OP36.2

TIA mimics: a systematic review and recent data from the Netherlands

Faas Dolmans, M van den Berg, F Rutten
University Medical Center Utrecht, Julius Center for Health Sciences and Primary, Utrecht, The Netherlands

Corresponding author: PhD Fellow Faas Dolmans, UMC Utrecht, Julius Center, Utrecht, The Netherlands. E-mail: L.S.Dolmans@umcutrecht.nl

Background & Aim: Diagnosing Transient Ischaemic Attack (TIA) is difficult and mainly based on history taking. Timely identification of those with true TIA is essential to enable early treatment, but multiple conditions can mimic TIA. Recognising such mimicking conditions may prevent costly additional investigations and inappropriate treatment.
We aimed to determine the proportion and distribution of alternative diagnoses in patients suspected of TIA in literature and recent own data.
Methods: We performed a systematic review in MEDLINE and EMBASE databases to identify studies reporting the frequency of alternative diagnoses in patients suspected of TIA. We did the same in an ongoing cohort of 171 patients suspected of TIA by their GP (originating from the Dutch MIND-TIA project). All patients were referred to rapid-access TIA services in the region of Utrecht, the Netherlands from October 2013 till May 2015. Diagnoses were categorized in TIA/minor stroke, probable TIA, possible TIA and no TIA, and alternative diagnoses were further subdivided.
Results: We identified 24 studies from 11 different countries, including 16,253 suspected TIA cases seen at the emergency department or TIA service. The proportion of alternative diagnoses was 37.5% on average, ranging from 10% to 78%. Most frequent alternative diagnoses were migraine, (pre)syncope, seizure and vestibular syndrome. in the Dutch cohort the distribution of diagnoses was: TIA/minor stroke 48.8%, probable TIA 12.5%, possible TIA 13.1%, no TIA 25.6%. Most frequent alternative diagnoses were migraine and (pre)syncope, but in 34 of 62 (54.8%) non- or possible TIA cases a clear alternative diagnosis was lacking.
Conclusions: There is a large range (10-78%) in the proportion of alternative diagnoses in suspected cases of TIA across different countries and settings. Migraine, (pre)syncope, seizure and vestibular syndrome are the most common TIA mimics. However, a clear diagnosis in those without TIA is often lacking.