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

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

Including management of “…long term risk factors, particularly medication adherence…”
Best Practice

GP or TIA clinic (usual care in HNE LHD)
- medical mx, investigations, medications + ‘advice’ on lifestyle risk factors

Secondary prevention programs
- reduce odds of cardiovascular events¹
- increase physical activity²

1. Lawrence et al., PLoS One. 2015;10(3)
SLAM-TIA

Supporting Lifestyle and Activity Modification after TIA

SLAMMED
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)

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