



Patient Information

Stroke: Prevention and Recovery

To work properly, your brain cells need a constant supply of fresh oxygen and nutrients, which are delivered by the blood. During a stroke, or “brain attack,” the blood flow to a part of the brain is interrupted long enough for brain cells in that area to die. This can cause problems in parts of your body controlled by that area of the brain—or even death.

Strokes are divided into two main categories: *ischemic* (is-**kee**-mick) and *hemorrhagic* (hem-eh-**raj**-ick). Ischemic strokes, which account for about 85% of the 700,000 brain attacks that occur each year in the United States, result from a clot or fat deposit clogging an artery in the brain. Hemorrhagic strokes occur when blood leaks into the brain from a broken vessel.

Stroke is the third leading cause of death in this country, behind heart disease and cancer. But more than 75% of those who have a stroke each year survive. While some recover completely, most are left with some degree of physical or mental disability. The good news is that stroke is preventable. And even if you’ve had a stroke, recent breakthroughs in treatment and rehabilitation are making life after stroke easier and better.

How do I know if I’m at risk?

Anyone can have a stroke, but certain factors—such as advanced age, male gender, and being black or Hispanic—increase the

risk. Fortunately, you have some control over the most important risk factors for stroke. For example, your stroke risk is much higher if you have high blood pressure, high cholesterol, heart disease, diabetes, or an abnormal heart rhythm; or if you smoke, drink heavily, or use illegal drugs (especially cocaine). And once you’ve had a stroke, you’re more likely than before to have another one.

What are the warning signs?

Some strokes cause severe headaches, but most cause no pain at all. During a stroke, you may notice sudden weakness, especially on one side of your body; numbness of the face, arms, legs, hands, or feet; confusion; loss of balance; or difficulty speaking, understanding, seeing, or walking.

If these symptoms last only a few minutes or hours, you might be having a transient ischemic attack, otherwise known as a TIA. While TIAs don’t cause permanent damage (because the blood flow to the brain is interrupted only temporarily), they are important warning signs that a stroke may be in your future.

When do I need medical attention?

If you have any symptom of stroke, don’t ignore it! Go to the emergency room at once. During a stroke, “time is brain.” The first three hours of a stroke are what doctors call the “golden window” for preventing

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permanent disabilities. After that, fewer treatment options are available. You may not realize you're having a stroke while it's happening, so if family members and friends detect any of the warning signs, they should call 911 immediately.

How can I avoid the problem?

To prevent a stroke, adjust those risk factors over which you have control. If you have high blood pressure—the number one stroke risk factor—work with your doctor to lower it. If you have high cholesterol, which can lead to a buildup of fatty deposits in your blood vessels (another stroke risk factor), improve your diet and exercise habits and talk to your doctor about whether drugs can help bring it down. If you have diabetes, be sure to take your medications as directed to control your blood sugar. If you smoke or take illegal drugs, get counseling to quit. If you drink more than one or two alcoholic beverages a day, cut back.

Your doctor also may prescribe certain protective medications, including *anti-platelets* (an-tie-plate-lets), which keep your blood cells from sticking together, and *anticoagulants* (an-tie-co-ag-you-lents), which reduce your blood's ability to clot.

How is it treated?

During the first three hours of most ischemic strokes, your doctor can give you a drug called a *thrombolytic* (throm-bo-lit-ick), or "clot buster," which breaks up the clot that's cutting off the blood supply to your brain. Once your condition has stabilized, your doctor will determine how much of your brain has been damaged, and what

effect this damage may have on your physical and mental abilities. Stroke affects everyone differently, and recoveries vary widely. Some people have only minor problems, while others need years of rehabilitation and counseling to overcome such long-term disabilities as paralysis or difficulty with language, memory, attention, or learning.

During recovery, you might feel frustrated or challenged by tasks that once seemed simple, such as answering the phone, ordering a meal, or reading a book. If your stroke was very severe, rehabilitation may be a lifelong process—and you may not recover completely. But therapy and determination can help. Ask your doctor about programs that are designed to help you regain the physical and mental abilities you lost and to prevent future strokes.

An occupational therapist can help you readjust to home life. You may need to modify parts of your house to accommodate your new needs. For example, doorways may have to be widened or counters lowered if you're using a wheelchair. Door-knobs and cabinet handles may need to be changed if you've lost some of your gripping ability. It's also a good idea to clear pathways and secure rails and rugs to prevent falls.

You may find that you need special tools to help you dress, bathe, or prepare meals. It may take a while to adapt to this new way of life, but remember, realistic goals, dedication, and a positive attitude can make this transition easier. After a stroke, many people find that encouragement and support from family and friends are key ingredients for a successful recovery. ●

