



Health

Hunter New England
Local Health District

Service change + **Supporting Lifestyle and Activity Modification after TIA** (and mild stroke): (S+SLAM-TIA)



Community Stroke Team and Hunter Stroke Service,
Community and Aged Care Services,
Greater Newcastle Sector, Hunter New England Local Health District

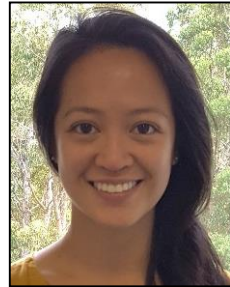
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Community Stroke Team



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Background



- Transient Ischemic Attack (TIA) – symptoms of stroke resolving in 24hrs
- TIA patients at risk of having another stroke event → risk remains 10-15yrs





- Stroke Management 2017

“Secondary prevention strategies should be considered for all people with stroke or TIA....”

Including management of “...long term risk factors, particularly medication adherence...”



GP or TIA clinic (usual care in HNE LHD)

- medical mx, investigations, medications + 'advice' on lifestyle risk factors

Secondary prevention programs

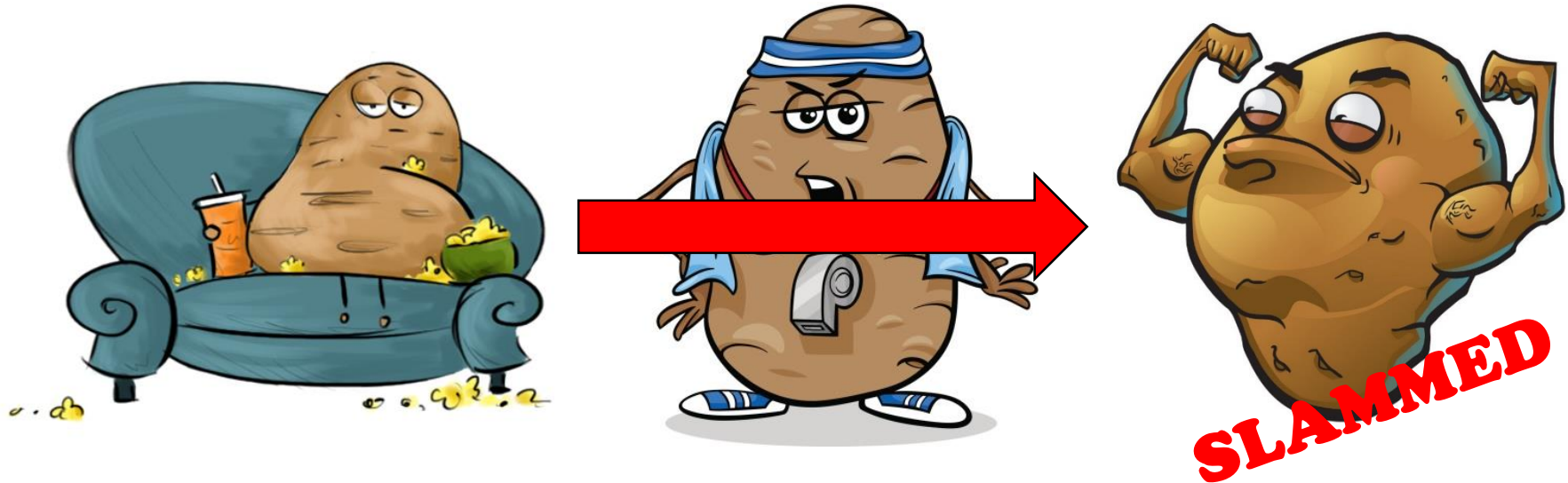
- reduce occurrence of cardiovascular events¹
- increase physical activity²

UNMET NEED

SLAM-TIA



Supporting Lifestyle and Activity Modification after TIA



Intervention (18 weeks)



6 weeks - 9 sessions F2F + 3 sessions telehealth

- based in a **community gym**
- 30 min **education** (TIA, risk factors & FAST)
- **individual risk factors** & goal setting
- 60 min exercise (moderate to vigorous intensity)

12 weeks – 6 sessions

- telehealth coaching (fortnightly)

Pilot results: 6 weeks (end F2F)



Outcome (0-6wks)	Mean change (SD) (n=24)	p	Clinical Important Difference
Endurance (6MWT, m)	↑62 (111)	0.06	34-50
SBP (mm/Hg)	↓14.6 (10.2)	<0.001	>5
DBP (mm/Hg)	↓8.7 (2.9)	0.01	>3
Smoking (n,%)	No change		
Waist : hip (mean)	↓0.04 (0.03)	<0.001	

Patient Experience



Key Themes

- “program satisfaction”
- “exercising with confidence”
- “increased participation in exercise” and
- “the challenges with technology”



Clinical Trial



.....underway

Service change & SLAM-TIA (S+SLAM-TIA)

Aims

- establish new referral partners (GPs)
- evaluate implementation
- determine effect at service & patient level



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NSW Health EMC Fellowship & HNE LHD Clinical Research Fellowship (Honorary)

2017-2020



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Collaborators & Acknowledgements



- Dr Heidi Janssen
- Ms Anne Sweetapple
- Ms Gillian Mason
- Ms Di Colvin
- Ms Anjelica Carlos
- Mr Chris Catchpole
- Prof Chris Levi
- A/Prof Coralie English
- Dr Kirsti Haracz
- Mr Ashely Young
- Ms Di Marsden
- Mr Peter Maclsaac
- Prof Frini Karayanidis
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NSW Office for Health and Medical Research
Hunter Medical Research Institute
Hunter New England Local Health District (Newcastle, NSW)
Priority Research Centre for Stroke and Brain Injury (University of Newcastle)
Nancy and Vic Allen Stroke Prevention Fund 2018

