

Living with Stroke:

Strategies to Live a Healthy Life



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STROKE RESOURCES

Brain Injury Peer Visitor Association

www.braininjurypeervisitor.org

National Stroke Association

www.stroke.org

American Stroke Association

www.strokeassociation.com

The Brain Attack Coalition

www.stroke-site.org



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WHAT IS A STROKE?

Strokes are described by:

- How the stroke occurs in the brain
- The area of the brain where it occurs

Symptoms depend on the area(s) of the brain affected by the stroke.

HOW THE STROKE OCCURS — ISCHEMIC VS. HEMORRHAGIC

Ischemic stroke is a blockage of an artery in the brain that prevents blood from carrying oxygen to brain cells.

- Leads to brain cell death in that region
- Loss of brain cells = loss of function

Blockages can occur by:

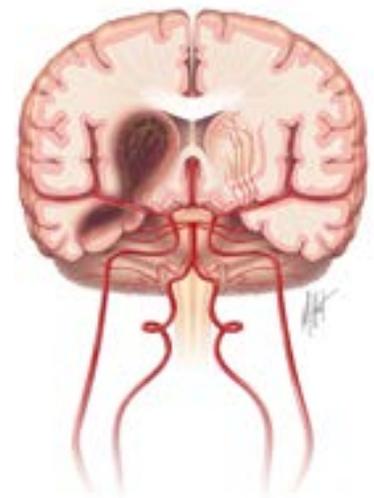
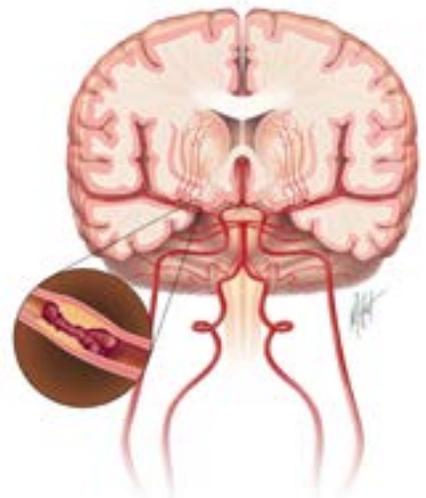
- Something floating through the artery becoming lodged
- Thickening of an artery wall

Blockages at the start of an artery cause more damage than a blockage further along in an artery, deeper in the brain.

- For example, if a river is blocked by a big boulder, at the start of the river flow, more land will be deprived of water. (In the brain, this would mean more function lost).
- Instead, if a blockage occurs in one of the tributaries further down the river, a smaller portion of land will be deprived of water (typically, less functional loss).

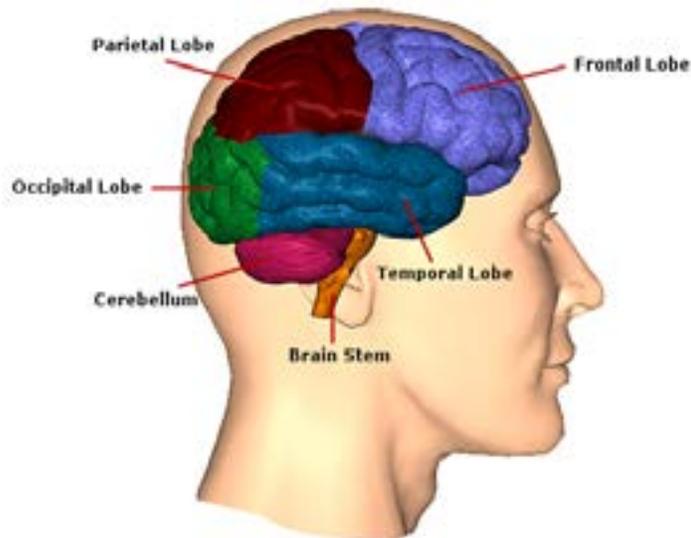
Hemorrhagic stroke is when a blood vessel breaks, leaking blood into spaces of the brain where blood shouldn't be.

- This is a potentially more dangerous type of stroke. Uncontrolled bleeding in the brain causes increased pressure in the skull.
- This type of stroke can quickly be life-threatening, sometimes requiring surgery to decrease pressure in the skull and on the brain.





AREAS OF THE BRAIN



Frontal Lobe

Controls Attention
Motivation
Emotional Control
Social Behavior
Judgment
Problem Solving
Decision Making
Expressive Language
Motor Integration
Voluntary Movement

Occipital Lobe

Visual Perception
Visual Processing
Perception and Recognition of
Printed Words

Cerebellum

Coordination of Voluntary Movement
Balance and Equilibrium
Fine Motor Coordination

Parietal Lobe

Touch Sensation
Awareness of Spatial Relations
Visual Attention

Left Hemisphere

Speech and Writing
Right Visual Field Problems
Temporal Lobe
Memory
Language Comprehension
Musical Awareness

Brain Stem

Vital Signs (heart rate, breathing,
temperature)
Level of Alertness

Right Hemisphere

Spatial/Perceptual
Inattention/Neglect
Body Awareness
Increased Distractibility
Left Visual Field Problems



STROKE PREVENTION

People who have had a stroke are at a 43% higher risk of a second stroke.

A big part of stroke recovery and prevention is managing stroke risk factors. The following information about medication use and general health guidelines may help prevent a stroke from occurring.

MEDICATIONS

- Tell your doctor about all the things you take for your health, including vitamins, herbs and over-the-counter medications.
- Only take medications that your doctor has prescribed for you. Always follow your doctor's instructions.
- Find out about medication side effects and what to do if they happen. If you need help, just ask your pharmacist or physician.
- Make a list of the medications you are taking, why you are taking them and how they should be taken.
- Get organized. Use a pillbox or chart to help organize your medications. Keep track of what to take and when. Be regular.
- You may leave the hospital with a small supply of medication. You will refill this supply at your local pharmacy. Make sure you have all the instructions and prescriptions you need, and order refills before you run out.





IF YOU'RE TAKING COUMADIN (WARFARIN) OR OTHER BLOOD THINNER:

- It is very important that your blood is tested regularly. Tests called PT/INR tell your doctor if your blood is clotting at the right level.
- Regulate your eating habits.
- Avoid drastic changes.
- Make sure you eat the same amount of dark green, leafy vegetables (like spinach) from day to day. These are high in vitamin K, which affects how Coumadin works in your body.
- Drink no more than a half cup of cranberry juice per day. Drinking more than this can affect how Coumadin works in your body. Your doctor may also tell you to avoid drinking grapefruit juice at the same time you take your Coumadin (doctor advice varies).
- Talk to your doctor before taking aspirin or arthritis medications. Acetaminophen (Tylenol) is best for pain because it doesn't interfere with Coumadin levels.

CALL YOUR DOCTOR if you notice bleeding from your gums, or blood in urine or stool.

PHYSICAL ACTIVITY

- Daily exercise is very important.
- Ask your rehabilitation team for a home exercise program suitable for your needs after discharge.
- Your rehabilitation team can help you develop a schedule for your exercise program, set achievable goals and track your progress.
- Think about coming back for a “tune-up” with your rehabilitation team every six months to a year.



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WEIGHT

- Stay at a healthy weight.
- Your healthcare provider may calculate your body mass index (BMI), a measure of body mass based on your height and weight.
- A BMI of 25 to 30 means you are overweight, and a BMI over 30 is a sign of obesity.

WHAT YOU EAT AND DRINK

- If you have trouble swallowing, you may need softer food and/or thickened liquids.
- Refer to your speech therapist's discharge instructions or talk with your physician.

HERE ARE SOME GENERAL HEALTHY EATING STRATEGIES:

- Eat whole-grain, high-fiber breads and cereals (3 to 6 servings a day).
- Eat a variety of fruits and vegetables. Choose fruits and vegetables with a wide variety of colors (green, white, red, yellow, orange and purple) to get the best nutrition (5-9 servings a day).
- Drink 5 to 8 glasses of water a day.
- Choose a diet low in saturated fat and moderate in total fat. Eat less animal fat. If you eat meat, eat white meat at least four times more often than red meat.
- Keep foods safe: keep them cold or keep them hot; wash hands and preparation surfaces often.
- If you're trying to maintain or lose weight, eat smaller portions. Don't "upsized" your meals at fast food restaurants.
- Reduce the amount of sugar and other refined carbohydrates in your diet; drink fewer high-sugar sodas and eat less white bread, junk food and candy.
- Choose and prepare foods with less salt, especially if you have any heart problems or a family history of heart disease. The DASH eating plan can help (see dietary resources, page 11).





HIGH BLOOD PRESSURE

- Talk to your doctor about what your blood pressure range should be.
- Learn how to take your blood pressure and keep a chart.
- Make sure you take your blood pressure medication regularly.
- Follow the DASH diet plan.

CHOLESTEROL

- Monitor and maintain healthy cholesterol levels.
- High cholesterol or plaque build-up in the arteries can block normal blood flow to the brain and cause a stroke. It may also increase the risk of heart disease and atherosclerosis (hardening of the arteries), which are both risk factors for stroke.
- Saturated fat (animal fat) can raise your blood cholesterol more than anything else in your diet.
- Being overweight or obese can also raise your risk for high cholesterol.

DIABETES

- People with diabetes have health problems that can increase the risk for stroke.
- If you have diabetes, follow your physician's recommendations for managing diabetes, which can reduce your risk of stroke.

HEART DISEASE

- Atrial fibrillation (AF), an irregular heart beat, increases your risk for stroke by five times. It is important to work with your doctor to control this heart condition.

ALCOHOL

- Drinking more than one or two alcoholic drinks each day can increase your stroke risk and lead to other medical problems, including heart and liver disease and possibly brain damage. Studies have shown that drinking too much alcohol has been negatively linked to stroke. If you drink more than two drinks per day you may be increasing your risk for stroke by 50%.



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STOP SMOKING

- Smoking doubles the risk for stroke when compared to a nonsmoker.
- Smoking reduces the amount of oxygen in the blood, causing the heart to work harder and allowing blood clots to form more easily. Smoking increases the amount of build-up in the arteries, which may block the flow of blood to the brain, causing a stroke.
- Good news! Smoking-induced strokes and overall stroke risk can be greatly reduced by quitting smoking.
- Talk to your medical team. They can help you plan a way to quit tobacco, and can suggest programs and methods to help you cope with the stress of quitting.

SMOKING CESSATION RESOURCES

QUIT FOR LIFE

1-866-QUIT-4-LIFE (1-866-784-8454)
www.freeclear.com/quit-for-life

FREEDOM FROM SMOKING

1-800-548-8252
www.ffsonline.org

Freedom from Smoking is an eight-week, class-based tobacco cessation program offered by the American Lung Association.

EX

www.becomeanex.org
The free EX plan is based on personal experiences from ex-smokers and the latest scientific research.





LIFE AFTER STROKE

Returning home after a stroke can be very scary. Your medical and rehabilitation team will help you prepare. They will provide you with specific instructions based on your needs. The following is general information about life after a stroke:

SAFETY

- Approximately 40% of stroke survivors will have a serious fall within the first year following their stroke.
- It is important to keep the environment safe to avoid accidents and injuries.
- Eliminate anything that might be dangerous.
- Keep your house organized and free of clutter.
- Keep pathways wide and clear of electrical cords or other obstacles.
- Remove throw rugs.
- Apply non-skid decals to the floor of the bath or tub.
- Be careful walking or maneuvering your wheelchair if you have pets.
- Keep a telephone within easy reach of your bed. Or, purchase an emergency alert system that will help you communicate an emergency situation. If you have trouble speaking, your speech therapist will help you decide on the best way to communicate.

ACCESSIBILITY

- It is important that you are able to move easily around your house and environment.
- You may need to modify your home. It may be as simple as moving furniture or more complicated like installing a ramp.
- Your rehabilitation team will help assess your home environment to determine what modifications will help you move around your house safely.



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INDEPENDENCE

- It is important for you to be as independent as possible.
- You may need special equipment to help you with activities like bathing and dressing. Some examples are grab bars or transfer benches.
- Your rehabilitation team will provide you with a list of equipment that will help maximize your independence at home.
- Many people ask about their ability to drive after a stroke. It is a complicated activity requiring a certain level of coordination, information processing and mobility. You will need to talk to your medical and rehabilitation team about the appropriate time to undergo a driver's evaluation, which will determine if you are safe to drive independently.
- Shepherd Center offers adapted driving services, which include on-the-road examinations, lessons and fittings for vehicle modifications. A doctor's referral is required for these services. You can learn more about these services by visiting www.shepherd.org/driving or calling 404-350-7760.

The following are home modification resources that might be helpful for you:

- disabilityresources.org
- homemods.org
- www.ncsu.edu/ncsu/design/cud





SUPPORT

- It is important for you to learn about stroke and have support in your community to be successful at home.
- For more information about stroke, contact the American Stroke Association at 1-888-4-STROKE (1-888-478-7653 or visit their website at StrokeAssociation.org).
- The American Stroke Association has a “Warmline” that will put you in contact with other stroke survivors and community stroke groups.
- Shepherd Center offers a **Peer Visitor Program** that will give you an opportunity to meet and talk with other people who are successfully coping after a stroke. Look at the education calendar for meeting times.
- **Stroke education classes** and **family adjustment groups** are provided at Shepherd Center. Refer to the family education calendar for dates, times and locations of classes and groups.

DIETARY RESOURCES:

National Agricultural Library

Food and Nutrition Information Center
10301 Baltimore Avenue Beltsville, MD 20705-2351
Nutrition.gov

National Institutes of Health

Dietary Approaches to Stop Hypertension (DASH)
The DASH eating plan can help you lower your blood pressure and eat healthier.
www.nhlbi.nih.gov



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ADDITIONAL RESOURCES

Centers for Disease Control
www.cdc.gov/stroke

Health Hope Network
www.healthhopenetwork.org

Stroke Network
www.strokenetwork.org

Stroke Support Meet Up Groups
www.strokesupport.meetup.com

Stroke Support Groups
www.stroke.supportgroups.com

National Aphasia Association
www.aphasia.org

National Institute of Neurological Disorders and Stroke
www.ninds.nih.gov

Family Caregiver Alliance
www.caregiver.org

Canadian Stroke Network
www.strokenetwork.ca

American Diabetes Association
www.diabetes.org

U.S Department of Agriculture
www.fnic.nal.usda.gov

Nutrition.gov
www.nutrition.gov

Here are some questions to ask your doctor. Always talk with your doctor about the specifics for you, your health and your situation.

What should my blood pressure range be? _____

How much salt can I have in my diet? _____

What is my cholesterol range? _____

What is a good weight for me to be? _____

What blood thinner medication am I taking? _____

If diabetic, what should my blood sugar range be? _____
