International Journal Dental and Medical Sciences Research
Volume 7, Issue 2, Mar - Apr 2025 pp 312-314 www.ijdmsrjournal.com ISSN: 2582-6018

Nurse-Led Community-Based Transition Program: Post Transient Ischemic Attack Care

*[1, 2]Christine Inventor Reyes, RN, PhD, *[2]Josephine D. Lorica, RN, PhD
*[2]Jesus Pizarro, RN, PhD, *[3]Penuel Pineda David, RM, RPh, PhD
[1]*Centro Escolar University Philippines*
[2] *Saint Paul University Philippines*
[3] *National University Philippines*

Date of Submission: 15-04-2025 Date of Acceptance: 25-04-2025

ABSTRACT
Background: In emergency units, it is common for patients to seek consultation only when stroke-related complications, often irreversible, have already developed. Many individuals fail to recognize that they are at high risk and overlook early warning signs such as transient ischemic attacks (TIA), which are temporary neurologic deficits that may signal an impending stroke. Globally and locally, stroke remains a leading cause of death and disability, making early intervention and preventive care vital.**Objective:** This study aimed to evaluate the effectiveness of a nurse-led, community-based transitional care program for post-TIA patients, with a focus on implementing primary stroke prevention strategies that address modifiable risk factors such as poor diet, physical inactivity, smoking, alcohol intake, and stress.**Methods:** A randomized controlled trial (RCT) design was employed involving post-TIA patients who underwent an eight-week nurse-led care program. Baseline and post-intervention data were collected on disease-specific signs and symptoms, body mass index (BMI), waist-to-hip ratio (WHR), blood pressure (BP), self-care activities, and quality of life. Home visits, health education, and individualized lifestyle support were provided throughout the intervention.**Results:** At baseline, participants showed signs and symptoms of TIA, were classified as Obese Class I, and had WHR and BP levels indicating moderate to high risk. After the intervention, improvements were observed in systolic BP (from Stage 2 hypertension to prehypertension) and in self-care activities—particularly in emotional, physical, and spiritual domains. Although BMI and WHR did not significantly change, participants showed a marked improvement in overall quality of life and self-care capabilities. Statistically significant differences were found in physical and spiritual self-care and in overall quality of life scores.**Conclusion:** The nurse-led, community-based care program demonstrated potential in enhancing post-TIA patients' physiological and psychosocial well-being by addressing key modifiable risk factors. Continued education, effective communication, and environmental support were essential in promoting long-term lifestyle changes. Despite the challenges of maintaining such changes, reinforcing healthy habits through community engagement and consistent follow-up may help prevent stroke recurrence.

Keywords: Post transient ischemic attack care, Nurse-led transition program,

I. INTRODUCTION

The dramatic scenario in the hospital's emergency unit has been demonstrated on numerous occasions where patients come to seek consultation when complications leading to permanent disabilities are already present. Most populations are unaware that they belong to the high-risk group, and they failed to recognize the presence of early warning signs.

One of the conditions considered as a warning sign of stroke is Transient Ischemic Attack (TIA). It is a temporary neurologic deficit which lasts for less than an hour and may cause sudden loss of visual, motor and sensory function (Smeltzer et al., 2010). TIA is a warning sign that an impending stroke may occur if no further assessment and health management is employed. World Health Organization (2012) posted that stroke or cerebrovascular accident (CVA) is the second leading cause of death worldwide and the third cause of disability. Similarly, in Southeast Asian Nations, stroke is the second leading cause of mortality among the diseases of cardiovascular system, and the second leading cause of death in the Philippines (WHO, 2012). The stroke society of the Philippines (2010) considered TIA as a major warning sign of a possible stroke attack caused by temporary blockage of a blood supply to the brain or termed as mini stroke.

International Journal Dental and Medical Sciences Research
Volume 7, Issue 2, Mar - Apr 2025 pp 312-314 www.ijdmsrjournal.com ISSN: 2582-6018

As numerous previous studies in the past have not produced a definitive idea of an effective care during the post discharge period for TIA patients, this study assessed the effects of a nurse led community-based post TIA care program in implementing primary stroke prevention strategies which focused on the modifiable risk factors of patients who sought consultation in clinics and hospitals.

The key clinical characteristics suggestive of an impending stroke should be known and identified for proper preventive management to be employed thus preventing primary stroke. The warning signs of stroke is described in the acronym FAST for F-ace drooping, A-rm weakness, S-peech and T-ime to call (Stroke Association).

Amalakanti et.al (2016) owed the changing risk factor profile for stroke on the rapidly changing lifestyle practices of the people in most developing countries. In their retrospective study and literature review conducted in another Asian country, it was revealed that the mean age for stroke is 55 years. Smoking prevalence is 43%, hypertension at 46%, diabetes at 17%, dyslipidemia at 54.6% with which they concluded that the stroke risk factor profile has changed over the years compared to previous studies.

METHODS: A randomized controlled trial (RCT) design will be utilized to evaluate the effectiveness of an eight-week nurse-led, community-based transitional care program for post-transient ischemic attack (TIA) patients. The study aims to assess improvements in disease-specific signs and symptoms, body mass index (BMI), waist-hip ratio (WHR), blood pressure (BP), self-care activities, and overall quality of life.

The program also aims to identify lifestyle factors among post-TIA patients that may contribute to reducing the risk of a recurrent TIA or a more severe stroke. Baseline data, including demographic information and a comprehensive health assessment, will be collected from all participants prior to the intervention.

Initial assessments will be conducted during the first home visit and will continue over a two-month period. Participants will adhere to routine medical check-ups and treatment regimens as prescribed by their attending physicians.

The nurse-led, community-based transitional care program will be developed based on the lifestyle profiles of the participating post-TIA patients.

II. RESULTS AND DISCUSSION

All listed signs and symptoms associated with transient ischemic attack (TIA) were reported by at least one participant during the month prior to the baseline data collection.

At baseline, participants were classified under Obese Class I based on their body mass index (BMI). Female participants were categorized as high risk according to their waist-to-hip ratio (WHR), while male participants fell under the moderate-risk category. Blood pressure readings at baseline were within Stage 2 hypertension levels. Additionally, participants exhibited a generally low quality of life at the start of the study.

Following the 8-week nurse-led transitional care program, participants continued to report experiencing one or more TIA-related signs and symptoms. BMI remained in the Obese Class I category for both male and female participants. WHR risk levels remained the same, with females in the high-risk category and males in the moderate-risk category. However, there was an improvement in blood pressure, with participants' systolic readings falling within the prehypertension stage after the intervention.

In terms of self-care abilities, the highest post-intervention scores were observed in the emotional aspect. Furthermore, improvements in the quality of life were noted, particularly in the physical and emotional domains.

Statistical analysis revealed significant differences in posttest results in the areas of physical and spiritual self-care abilities, as well as overall quality of life. However, no significant differences were found in BMI, WHR, blood pressure, and in the psychological, emotional, and professional aspects of self-care and quality of life.

III. CONCLUSION

Based on the findings of the study, the following conclusions were drawn:

The nurse-led, community-based post-transient ischemic attack (TIA) care program contributed to improvements in physiological parameters, specifically in body mass index (BMI), waist-to-hip ratio (WHR), and blood pressure. The intervention emphasized home-based follow-up care that addressed modifiable risk factors for primary and secondary stroke, including physical inactivity, poor diet, smoking, alcohol consumption, and stress.

Participants demonstrated the ability to perform self-care activities and sustain aspects of quality of life. However, the findings highlight the crucial role of education, as improved self-care

abilities and enhanced quality of life were associated with the nurse-led intervention.

Effective communication using layman's terms and providing access to available community resources allowed participants to better understand and adopt healthy lifestyle practices—particularly in the areas of nutrition, physical activity, and stress management.

Adopting and sustaining a healthy lifestyle can be challenging, especially as patients may become complacent once symptoms improve. Thus, the "refreezing" stage of behavioral change becomes essential. This involves reinforcing new habits by aligning the patient's environment and support systems to promote long-term adherence to healthy behaviors.

REFERENCES

[1]. Addo, J., Ayerbe, L., Mohan, K.M., Siobhan C., Sheldenkar, A.,Ruoling C., Wolfe, C.D.A., McKevitt, C. (2012). Socioeconomic status and stroke. Stroke 43:4. https://doi.org/10.1161/STROKEAHA.111.639732

[2]. Ahmed, T., Kumar, T., Bahurupi, Y. (2020). Factors affecting quality of life among post-

[3]. stroke patients in the Sub-Himalayan Region. Neuroscience Rural Practice.11(4): 616-622, doi: 10.1055/s-0040-1716927

[4]. Ali, M.A., Yasir, J., Sherwani, R.N., Fareed, M., Arshad, F., Abid, F. Fatima, K. (2017).

[5]. Frequency and predictors of non-adherence to lifestyle modifications and medications after coronary artery bypass grafting: A cross sectional study. Doi: 10.1016/j.ihj.2017.05.017

[6]. Smeltzer, S.C., Bare, B.G., Hinkle, J.L., & Cheever, K.H. (2010). Brunner & Suddarth's Textbook of Medical Surgical Nursing (12th Ed.). Philadelphia: Lippincott Williams & Wilkins.

[7]. Stroke Society of the Philippines. (2010). Guidelines for primary and secondary prevention of stroke. Retrieved from www.strokesocietyphil.org›files

[8]. World Health Organization. (2012). Global health estimates. Geneva. Retrieved from http://www.who.int/healthinfo/global_burden_disease/estimates_country/en/index.html