



## Primary Care and Stroke Prevention Clinic Update Summary 2022

The latest Primary Care and Stroke Prevention Clinic Update was held February 2022 and was well-received with over 70 health care providers attending. The Update provided an opportunity to learn more about what's new in assessment, triage and treatment of TIA, stroke prevention medications, and management of stroke risk factors including cancer and recreational drug use. Post TIA case studies were utilized to further learn about managing care and each other's roles in stroke prevention, handover and follow up. Great ideas & resources were shared by participants during facilitated discussions which are summarized below:

Main Ideas/Recommendations Raised by Participants	Opportunities & Resources
<ul style="list-style-type: none"> <li>• Stroke symptoms &lt; 48 hours, direct patients to ED</li> <li>• Symptoms are not easy for some people to explain. Be patient, encourage people to tell you in their own words. Consider risk of not appreciating stroke symptoms in ethnic and Indigenous populations</li> <li>• Spend time educating people about <b>FAST</b> signs of stroke and to call 911. For other stroke symptoms (e.g., sudden visual field loss), still direct patients to ED unless &gt; 48 hrs &amp; resolved; then refer to local SPC</li> <li>• When feasible, complete CTA with CT. For patients with &gt; 50 % carotid stenosis, consult vascular surgery and refer to Stroke Prevention Clinic</li> <li>• Ensure patients are started on antiplatelet or anticoagulant medication once intracranial bleed is ruled out by CT (head)</li> <li>• Dual antiplatelet therapy (DAPT) for post TIA x 21 days. Patients with intracranial stenosis will need longer DAPT x 3 months. Providers to at least start single antiplatelet and SPCs can add antiplatelet</li> <li>• Relay importance of not missing a single dose of oral anticoagulation. Keep up with med reconciliation at transition. If patients must hold anti-thrombotic pre procedure/surgery, ensure restarted post procedure</li> <li>• Remember to do the 3 A's re smoking cessation</li> <li>• Continue hypertension management. Untreated hypertension is common. Might not be fully possible to manage BP via virtual methods. Screen for sleep apnea too-treatment can help both conditions</li> <li>• Remember cancer &amp; treatment for cancer increases risk for stroke</li> <li>• Treat hyperlipidemia and manage diabetes</li> <li>• Try to initiate risk factor management with fragile population with addiction and substance use issues. Can be challenging to follow up with homeless population. Connect with care navigator in your local community (e.g., Street Health in Kingston)</li> <li>• There is a connection between inflammation and stroke-assess the patient's C-Reactive Protein level</li> <li>• Handovers may not have been as smooth during COVID. Providers are making more use of electronic communication (e.g., e-consults)</li> <li>• When referring to the Stroke Prevention Clinic, complete the referral form. SPC to ensure follow up with primary care provider who continues surveillance and management of risk factors</li> <li>• Consider tools to assess use of virtual visits</li> <li>• Link patients to community stroke resources</li> </ul>	<ul style="list-style-type: none"> <li>• Click <a href="#">Here</a> for Summary of Stroke Prevention Resources</li> <li>• Visit <a href="#">Stroke Network of Southeastern Ontario website</a></li> <li>• Continue to attend <b>joint Primary Care/Stroke Prevention Clinic events</b></li> <li>• Review <a href="#">presentations</a> delivered at this Event</li> <li>• Learn about <a href="#">Canadian Stroke Best Practices for Prevention</a></li> <li>• Educate your patients about the signs of stroke using the <a href="#">FAST from Heart and Stroke</a></li> <li>• Review <a href="#">Primary Care Infographic re Stroke Prevention</a></li> <li>• Take an Indigenous Cultural Safety Course &amp; learn about <a href="#">Indigenous Health Cultural Competency Courses &amp; Stroke Resources</a></li> <li>• Review learnings from <a href="#">Anticoagulation Sessions</a> re supporting adherence</li> <li>• Ask, Advise, and Act (Arrange) re <b>smoking cessation</b> and connect with <a href="#">Health Connect</a> for smoking cessation resources (previously Telehealth Ontario)</li> <li>• Visit <a href="#">Hypertension Canada</a> website for latest <a href="#">blood pressure guidelines</a></li> <li>• Check out the latest on Canadian Cardiovascular Harmonized National Guideline Endeavour &amp; workshops (<a href="#">C-CHANGE</a>)</li> <li>• Follow <a href="#">Harm Reduction Strategies</a></li> <li>• Explore more use of <b>Virtual Care</b> (stay tuned for release of stroke prevention virtual care guide on <a href="#">StrokeNetworkseo.ca</a>)</li> <li>• Improve <b>transition of information and connections</b> between providers (e.g., <a href="#">Connecting Ontario Clinical Viewer and e-consults</a>)</li> <li>• See information (including referral forms) for <a href="#">Stroke Prevention Clinics</a> in the South East</li> <li>• Increase awareness about <b>stroke Community Supports and Resources</b>: <ul style="list-style-type: none"> <li>○ <a href="#">Community Supports and Resources</a></li> <li>○ <a href="#">Community Stroke Support Groups and Stroke Community Exercise Programs</a></li> <li>○ <a href="#">southeastHealthline.ca</a> for <a href="#">Vascular Health Resources</a></li> <li>○ <a href="#">southeastHealthline.ca</a> for <a href="#">Stroke Resources</a></li> <li>○ <a href="#">Community Stroke Rehabilitation Program</a></li> </ul> </li> </ul>

*Thanks to all who participated in the Primary Care/SPC events-from the Stroke Network of Southeastern Ontario team!*