

TIA • Transient Ischemic Attack

A plain-English guide for you and your family

WHAT IS HAPPENING

A transient blood-starved (ischemic) attack—TIA—is a warning stroke. A blood clot or a piece of plaque plugs an artery that feeds your brain, cutting off oxygen for a few minutes. Brain cells stop working right away, so you might lose strength in an arm, slur your words, lose half your vision, or feel numb on one side. Then—before the cells actually die—the clot breaks apart or squeezes through, blood flows again, and every symptom disappears, usually in under an hour. Your brain bounces back completely because the cells were only stunned, not killed. But here is the danger: whatever made that first clot (a fluttering heart, a narrowed neck artery full of plaque, or stiff small vessels from high blood pressure or diabetes) is still there, ready to throw another clot. The next one might be bigger or stick longer, and then brain cells die—that is a stroke, and the damage is permanent. That is why doctors move fast after a TIA. They scan your brain and neck arteries, check your heart rhythm, and start medicines (two blood thinners for three weeks, then one forever, plus a statin) to keep new clots from forming. Most strokes happen in the first two days after a TIA, so every hour counts. A TIA is your body giving you one free pass—use it to find the source and fix it before the next clot arrives.

What you might feel

- Sudden weakness or numbness on one side of the body (face, arm, or leg)
- Sudden trouble speaking or understanding words (slurred speech, wrong words, or can't get words out)
- Sudden vision loss or double vision in one or both eyes
- Sudden severe dizziness, loss of balance, or trouble walking
- Sudden severe headache with no clear cause
- Confusion or sudden trouble thinking clearly
- All symptoms resolve completely within 24 hours (usually within minutes to one hour)
- Normal neurologic exam when the patient arrives at the hospital

Call the doctor right away if...

- Symptoms lasting longer than one hour or not fully gone (may be a stroke, not a TIA)
- New or worsening weakness, numbness, or speech trouble after the first episode clears
- Sudden severe headache, worst of your life, or headache with stiff neck or confusion
- Loss of consciousness, seizure, or severe trouble staying awake
- Symptoms return in waves or happen more than once in a short time (high risk of full stroke within hours to days)

What the care team will do

- Monitor neuro checks every 1 to 2 hours using NIH Stroke Scale or hospital protocol, including arm drift, speech, facial droop, and alertness.
- Keep blood pressure below 140/90 mmHg but not lower than 120/80 mmHg unless the doctor orders a different target.
- Give aspirin 325 mg and clopidogrel loading dose exactly as ordered, then continue dual antiplatelet therapy for 21 days.
- Keep the patient NPO (nothing by mouth) until swallow screen is done and passed.
- Start high-intensity statin (atorvastatin 80 mg or rosuvastatin 40 mg) on admission, do not wait for cholesterol results.
- Place patient on continuous telemetry (heart monitor) for at least 24 hours to detect atrial fibrillation (an irregular, quivering heartbeat).
- Teach the patient stroke warning signs using BE-FAST (Balance, Eyes, Face, Arm, Speech, Time) and tell them to call 911 immediately if symptoms return.
- Coordinate urgent carotid imaging (ultrasound, CTA, or MRA) within 24 hours and communicate results to the stroke team immediately.

Medicines you may be given — and why

Aspirin + Clopidogrel (dual antiplatelet therapy)

Both drugs stop blood cells called platelets from clumping together. Aspirin blocks an enzyme (COX-1) that tells platelets to stick. Clopidogrel blocks a receptor (P2Y12) that also signals platelets to clump. Together, they make it much harder for a new clot to form in a narrowed brain artery, lowering the chance of a full stroke right after a TIA.

Aspirin + Ticagrelor (dual antiplatelet therapy, alternative)

Aspirin blocks the COX-1 enzyme in platelets to stop one sticking signal. Ticagrelor directly blocks the P2Y12 receptor (like clopidogrel does) but works faster and more completely.

Together they prevent new clots from forming in brain arteries after a TIA, cutting stroke risk in the days and weeks after the warning event.

High-intensity statin (e.g., atorvastatin 40-80 mg or rosuvastatin 20-40 mg)

Statins block an enzyme in the liver (HMG-CoA reductase) that makes cholesterol. With less cholesterol being made, the liver pulls LDL (bad cholesterol) out of the blood to use for making cell parts. Lower LDL means less buildup in artery walls, which stabilizes existing plaques and slows new plaque from forming. Stable plaques are less likely to crack open and trigger a clot.

Antihypertensive medications (e.g., ACE inhibitor, ARB, thiazide diuretic, calcium channel blocker)

High blood pressure damages artery walls over time, making plaques more likely to form and rupture. Controlling blood pressure takes stress off vessel walls and slows disease progression. Different drug classes work in different ways—some relax blood vessels, some reduce fluid volume, some block stress hormones—but all bring pressure down to a safer range (target usually <130/80 mm Hg after TIA).

Oral anticoagulant (e.g., apixaban, rivaroxaban, warfarin) — IF atrial fibrillation (an irregular, quivering heartbeat) is present

Atrial fibrillation (an irregular, quivering heartbeat) (AFib) causes the heart's upper chambers to quiver instead of squeeze, so blood pools and clots can form. A clot can break off and travel to the brain, causing a stroke. Anticoagulants block clotting factors in the blood (DOACs like apixaban block factor Xa; warfarin blocks vitamin K, which makes several factors). This keeps clots from forming in the heart, so they never travel to the brain.

Where this information comes from

- AHA/ASA 2021 Guideline for Prevention of Stroke in Patients With Stroke and Transient Ischemic Attack
- CDC Stroke Facts
- Cochrane Stroke Group reviews
- NEJM Clinical Practice – Transient Ischemic Attack

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