

# STROKE PREVENTION

FOR PRIMARY CARE PROVIDERS

STROKE NETWORK  
of Southeastern Ontario



Risk of recurrent stroke is **10-20%** within **90 days**, with half of the strokes occurring in the first 2 days following initial symptom onset.



Timely initiation of secondary prevention interventions have been shown to **significantly reduce** the risk of major stroke after an initial TIA or non-disabling stroke.

## WHAT IS THE STROKE PREVENTION CLINIC?

The Stroke Prevention Clinic (SPC) is an outpatient clinic for adults who have signs and symptoms of a recent stroke or transient ischemic attack.

**The goal of the clinic is to reduce the incidence of future strokes by:**

- Expediting assessment & treatment & access to carotid revascularization
- Providing quick access to consultation by a stroke specialist & diagnostic testing
- Identifying risk factors for stroke
- Educating patients & family members about risk factor management

## HOW TO REFER TO THE STROKE PREVENTION CLINIC?



A Physician's or Nurse Practitioner's referral is required. Complete the dedicated SPC referral form found on [strokenetworkseo.ca/about/stroke-prevention-clinics](https://strokenetworkseo.ca/about/stroke-prevention-clinics). Do not delay referring to the SPC if test results are not available – **send referrals immediately**.



All referrals are triaged for urgency. We aim to assess urgent patients within **72 hours** of receipt of referral and within **30 days** for non-urgent patients.

### IF PATIENT PRESENTS TO YOUR OFFICE:

#### WITHIN 48 HOURS

of stroke symptom onset,  
**send to the emergency department** immediately and refer to the SPC in your area.

#### OVER 48 HOURS

from symptom onset,  
refer immediately to the SPC in your area.

## WHAT TREATMENT SHOULD I INITIATE POST IMAGING?

### ANTIPLATELET THERAPY

All patients with ischemic stroke or TIA should be prescribed antiplatelet therapy for secondary prevention of recurrent stroke unless there is an indication for anticoagulation. **Acetylsalicylic acid** (81 mg to 325 mg), **clopidogrel** (75 mg), or combined **ASA** (25 mg) and **extended-release dipyridamole** (200 mg) are all appropriate options. Note: For high risk TIA or minor stroke combine ASA and clopidogrel for 21-30 days then monotherapy.

OR

### ANTICOAGULATION THERAPY

Patients with ischemic stroke or TIA and atrial fibrillation should receive oral anticoagulation as soon as it is thought to be safe for the patient. In most patients, Direct non-vitamin K **oral anticoagulant** (DOAC) should be prescribed in preference over warfarin.

**REFERRAL LOCATIONS & CONTACT/FAX:** [strokenetworkseo.ca/about/stroke-prevention-clinics](https://strokenetworkseo.ca/about/stroke-prevention-clinics)



### Health Teaching

Review signs of Stroke and when to call 911. Recommend refraining from driving until seen in SPC. Ask patient to bring health card & medications to SPC. For patient/family educational materials visit: [strokenetworkseo.ca/](https://strokenetworkseo.ca/) & [corhealthontario.ca/resources-for-healthcare-planners-&-providers/stroke-general/piwp/secondary-prevention](https://corhealthontario.ca/resources-for-healthcare-planners-&-providers/stroke-general/piwp/secondary-prevention)

**FOR A COPY OF YOUR LOCAL SPC REFERRAL FORM VISIT:** [strokenetworkseo.ca/about/stroke-prevention-clinics](https://strokenetworkseo.ca/about/stroke-prevention-clinics)

**FOR MORE INFORMATION ON BEST PRACTICE RECOMMENDATIONS VISIT:** [STROKEBESTPRACTICES.CA](https://strokebestpractices.ca)