However, since TIA can present with a broad range of neurologic symptoms, when symptoms could be consistent with but are not classic for TIA, the possibility that symptoms could be nonvascular is increased, calling into question the TIA diagnosis, estimates of subsequent stroke risk, and optimal management. Now, researchers report the prognosis of a large population-based cohort of patients who sought medical attention for sudden-onset transient neurologic symptoms as part of the Oxford Vascular Study. Patients were prospectively classified as having minor stroke (n=1287), classic TIA (n=1021; motor weakness, dysphasia, hemianopia or quadrantanopia, or monocular visual loss; or vertigo plus, diplopia plus, dysarthria plus, or ataxia plus other TIA symptoms), or nonclassic/nonconsensus TIA (n=570; isolated symptoms of vertigo, ataxia, diplopia, dysarthria, bilateral decreased vision, or numbness in one body segment: face, arm, or leg).

The 90-day risk for stroke was similar after classic TIA (10.6%) and nonconsensus TIA (11.6%). However, since nonconsensus TIA patients were less likely to seek medical attention on the day that the TIA symptoms had occurred (59% vs. 75%) and more likely to wait ≥ 3 days to seek medical attention (34% vs. 17%), they were more likely to have already had a recurrent stroke before seeking medical attention (8% vs. 5%). Posterior circulation stenoses were more common with nonconsensus TIA than with classic TIA (18% vs. 9%).

COMMENT

TIA trials typically exclude patients with isolated symptoms of numbness, visual changes, or dizziness/vertigo, in part because treatment effects could be diluted by including a significant number of participants with TIA mimics and no cerebral ischemia. But the stroke risks reported in this study, irrespective of whether TIA symptoms were classic or not, could justify using a broader definition of TIA symptoms for clinical prognostication and for future clinical trials. — **Anthony S. Kim, MD**

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Tuna MA and Rothwell PM. Diagnosis of non-consensus transient ischaemic attacks with focal, negative, and non-progressive symptoms: Population-based validation by investigation and prognosis. Lancet 2021 Mar 6; 397:902. ([https://doi.org/10.1016/S0140-6736\(20\)31961-9](https://doi.org/10.1016/S0140-6736(20)31961-9))