Furthermore, it must be born in mind that the following clinical manifestations, when presented in an isolated fashion, are not suggestive of a TIA:

- Confusion
- Vertigo
- Dizziness
- Amnesia
- Dysphagia
- Dysarthria
- Scintillating scotoma
- Urinary or faecal incontinence
- Loss of vision plus alteration of consciousness
- Focal symptoms associated with migraine
- Loss of consciousness
- Tonic and/or clonic activity
- Gradual progression of symptoms (especially sensorial) affecting several parts of the body

Together with the symptoms, the presence or absence of risk factors may help orientate the stroke diagnosis.

- The main risk factors for suffering a stroke episode have been included in the Guide for Primary and Secondary Prevention of Stroke, and are shown below (table 8).

### Table 8. Stroke risk factors

<table>
<thead>
<tr>
<th>Non-modifiable risk factors</th>
<th>CPG (several Studies)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>The incidence of stroke doubles every 10 years from the age of 55 onwards.</td>
</tr>
<tr>
<td>Gender</td>
<td>More frequent in women (probably due to the larger number of older women).</td>
</tr>
<tr>
<td>Family background</td>
<td>Family history is associated with a greater risk of stroke.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Modifiable risk factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior stroke</td>
</tr>
<tr>
<td>Alcohol, tobacco, drugs</td>
</tr>
<tr>
<td>Sedentary</td>
</tr>
<tr>
<td>Obesity</td>
</tr>
</tbody>
</table>
HBP, Diabetes Mellitus (DM), Metabolic Syndrome, Dyslipidemia  
HBP is the most important risk factor together with age. DM and metabolic syndrome also increase the vascular risk and the plasmatic cholesterol figures are associated with vascular risk although the relationship with stroke is more controversial.

Oral contraceptives, Hormone Therapy  
Both oral contraceptives and hormone therapy increase the risk of suffering a stroke.

Hyperhomocysteinemia, increase of Lipoprotein Ag, migraine, falciform cell diseases  
The high levels of homocistein and lipoprotein A in plasma have been associated with an increase in the risk of stroke. Patients who suffer migraine episodes, especially with aura, show an increase of stroke. Stroke is also a frequent complication of falciform cell disease.

Embolic cardiopathies  
Auricular fibrillation is a stroke risk factor, especially in people over 75, with HBP, cardiac insufficiency, DM or prior ischaemic stroke. In patients with no other risk factors, the probability of store is 2% a year.

Pathologies with left ventricular ejection fraction below 30% also present a higher stroke risk.

Mechanical heart valve prostheses present a high risk of thrombosis, whilst the biological ones present a lower risk.

The presence of other valvulopathies (mitral stenosis or rheumatic origin) are also associated with a greater risk.

Asymptomatic stenosis of the carotid artery  
The risk of stroke is situated at 2-3% per year and 5% for the most serious stenoses.

Summary of evidence

Diagnostic Tests II/III
Within the prehospital environment, the presence of any of the following signs. Acute facial palsy, language alteration or dropping of the arm identifies patients with stroke with 100% sensitivity (95% CI: 95% to 100%) and specificity of 88% (95% CI: 82% to 91%) and increases the probability of stroke diagnosis (VR = 5.5), whilst an absence decreases the probability of stroke (VR=0.39)56

Diagnostic Tests II/III
The presence of a persistent focal neurological deficit, of acute onset, during the previous week and with no previous history of cranial traumatism permits identifying patients with stroke with 86% sensitivity at hospital level56

Motor deficits are usually the most prevalent symptoms during the acute episode, followed by language alterations and sensorial deficits57-60

TIA episodes usually last for less than one hour and cannot be distinguished from stroke if the symptoms are present at the time of the consultation45