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The Health Column by Evelyn E. Ames

Strokes: Prevention/Treatment/Rehabilitation

Treatment stages of stroke include *prevention, acute therapy immediately after stroke* and *post-stroke rehabilitation*. Prevention focuses on behaviors that reduce risk factors. Acute therapy is the medical intervention to stop a stroke while it's happening (quickly dissolving blood clot causing an ischemic stroke or stopping bleeding of hemorrhagic stroke). Post-stroke rehabilitation includes physical therapy, occupational therapy, care giver therapy, speech therapy, etc. What follows after the hospital stay is vital to a stroke patient's recovery. A considerable amount of information is available on the Internet that addresses these three stages of treatment. You are referred to these sites and accompanying web pages for scientifically accurate and current information. National Institute on Neurological Diseases and Stroke (www.ninds.nih.gov); National Stroke Association (www.strokeassociation.org); American Stroke Association (www.stroke.org); St. Joseph Hospital of Peace Health at www.peacehealth.org/apps/Subject/SubjectInfo.asp?SubjectID=11&RegionOnly=&RegionID=5&x=16&y=9.

Risk factors for stroke you can't change: *Increasing age and gender* —People of all ages have strokes and the risk doubles every decade after age 55. The older you are, the greater the risk for stroke. *Heredity (family history) and race* —stroke risk is greater if a parent, grandparent, sister or brother has had a stroke. African Americans and Hispanics have a much higher risk of death from a stroke. *Prior stroke or heart attack* — means a person who has had a stroke or heart attack is at much higher risk of having another one. New guidelines recommend that risk factors for heart disease also be assessed after a stroke to prevent disability or death from a future heart problem.

National Institute on Neurological Diseases and Stroke (NIMDS) describes important risk factors that are treatable and may be controlled. High Blood Pressure (hypertension), one of the most important stroke risk factors, diabetes (type I and II), high low density (HDL's) and very low density (VLDL's), coronary artery disease, atrial fibrillation, endocarditis, and cardiomyopathy (best treated in concert with one's own physician and following recommended protocol), and eliminating tobacco use, including secondhand are explained at NIMDS). Other behavioral actions one can take include awareness that excessive use of alcohol, especially binge drinking, and women's awareness that hormone replacement therapy can increase risk of stroke. Healthful strategies to bring blood pressure down to normal range include maintaining proper weight, becoming more physically active, avoiding drugs (includes OTC) known to raise blood pressure, cutting down on salt intake, eating fruits and vegetables to increase potassium in diet, and checking with your physician about medications to help lower blood pressure. For further information about high blood pressure and other treatable risk factors, you are referred to NIMDS web site.

Recovery from a stroke depends on the location and amount of brain damage and the ability of other healthy areas of the brain to take over functioning for the damaged areas. In general, the less damage there is to the brain tissue, the less disability results and the greater the chances of a successful recovery. Regaining some abilities, such as speech, comes slowly, if at all. About half of all people who have a stroke will have some long-term problems with talking, understanding, and decision-making. They also may have behavior problems that affect their relationships with family and friends. Long-term complications of a stroke, such as depression and pneumonia, may develop right away or within months to years after a stroke. Some long-term complications may be prevented with proper home treatment and medical follow-up.

<http://www.peacehealth.org/kbase/topic/major/hw224638/descrip.htm>