

UNDERSTANDING STROKES

JEWISH CARE

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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 the sooner a person receives treatment for a stroke, the less damage is likely to happen.

Someone has a stroke every five minutes in the UK, and strokes are the third most common cause of death and a major cause of adult disability in the UK. The cause varies from person to person but it's important to know what your personal risk factors are.

SIGNS AND SYMPTOMS

The main symptoms of a stroke and response required 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 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.

TREATING STROKE

Effective treatment of stroke can prevent long-term disability and save lives. The specific treatments recommended depend on whether a stroke is caused by a blood clot obstructing the flow of blood to the brain (ischaemic stroke) or by bleeding in or around the brain (haemorrhagic stroke). Treatment will usually involve taking one or more different medications, although some people may also need surgery.

WHY DO STROKES HAPPEN?

If you have had an ischaemic stroke, a combination of medications to treat the condition and prevent it from happening again will usually be recommended, these may include:

- **Thrombolysis** – 'Clot busting' injections of a medication called alteplase that dissolves blood clots and restores the flow of blood to the brain. Alteplase is most effective if started as soon as possible after the stroke occurs.
- **Antiplatelets** – Most people will also be offered a regular dose of aspirin or other antiplatelet medicines such as clopidogrel and dipyridamole. These make the platelets in your blood less sticky, reducing the chances of another clot forming.
- **Anticoagulants** – Some people may also be offered an anticoagulant to help reduce their risk of developing further blood clots in the future.

- **Antihypertensives** – If your blood pressure is too high, you may be offered medicines to lower it.
- **Statins** – If the level of cholesterol in your blood is too high, you will be advised to take a medicine known as a statin.

CAROTID ENDARTERECTOMY

Some ischaemic strokes are caused by narrowing of an artery in the neck called the carotid artery, which carries blood to the brain. The narrowing, known as carotid stenosis, is caused by a build-up of fatty plaques. If the carotid stenosis is particularly severe, surgery may be offered to unblock the artery.

RECOVERING AFTER A STROKE

Although some people may recover quite quickly, many people who have a stroke will need long-term support to help them manage any difficulties they have and regain as much independence as possible.

The injury to the brain caused by a stroke can lead to widespread and long-lasting problems including:

- **Psychological impact** – Depression and anxiety, anger, frustration and bewilderment are all common after a stroke.
- **Cognitive impact** – One or more cognitive functions can be disrupted by a stroke, including: communication, spatial awareness, memory, concentration, executive function, praxis.
The damage that a stroke causes to a person's 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.

- **Communication problems** – After having a stroke, many people experience problems with speaking and understanding, as well as with reading and writing.
- **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).
- **Visual problems** – Stroke can sometimes damage the parts of the brain that receive, process and interpret information sent by the eyes.
- **Bladder and bowel control** – Some strokes damage the part of the brain that controls bladder and bowel movements.
- **Sex after a stroke** – Having sex will not put you at higher risk of having a stroke. Even if you have been left with a severe disability, you can find new ways of being intimate with your partner.
- **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.

If you are effected by any of these issues do seek advice and support from your GP and other specialists supporting you.

CAN STROKES BE PREVENTED?

Physical changes as you grow older may affect your ability to look after yourself. Reduced vision and mobility may make it harder to spot problems with your feet when they are in their early stages. Urinary incontinence may be related to poor kidney function or poorly controlled diabetes.

NEED MORE INFORMATION, SUPPORT OR ADVICE?

JEWISH CARE DIRECT

A free confidential helpline that can provide advice and information about support on offer either from Jewish Care or other local service providers.

Telephone: 020 8922 2222

Email: helpline@jcare.org

Website: www.jewishcare.org

THE STROKE ASSOCIATION

Information about stroke or sources of support available after a stroke

Telephone: 0303 303 3100

Email: info@stroke.org.uk

Website: www.stroke.org.uk

HEADWAY – THE BRAIN INJURY ASSOCIATION

Range of services supporting people after brain injury .

Telephone: 0808 800 2244

Email: helpline@headway.org.uk

Website: www.headway.org.uk

DIFFERENT STROKES

Support and information for younger people affected by stroke.

Telephone: 0845 130 7172 or 01908 317618

Email: info@differentstrokes.co.uk

Website: www.differentstrokes.co.uk

NHS CHOICES

Website: www.nhs.uk

Please contact 020 8922 2450 if you require this information in larger print or an alternative format.