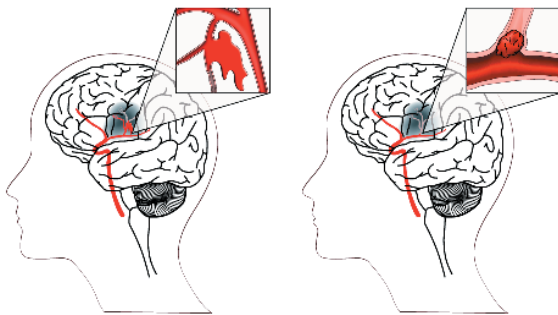




All about stroke

What is a stroke?

A stroke happens when the blood going to the brain through the arteries is suddenly disrupted or stopped. Blood may stop moving through an artery because it is blocked by a blood clot or plaque (this is called an **ischaemic stroke**) or because the artery breaks or bursts (this is called a **haemorrhagic stroke**).



Haemorrhagic stroke

Ischaemic stroke

When blood stops flowing, the brain does not receive the oxygen it needs, and therefore brain cells in the area die and permanent damage may be done.

What is a TIA?

TIA stands for transient ischemic attack, or a 'mini-stroke'. The risk factors and symptoms of a TIA are the same as those for a stroke. But the symptoms of TIA go away within 24 hours. Someone who has a TIA has a much greater chance of having a stroke and TIA should not be ignored.

How do I recognise the signs of stroke or TIA?

To help recognise the signs of stroke, ask three simple questions:

Face – can the person smile? Has their mouth or eye drooped?

Arm – can the person raise both arms?

Speech – can the person speak clearly and understand what you say?

Time – act **FAST** call 000.

Stroke is a medical emergency. If you see any of the signs of stroke call 000 immediately to get an ambulance.

Other signs of stroke include:

- **Dizziness**, loss of balance or an unexplained fall
- **Loss of vision**, sudden or decreased vision in one or both eyes
- **Headache**, usually severe and of abrupt onset or unexplained change in the pattern of headaches
- **Difficulty eating and drinking**

What are the effects of a stroke?

The effects of stroke are different for every person and depend on where in the brain the stroke happens, the size of the stroke, your general health and how quickly you were able to get medical treatment. After a stroke, you might experience difficulties with the following:

- **Walking or standing**
- **Using your arm**
- **Communicating:** difficulty talking, understanding what people are saying to you, reading, writing or a combination of these
- **Thinking:** difficulty with your thinking skills and memory including remembering time and place and difficulty concentrating
- **Balancing or co-ordinating movements:** difficulty standing or sitting without falling or leaning to one side.
- **Swallowing:** difficulty swallowing different foods, drinks or even your saliva.
- **Vision:** difficulty seeing the things to one side or perceiving how close objects are.
- **Ignoring one side of the body:** difficulty looking towards or acknowledging the weaker side of your body.
- **Sensation:** difficulty receiving messages from your five senses (smell, touch, taste, sight, and hearing).
- **Toileting:** difficulty controlling your bladder and bowel movements.



- **Emotions:** feelings of anger, frustration, grief, loss and **depression** are common.
- **Fatigue:** feeling of exhaustion, weariness or feeling too tired to do something.
- **Sexual activity:** feeling worried about having sex or experiencing physical changes that make intercourse difficult
- **Appetite:** not wanting to eat or drink as much as you used to.

Prevention

How can I prevent a stroke or having another stroke?

You can prevent a stroke by knowing and controlling your risk factors.

There are a number of factors that increase your risk of stroke. Some of the risk factors for stroke cannot be controlled. These include age, gender and a family history of stroke.

There are a number of risk factors you can control to reduce your chances of having a stroke:

- **High blood pressure**
- **High cholesterol**
- **Irregular heartbeat** (atrial fibrillation)
- **Diabetes**

Medications to reduce your risk of stroke include:

Blood pressure lowering drugs

(Antihypertensives) - should be taken by all people who have had a stroke or TIA unless there is a medical reason not to.

Antiplatelet drugs - thin the blood and help prevent the blood from forming clots. All people with an ischaemic stroke should be on antiplatelets unless there is a medical reason not to.

Anticoagulants - help keep existing blood clots from growing larger in the blood vessels and prevent new clots from forming.

Cholesterol lowering drugs: should be taken by all people who have had an ischaemic stroke or diagnosed with a TIA unless there is a medical reason not to.

Some key tips to prevent stroke are:

- Exercise - up to 30 minutes of light exercise a day
- Reduce your salt intake if you have high blood pressure
- Eat plenty of fruit and vegetables
- Reduce your dietary fat intake
- Stop smoking and avoid second hand smoke
- Take your medications as they are prescribed
- Enjoy a social life and keep positive
- Ask your doctor for more advice

Assessment

What tests should I have after a stroke or TIA?

Early testing after stroke will help find out what type of stroke you have had, what has caused it, where in the brain your stroke is, the effects of your stroke and your general health.

Every person who has a stroke or TIA should have:

- **Brain Scan: CT (computer tomography) or MRI (magnetic resonance imaging)**

Some of the tests you may have include:

- **Blood tests**
- **Carotid ultrasound**
- **Heart tests**

Treatment

What treatment should I receive?

Early treatment after stroke is critical. There are three proven treatments for stroke:

1. **Care on a stroke unit** - A stroke unit is an area in a hospital where a specialised stroke team looks after people with stroke.
2. **tPA** - If you arrive at the hospital within 2–3 hours of your stroke, you may be treated with a drug known as thrombolysis (or tPA). This drug breaks down the blood clot that caused your stroke. It can only be given to people with an ischaemic stroke.
3. **Aspirin:** given as early as possible (and within 48 hours) to people with ischaemic stroke.



Who will help me with my recovery?

Your stroke team is a group of health professionals who are responsible for your assessment, daily care, treatment and the provision of education and support to you and your family/carer.

- **Doctor:** co-ordinates your medical care and assists you and your family/carer to make informed choices.
- **Nurse:** provides 24 hour a day care.
- **Dietitian:** ensures you get the nutrition and fluid you require.
- **Occupational therapist:** helps you perform everyday tasks and gives you advice on equipment that can help.
- **Physiotherapist:** helps you improve the way you move after your stroke.
- **Psychologist:** helps assess your thinking skills and with coping and adjustment to life after stroke.
- **Speech pathologist:** helps you speak or understand what is said to you. Helps with difficulties swallowing.
- **Social worker:** helps with the emotional and social results of your stroke and organises community resources.

Will I need rehabilitation?

Early rehabilitation will increase your chances of a good recovery. Rehabilitation needs are different for everyone. Rehabilitation can happen within the hospital you are being treated at, at another hospital, at a community health centre or within your home. You and your treating stroke team will set individual goals to help with your recovery which will change over time as you progress.

Rehabilitation usually stops when there are no significant changes with your recovery. You can continue to work on your own recovery by setting your own goals and working towards achieving them. Recovery can occur over a long period of time without therapy so continue to practise activities over and over to teach your body to do things differently.

Leaving the hospital

Discharge planning

Before you leave the hospital, the stroke team will talk with you and your family/carer in a family meeting. Together you will talk about your support needs, who can assist with these, returning to work, leisure, sexuality and return to driving should be discussed. You will develop a plan for going home. Ask as many questions as you need during the family meeting.

Discharge to a residential facility

If you are unable to look after yourself independently and your care needs are too great for your family/carer, your stroke team will recommend discharge to a residential facility. Information regarding residential care options will be provided by your social worker. For some stroke survivors this may only be a temporary measure while you continue to improve.

Life after stroke or TIA

Getting used to life after stroke or TIA can be difficult. Many stroke survivors and TIA survivors are afraid of having another stroke. Many find it difficult relying on others to help them while they regain their independence. When you go home, your family and friends will be your most valuable support.

Depression

Depression is not just a low mood but a serious condition resulting in difficulty carrying out normal daily activities. Up to two thirds of people who have a stroke will experience depression. Depression is also common in carers. If you are concerned about depression in yourself or someone else it is important you talk to your doctor. For more information contact beyondblue 1300 22 4636.

Medications

It is important you continue any medications that you have been prescribed by your doctor. If you notice any side effects, have any questions or are thinking about stopping your medications, it is important you speak to your doctor.



Bladder control

Difficulty with bowel and bladder control is common after stroke. It can be frustrating, embarrassing and distressing but there are things that can be done to get better. It is important you talk to your doctor to get the right information to help you get your bowel and/or bladder control back. Call the National Continence Helpline (1800 33 00 66) for more information.

Fatigue

Fatigue is a feeling of early exhaustion, weariness or feeling too tired to do something. It can present in the initial weeks or months after a stroke and for some stroke survivors, persist years later. For many people however it does improve with time.

Driving

Driving is a complex task requiring many skills and can be difficult for stroke survivors. It is recommended you do not drive for a minimum of one month following a stroke or TIA. Speak to your doctor before you start driving again to get medical clearance. It is your legal responsibility to notify your local licensing authority of any changes to your medical status.

Leisure

There can be huge sense of loss associated with a stroke. It is important that you resume your old hobbies and interests if possible, and explore new interests where appropriate. Community centres provide leisure activities and many courses of interest that you might enjoy.

Working after a stroke

Returning to work can be difficult due to physical changes, lack of motivation, fatigue, and reduced concentration or memory. However going back to work may be important for personal and financial reasons. Your local Centrelink (13 23 00) and Community Rehabilitation Service (1800 624 824) can help you find work.

Finances

Stroke can have an effect on your finances, especially if you were working before the stroke. If you are unable to return to work you may be eligible for a Disability Support Pension. You can get more information from Centrelink (13 23 00).

Sexuality

A stroke can cause physical and emotional changes that can affect your ability or desire to have sex. Some medications can also cause side effects reducing libido.

Many people are afraid of resuming sex because they think it will increase their risk of another stroke or TIA. Research shows there is no connection between sex and stroke and that moderate exercise is actually beneficial for people with stroke.

Talk to your doctor about any concerns you may be having.

Family

Your stroke and TIA is likely to have an impact on your family. The roles of family members may need to change including dealing with finances, household chores, shopping, cooking or parenting.

You and your family may need to consider help from others. You should discuss such changes with your family.

Children often ask a lot of questions and have many fears after a family member has a stroke. Children should be considered and involved in family discussions and/or provided time to ask their questions.

What can I do to make the most of my recovery?

- Keep fit and active
- Talk to other stroke survivors and carers
- Follow your rehabilitation plan
- Take your medications as prescribed
- Start to do the things you did before your stroke as early as possible



Carer – What does this mean for me?

When stroke survivors go home, they often rely on others to help them with everyday activities. These people – the carers – are also affected by the stroke.

If you are a carer it is important that you don't feel alone – especially if you don't have family members to give help and support. The changes in your life and relationship with the person you are caring for may be very frightening and stressful. You may have mixed feelings about being a carer and feel resentful about the changes in your life. These are normal feelings and reactions.

It is important you remember your own needs. You should continue to do the things that you did before your life was affected by stroke.

Carers often need to ask for assistance. This may be from other family members, friends, carer support groups or community services. Giving yourself a regular break is also recommended. Regular respite can allow you to have a holiday for a few weeks through the year.

For more information call the Carer Resource Centre on 1800 242 636 or Carers Australia on (02) 6122 9900

More information

Call StrokeLine on 1800 787 653 (free call) or visit our website www.strokefoundation.com.au

Other languages

This factsheet is also available in the following languages:

- Arabic
- Chinese
- Greek
- Italian
- Vietnamese



National Stroke Foundation. ABN 420 061 733 79
Level 7, 461 Bourke Street, Melbourne VIC 3000
Phone: 03 9670 1000 Fax: 03 9670 9300
StrokeLine: 1800 787 653
Email: admin@strokefoundation.com.au
www.strokefoundation.com.au
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