

STROKE

A stroke is a serious, life-threatening medical condition that occurs when the blood supply to part of the brain is cut off.

Strokes are a medical emergency and urgent treatment is essential because the sooner a person receives treatment for a stroke, the less damage is likely to happen.

IF YOU SUSPECT THAT YOU OR SOMEONE ELSE IS HAVING A STROKE, PHONE 999 IMMEDIATELY AND ASK FOR AN AMBULANCE.

SIGNS AND SYMPTOMS

The main symptoms of stroke can be remembered with the word FAST: Face-Arms-Speech-Time.

- **Face:** the face may have dropped on one side, the person may not be able to smile or their mouth or eye may have dropped.
- **Arms:** the person with suspected stroke may not be able to lift both arms and keep them there because of arm weakness or numbness in one arm.
- **Speech:** their speech may be slurred or garbled, or the person may not be able to talk at all despite appearing to be awake.
- **Time:** it is time to dial 999 immediately if you see any of these signs or symptoms.

WHY DO STROKES HAPPEN?

Like all organs, the brain needs the oxygen and nutrients provided by blood to function properly. If the supply of blood is restricted or stopped, brain cells begin to die. This can lead to brain injury, disability and possibly death.

There are two main causes of strokes:

- **ischaemic** where the blood supply is stopped due to a blood clot (this accounts for 85% of all cases)
- **haemorrhagic** where a weakened blood vessel supplying the brain bursts

There is also a related condition known as a transient ischaemic attack (TIA), where the supply of blood to the brain is temporarily interrupted, causing a “mini-stroke” often lasting between 30 minutes and several hours. TIAs should be treated seriously as they are often a warning sign that you are at risk of having a full stroke in the near future.

WHO IS AT RISK?

In the UK, strokes are a major health problem. Every year, around 110,000 people have a stroke in England and it is the third largest cause of death, after heart disease and cancer. The brain injuries caused by strokes are a major cause of adult disability in the UK.

Older people are most at risk of having strokes, although they can happen at any age including in children. If you are south Asian, African or Caribbean, your risk of stroke is higher. This is partly because of a predisposition (a natural tendency) to developing high blood pressure (hypertension), which can lead to strokes.

Smoking, being overweight, lack of exercise and a poor diet are also risk factors for stroke, as are high cholesterol, atrial fibrillation and diabetes.

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HOW STROKES ARE TREATED

Treatment depends on the type of stroke you have, including which part of the brain was affected and what caused it.

Most often, strokes are treated with medication. This generally includes medicines to prevent and remove blood clots, reduce blood pressure and reduce cholesterol levels.

In some cases, surgery may be required to treat brain swelling and reduce the risk of further bleeding in cases of haemorrhagic strokes.

LIFE AFTER A STROKE

Around one in every four people who has a stroke will die, and those who do survive are often left with long-term problems resulting from the injury to their brain.

Some people need to have a long period of rehabilitation before they can recover their former independence, while many will never fully recover and will need support adjusting to living with the effects of their stroke.

Local authorities should provide free “reablement services” for anyone assessed as needing them. These services help the person recovering from a stroke to learn or relearn the skills necessary for independent daily living at home. Read more about the reablement services you may be entitled to. Around half the people who have a stroke will be dependent on some form of care for help with their daily activities.

For example, a care worker could come to the person’s home to help with washing and dressing, or even just to provide companionship. Read more about care services in your home.

A team of specialists are also available to help, including physiotherapists, psychologists, occupational therapists, speech therapists and specialist nurses and doctors.

If you’re recovering from a stroke or caring for someone who is, it may be useful to read your guide to care and support. This is written for people with care and support needs, as well as their carers and relatives.

CAN STROKES BE PREVENTED?

You can significantly reduce your risk of having a stroke through a healthy lifestyle, such as eating a healthy diet, taking regular exercise, drinking alcohol in moderation and not smoking.

Lowering high blood pressure and cholesterol levels with medication also lowers the risk of stroke substantially, as does taking anticoagulant medication if you have an irregular heartbeat due to a condition called atrial fibrillation.

If you have had a stroke or TIA in the past, these measures are particularly important because your risk of having another stroke in the future is greatly increased.

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RECOVERING AFTER A STROKE

PSYCHOLOGICAL IMPACT

Two of the most common psychological problems that can affect people after a stroke are:

- depression many people experience intense bouts of crying and feel hopeless and withdrawn from social activities
- anxiety where people experience general feelings of fear and anxiety, sometimes punctuated by intense, uncontrolled feelings of anxiety (anxiety attacks)

Feelings of anger, frustration and bewilderment are also common.

You will receive a psychological assessment from a member of your healthcare team soon after your stroke to check if you are experiencing any emotional problems.

Advice should be given to help deal with the psychological impact of stroke. This includes the impact on relationships with other family members and any sexual relationship. There should also be a regular review of any problems of depression and anxiety, and psychological and emotional symptoms generally.

These problems may settle down over time but if they are severe or last a long time, GPs can refer people for expert healthcare from a psychiatrist or clinical psychologist.

For some people, medicines and psychological therapies, such as counselling or cognitive behavioural therapy (CBT) can help. CBT is a therapy that aims to change the way you think about things to produce a more positive state of mind.

COGNITIVE IMPACT

Feelings of anger, frustration and bewilderment are also common.

“Cognitive” is a term used by scientists to refer to the many processes and functions our brain uses to process information.

One or more cognitive functions can be disrupted by a stroke, including:

- communication both verbal and written
- spatial awareness having a natural awareness of where your body is in relation to your immediate environment
- memory
- concentration

Executive function the ability to plan, solve problems and reason about situations praxis the ability to carry out skilled physical activities, such as getting dressed or making a cup of tea.

As part of your treatment, each one of your cognitive functions will be assessed, and a treatment and rehabilitation plan will be created.

You can be taught a wide range of techniques that can help you re-learn disrupted cognitive functions, such as recovering communication skills through speech therapy (see below).

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There are also many methods to compensate for any loss of cognitive function, such as using memory aids, diaries and routines to help plan daily tasks.

Most cognitive functions will return after time and rehabilitation, but you may find they do not return to their former levels.

The damage that a stroke causes to your brain also increases the risk of developing vascular dementia. The dementia may happen immediately after a stroke or may develop some time after the stroke occurred.

MOVEMENT PROBLEMS

Strokes can cause weakness or paralysis in one side of the body and can result in problems with co-ordination and balance.

Many people also experience extreme tiredness (fatigue) in the first few weeks after a stroke, and may also have difficulty sleeping, making them even more tired.

As part of your rehabilitation you should be seen by a physiotherapist, who will assess the extent of any physical disability before drawing up a treatment plan.

Physiotherapy will often involve several sessions a week, focusing on areas such as exercises to improve your muscle strength and overcome any walking difficulties.

The physiotherapist will work with you by setting goals. At first, these may be simple goals such as picking up an object. As your condition improves, more demanding long-term goals, such as standing or walking, will be set.

A care worker or carer, such as a member of your family, will be encouraged to become involved in your physiotherapy. The physiotherapist can teach you both simple exercises you can carry out at home.

If you have problems with movement, you may also receive help from an occupational therapist, who can assess your ability to carry out everyday tasks and find ways to manage any difficulties. Occupational therapy may involve adapting your home or using equipment to make everyday activities easier, and finding alternative ways of carrying out tasks you have problems with.

COMMUNICATION PROBLEMS

After having a stroke, many people experience problems with speaking and understanding, as well as reading and writing.

This is called aphasia, or dysphasia, when it is caused by injury to the parts of the brain responsible for language. If the problems are caused by muscles involved in speech being affected, this is known as dysarthria.

You should see a speech and language therapist as soon as possible for an assessment, and to start therapy to help you with communication skills.

This may involve exercises to improve your control over your speech muscles, as well as using communication aids (such as letter charts and electronic aids) and alternative methods of communication (such as gestures or writing).

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SWALLOWING PROBLEMS

The damage caused by a stroke can interrupt your normal swallowing reflex, making it possible for small particles of food to enter your respiratory tract (windpipe).

Problems with swallowing are known as dysphagia. Dysphagia can lead to damage to your lungs, which can trigger a lung infection (pneumonia).

To prevent any complications from dysphagia, you may need to be fed using a feeding tube during the initial phases of your recovery. The tube is usually put into your nose and then passed into your stomach (nasogastric tube), but it may be directly connected to your stomach with a minor surgical procedure carried out using local anaesthetic (a percutaneous endoscopic gastrostomy, or PEG, tube).

In the long term, you will usually see a speech and language therapist several times a week for treatment to manage your swallowing problems. This may involve tips to make swallowing easier (such as taking smaller bites of food and advice on posture) and exercises to improve control of the muscles involved in swallowing.

VISUAL PROBLEMS

Stroke can sometimes damage the parts of the brain that receive, process and interpret information sent by the eyes. This can result in losing half of the field of vision for example only being able to see the left or right hand side of what is in front of you.

Strokes can also affect the control of the movement of the eye muscles. This can cause double vision.

If you have any problems with your vision after a stroke, you will be referred to an eye specialist called an orthoptist who can assess your vision and suggest possible treatments.

For example, if you have lost part of your field of vision, you may be offered eye movement therapy. This involves exercises to help you look to the side with the reduced vision.

You may also be given advice about particular ways to perform tasks that can be difficult if your vision is reduced on one side, such as getting dressed.

BLADDER AND BOWEL CONTROL

Some strokes damage the part of the brain that controls bladder and bowel movements. This can result in urinary incontinence and difficulty with bowel control.

Some people who have had a stroke may regain bladder and bowel control quite quickly, but if you still have problems after leaving hospital, help is available from the hospital, your GP and specialist continence advisors.

Don't be embarrassed seek advice if you have a problem, as there are lots of treatments that can help. These include bladder retraining exercises, medications, pelvic floor exercises and the use of incontinence products.

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SEX AFTER A STROKE

Having sex will not put you at higher risk of having a stroke. There's no guarantee you won't have another stroke, but there's no reason why it should happen while you are having sex.

Even if you have been left with a severe disability, you can experiment with different positions and find new ways of being intimate with your partner.

Be aware that some medications can reduce your sex drive (libido), so make sure your doctor knows if you have a problem, as there may be other medicines that can help. Some men may experience erectile dysfunction after having a stroke. Speak to your GP or rehabilitation team if this is the case, as there are a number of treatments available that can help.

DRIVING AFTER A STROKE

If you have had a stroke, you cannot drive for one month. Whether you can return to driving depends on what long-term disabilities you may have and the type of vehicle you drive.

It is often not the physical problems that can make driving dangerous (such as pressing the pedals or holding the steering wheel) but the problems with concentration, reaction time and awareness that can develop after a stroke.

Your GP can advise about whether you can start driving again a month after your stroke or whether you need further assessment at a mobility centre.

PREVENTING FURTHER STROKES

If you have had a stroke, your chances of having another one are significantly increased.

Some studies have shown that, without treatment, you have around a 25% chance of having another stroke within five years and a 40% chance of having one within 10 years.

Therefore, you will usually require long-term treatment with medications aimed at improving the underlying risk factors for your stroke.

For example, you may need long-term treatment with medication to help lower your blood pressure, with anticoagulants or antiplatelets to reduce your risk of blood clots, or with statins to lower your cholesterol levels.

CARING FOR SOMEONE WHO HAS HAD A STROKE

There are many ways you can provide support to a friend or relative who has had a stroke to speed up their rehabilitation process. These include:

- helping to practice physiotherapy exercises in between their sessions with the physiotherapist
- providing emotional support and reassurance their condition will improve with time
- helping motivate the person to reach their long-term goals

You will also be encouraged to make lifestyle changes to improve your general health and lower your stroke risk, such as eating a healthy diet, exercising regularly, stopping smoking if you smoke and cutting down on the amount of alcohol you drink.

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BE PREPARED FOR CHANGED BEHAVIOUR

Someone who has had a stroke can often seem as though they have had a change in personality and appear to act irrationally at times. This is due to the psychological and cognitive impact of a stroke. They may become angry or resentful towards you. Upsetting as it may be, try not to take it personally.

It is important to remember that a person will often start to return to their old self as their rehabilitation and recovery progresses.

TRY TO REMAIN PATIENT AND POSITIVE

Rehabilitation can be a slow and frustrating process, and there will be periods of time when it appears little progress has been made.

Encouraging and praising any progress, no matter how small it may appear, can help motivate someone who has had a stroke to achieve their long-term goals.

MAKE TIME FOR YOURSELF

If you are caring for someone who has had a stroke, it is important not to neglect your own physical and psychological wellbeing. Socialising with friends or pursuing leisure interests will help you cope better with the situation.

ASK FOR HELP

There are a wide range of support services and resources available for people recovering from strokes, and their families and carers. This ranges from equipment that can help with mobility, to psychological support for carers and families.

The hospital staff involved with the rehabilitation process can provide advice and relevant contact information.

ADDITIONAL INFORMATION

THE STROKE ASSOCIATION

Stroke House, 240 City Road, London, EC1V 2PR
Tel : 0845 3033 100
www.stroke.org.uk