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## **DR ERIN LALOR, CEO NATIONAL STROKE FOUNDATION, INTERVIEWED BY PAT HESSION ON ABC WESTERN QUEENSLAND MORNING SHOW**

**PAT HESSION:** How would you know if you were having a stroke? Would you recognise the signs, if you could see that someone beside you wasn't going too well, and maybe something needed to be done? Apparently, especially we mere males, are really the ones who have got a lot of learning to do when it comes to this particular issue. Now joining me I've got the National Stroke Foundation's Dr Erin Lalor, good morning, Erin.

**DR ERIN LALOR:** Good morning, Pat.

**PAT HESSION:** Let's just have a go at this, I'll try myself out. What I think is a stroke is a blood clot, similar to what you might get, say if it's circulating round your body, and it went into your heart, you'd get a heart attack, except it goes into your brain. Am I even close to being on the money?

**DR ERIN LALOR:** You are close.

**PAT HESSION:** OK, there we go, well that's good news in at least some ways, I guess. But other than that, I'd have to be honest and say I don't know too much either. What can you tell us?

**DR ERIN LALOR:** Well, you've just identified one of the similarities that many people see, and that is the similarity between heart attack and stroke. The problem with that though is that many people are confusing heart attack and stroke, so we've still got about three out of 10 people in Australia who think that a stroke is something that affects the heart. And that concerns us, because if they're not recognising that a stroke affects the brain, they're not picking up on the signs of stroke, that are quite clear in many instances, that prompt someone to get to hospital in time to get treatment.

**PAT HESSION:** Why don't we have a good handle on this, do you think?

**DR ERIN LALOR:** I think for a long time there's been a misperception in the community that stroke is something you can't do anything about, and that it only happens to old people. About 30 years ago, that was the case, we couldn't do anything to prevent stroke then, we didn't know of any preventative strategies, and we certainly didn't know of anything that could be done to treat someone who'd had a stroke. But that's very different in 2006, we now have very good data that tells us how we can reduce your risk of stroke, and we also have three excellent treatments for stroke that can be provided in hospitals.

# Radio Interview

- PAT HESSION: All right, well where should we go to? Maybe we should start off on the prevention side of things, before it gets too late. Is it just the exercise, healthy diet sort of mantra that you need to follow on this one?
- DR ERIN LALOR: It is. We encourage people to exercise for 30 minutes every day of the week, to eat a diet that's low in salt, which is very important, and high in fruit and vegetables. If you're a smoker, stop, and I'm not the only one saying that, I'm sure- -
- PAT HESSION: No, that's right.
- DR ERIN LALOR: But also one of the key risk factors for stroke is blood pressure, so we encourage people to know their blood pressure, and if it's high, to do something about it.
- PAT HESSION: Are there are groups that you could single out as being more susceptible?
- DR ERIN LALOR: We do know that men are more at risk of stroke than women, so whilst we see more women in the Australian community having a stroke because they live longer, men are more likely to have a stroke than women.
- PAT HESSION: But conversely, we know less about it?
- DR ERIN LALOR: That's right, so our recent survey that we did nationally, demonstrated that although the signs and understanding of stroke is improving, it's still lower in the male population than it is amongst women.
- PAT HESSION: So what's the problem with that, don't you just call an ambulance, and they can take care of it?
- DR ERIN LALOR: They can, but many people actually believe that if something happens that looks like a stroke, they'll just sit and wait, and see what happens. So the signs of stroke include weakness and numbness, difficulty speaking, sudden onset of dizziness or loss of vision, sudden onset of headache, or difficulty swallowing, and those signs can be quite mild in some instances, so you may just have slight numbness or weakness in your hand that stops you from picking up your cup of tea, and you think, it's nothing to worry about, I'll wait and see how I go. Whereas in actual fact we know that the sooner you get to hospital, the better chances you have of making a good recovery.
- PAT HESSION: All right, so what are some of the things that happen when you get to the hospital that have, I guess, changed as treatments have improved?

# Radio Interview

- DR ERIN LALOR: One of the things that's happened is that we now have a drug that can be given to people with a certain type of stroke, this stroke affects about 85 per cent of the people with stroke, it's a drug that dissolves the clot that's stopping blood from getting to your brain, but it must be given in the first three hours of stroke, which is why the time factor is so important. And you need to have a brain scan before you're given it, and you need to be given it by a stroke specialist.
- PAT HESSION: How long does a stroke take to actually happen then?
- DR ERIN LALOR: As soon as the blood supply is blocked to your brain, your brain cells start to die, because they're not getting the oxygen and the food that they need to survive. And as they die, they actually start to affect the brain cells that sit next to them, so they set off this chain reaction in your brain that leads to greater disability in people who survive stroke. So the sooner we can get your blood flowing back to your brain, and taking all that important food and oxygen up there, the better off you're going to be.
- PAT HESSION: So how do you know then - well how long does a stroke take then? If you've got to have this medicine within three hours, that sounds to me as though it could last for 24 hours, or even longer?
- DR ERIN LALOR: That's right, so- -
- PAT HESSION: It can?
- DR ERIN LALOR: A stroke will last - once the brain cells have died, they are very difficult to get back again, rehabilitation will help you recover function, but a stroke really is very difficult to treat, once it's started to happen, unless you get access to this clot busting drug. People who get onto a stroke unit, which is where you get coordinated care, will also have a good outcome. But you raise an interesting point, Pat, because some of the signs of stroke, like the weakness that I've just spoken about, could go away, so you might have what we call a transient ischemic attack, which is a TIA- -
- PAT HESSION: Yes, so it could drop in and drop out a little bit, and you think, well I've come good, there's nothing to worry about, yes.
- DR ERIN LALOR: That's right, that's exactly right, and we encourage people if they experience any of the signs of stroke, to seek immediate medical attention, even if they go away.
- PAT HESSION: All right, well we've spoken about the types of stroke, I guess, or types of symptoms that there might be, with those symptoms in mind, what are some of the things that people write it off as, instead of thinking it's a stroke and doing something about it?

# Radio Interview

- DR ERIN LALOR: Some people might write it off as migraine, and it's often confused with migraine, and that's why you need to see a doctor, if you think that you're having a stroke, some people will describe it as pins and needles, or just pain, not really working properly, difficulty speaking is an interesting one, we had one man who was out to dinner with his father, and he'd read an article about the signs of stroke about a week before, and his father started to slur his speech, and his brother said, "No, he's had a few too many wines", and this man said, "Actually no, I think he's having a stroke", and they took him to hospital, and he was having a stroke.
- PAT HESSION: So what, better to save the embarrassment, better not to worry about the embarrassment of potentially - that he was having a couple of wines too many- -
- DR ERIN LALOR: That's right.
- PAT HESSION: - -than to leave it a little bit too long.
- DR ERIN LALOR: Well, he ended up with a very good result, he received treatment and was home.
- PAT HESSION: Well that's a pretty good result in anyone's book, isn't it?
- DR ERIN LALOR: Yes.
- PAT HESSION: Erin, thank you very much for spending a bit of time with us this morning.
- DR ERIN LALOR: You're welcome, Pat, thanks for inviting me.
- PAT HESSION: Dr Erin Lalor, who's with the National Stroke Foundation, a few details on a couple of the things that we blokes need to really be paying attention to, by the sounds of it.

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