

WHAT IS THE ROLE OF THE GP IN MANAGING SUSPECTED TRANSIENT ISCHAEMIC ATTACK?

Introduction

Patients who experience transient ischaemic attack (TIA) are at high risk of stroke, and this risk can be reduced by early treatment including the provision of preventative medications. The majority of UK patients with suspected TIA contact a general practitioner (GP) first, and guidelines suggest GPs should refer them for review by a hospital specialist within one week. No intervention studies have tested different GP management strategies, and little qualitative research has been undertaken into the role GPs play in the initial management of suspected TIA.

Methods

Thirty semi-structured interviews were conducted with patients (12), GPs (9) and hospital staff (9) in two hospitals and their surrounding areas: Queen Elizabeth Hospital, Birmingham and Addenbrooke's Hospital, Cambridge. Patients and GPs were purposively sampled according to area, whether they lived alone (patients) and final diagnosis (patients), whereas hospital informants were sought using information from prior interviews. Thematic analysis was undertaken to explore views on the role of the GP in managing suspected TIA.

Results

Many referral pathways and management strategies for suspected TIA were described beyond those listed in guidelines. Patients and GPs reported confusion in deciding whether suspected TIA should be an emergency or routine event or somewhere in between. GP management was influenced not only by the patient's clinical characteristics and TIA management guidelines, but also by the GP and patient's general healthcare beliefs, the patient's knowledge and beliefs around TIA and stroke, the GP and patient's personalities and relationship, and by the support tools available to them both.

Conclusions

Guidelines on the primary care management of TIA describe only a small proportion of factors which influence GP management and referral of suspected TIA. Efforts to improve treatment, appropriate referral and patient experience should use a real rather than idealised model of the GP role in managing suspected TIA.