



Syncope is rarely a cerebrovascular symptom and neurovascular imaging is not indicated¹

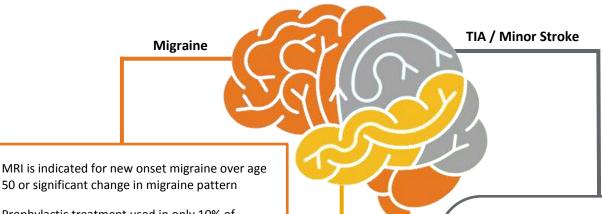


Isolated vertigo is a symptom of vertebrobasilar ischemia in < 1% of cases

Asymptomatic Carotid Artery Stenosis²

- Ultrasound screening is not indicated
- Medical therapy is superior to surgical therapy
- 30 day stroke rate or death rate with carotid endarterectomy is 7%

Management of Neurology Conditions



50 or significant change in migraine pattern

Prophylactic treatment used in only 10% of migraine patients when indicated; prevents unnecessary utilization of ER and MRI

Parkinson's Disease

Diagnosis based upon history /examination and brain imaging not routinely indicated

Tremor at rest and cogwheel rigidity reliably differentiates Parkinson syndromes from essential tremor

Highest risk of progression to completed stroke is in the first 3 days

Emergent evaluation can reduce progression to stroke by 80%

Most frequent presenting symptoms are unilateral weakness or speech disturbance, each with 50% prevalence

Carotid stenosis and atrial fibrillation are the most common etiologies needing immediate attention³

Migraine Diagnosis

Migraine is underdiagnosed, criteria include:

- ✓ Five headaches lasting 4-72 hours in lifetime
- Severe enough to affect daily activities
- Associated with nausea or light/sound sensitivity
- Often misdiagnosed as sinus or muscle contraction headache

¹ Hanna, E. B. (2014). Syncope: Etiology and diagnostic approach. Cleveland Clinic Journal of Medicine, 81(12), 755-766. doi:10.3949/ccjm.81a.13152

² Lichtman JH, Jones MR, Leifheit EC. Carotid Endarterectomy and Carotid Artery Stenting in the US Medicare Population. JAMA. Sept 2017:1035-1046.doi:10.001/JAMA2017.12882

³ Sacco, R. L., & Rundek, T. (2016). The value of urgent specialized care for TIA and minor stroke. NEJM, 374, 1577-1579. doi:10.1056/NEJMe1515730