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STROKE PATIENT EDUCATION GUIDE

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Stroke Patient Education Guide

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Rev. 2/21

Purpose: This booklet is for informational purposes only and is not designed to replace your physician's advice or treatments. The information contained in this booklet may change, as practice guidelines change.

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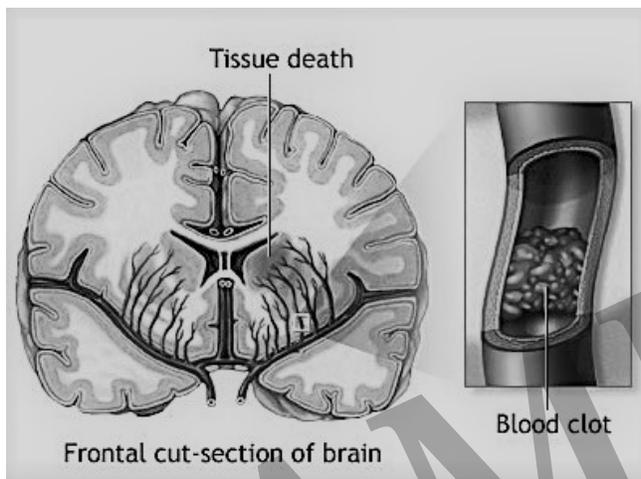
Research Resources: Department of Health and Human Services; National Institute of Health; American Stroke Association; National Stroke Association; American Heart Association; National Aphasia Organization; National Institutes of Health; Choose MyPlate

SECTION 1. Incidence of Stroke

Stroke is the fifth leading cause of death in the United States and one of the leading causes of serious, long-term disability. Studies have shown approximately 795,000 people in the U.S. have a stroke each year. Nearly one of four occurs in people who have had a previous stroke.

Stroke can occur at any age; however, over two-thirds of all strokes occur in persons age 65 and over. Each year, 55,000 more women than men have a stroke.

WHAT IS STROKE?



To understand stroke, it helps to understand the brain. The brain controls our movements, stores our memories, and is the source of our thoughts, emotions, and language. The brain also controls many functions of the body, like breathing and digestion. To work properly, your brain needs oxygen. Although your brain makes up only 2% of your body weight, it uses 20% of the oxygen you breathe. Your arteries deliver oxygen-rich blood to all parts of your brain.

A stroke is a sudden reduction or interruption of that blood supply to your brain. A stroke occurs when:

- A blood vessel bringing oxygen and nutrients to the brain is clogged by a blood clot or some other particle or becomes too narrow for blood to get through (called an ischemic stroke and accounts for 87% of all strokes); or
- A blood vessel bursts causing bleeding into or around the brain (called a hemorrhagic stroke and accounts for 13% of all strokes).

When a blood vessel in the brain ruptures or is blocked, part of the brain does not get blood flow or oxygen. The nerve cells in that part of the brain cannot function and the cells die within minutes. Brain damage can become irreversible within as little as an hour and often continues for days afterward. When brain cells die, function of the body parts they control is decreased or lost. Since dead brain cells cannot be replaced, the effects of a stroke are often permanent.

When a blood vessel in the brain bursts, pressure from the blood also compresses part of the surrounding brain tissue and interferes with how the brain functions. Severe or mild symptoms can result, depending on the amount of pressure. The increased pressure in the brain may prove fatal for some people; however, if the person survives, the pressure gradually goes away and the brain may regain some of its former function.

The effects of a stroke depend on the part of the brain that is affected. A stroke can cause:

- Paralysis or muscle weakness on one side of the body
- Pain
- Numbness and odd sensations
- Problems with balance and coordination (dizziness, trouble walking)
- Speech and language problems
- Memory, thinking, attention, learning and reasoning problems;
- Confusion
- Trouble swallowing
- Problems with bowel and bladder control
- Problems with vision and visual perception
- Trouble in controlling emotions
- Depression
- Coma
- Death

WARNING SIGNS OF STROKE

Stroke is a medical emergency. Few in the U.S. know the warning signs of a stroke. Learning the warning signs and acting **FAST** when they occur could save your life or the life of a loved one.

Use the **FAST** test to remember warning signs of stroke:

F = Face Ask the person to smile. Does one side of the face droop?

A = Arms Ask the person to raise both arms. Does one arm drift downward?

S = Speech Ask the person to repeat a simple sentence. Is the speech slurred or strange?

T = Time If you observe one or more of these warning signs, call **911 immediately**.

Not all the warning signs occur in every stroke. Do not ignore the warning signs of stroke, even if they go away! If you notice any of the stroke warning signs, check the time the first warning sign started. This information is important for medical personnel to determine the appropriate treatment. Effective therapies for stroke are now available that must be administered at a hospital within the first three (3) hours after stroke symptoms appear. **Every minute counts!**

It is not unusual for a person to deny that they may be having a stroke; however, insist on taking **FAST** action and do not take no for an answer. **Call 911** immediately if you or someone you are with has stroke symptoms.

SECTION 2. Stroke Risk Factors

Several factors are known to increase the risk of having a stroke. The more risk factors, the greater the chance for stroke. You obviously can't change or eliminate some risk factors for a stroke: family history, age, gender and race. But knowing you're at risk can motivate you to change your lifestyle to reduce other risks.

RISK FACTORS YOU CANNOT CHANGE

Age: The older you are, the greater your risk for stroke. Although stroke can occur at any age, the risk of stroke doubles for every ten years of age after the age of 55.

Gender: Stroke is more common in men at younger ages, but women have more strokes than men after the age 65. Pregnancy, childbirth and menopause are stroke risk factors that apply only to women. These risk factors are tied to the fluctuation of hormones and changes that affect a woman in different stages of life. Studies have shown that women who took high-dose estrogen birth control pills (the kind used in the 1960s and 1970s) have an increased risk of stroke. Safer, more effective birth control pills are now prescribed with lower doses of estrogen. This has helped to decrease the risk of stroke in women. Studies also suggest that hormone replacement therapy lowers the risk of stroke.

Heredity (family history): If your parent, grandparent, sister or brother has had a stroke, your stroke risk is greater. Keep in mind, some families may have a common lifestyle that contributes to familial stroke.

Race: The risk for stroke varies among different ethnic and racial groups. Black Americans have almost twice as many strokes as white Americans. Blacks, Hispanics, American Indians, and Alaska Natives may be more likely to have a stroke than non-Hispanic whites or Asians.

Prior Stroke or Heart Attack: The risk of having another stroke is much higher for someone who has had a previous stroke or previous heart attack. The risk is greatest right after a stroke; however, as time goes by the risk decreases. About 25% of people who recover from their first stroke will have another stroke within 5 years.

Location: People living in the “**stroke belt**” (southeastern United States) have the highest rate of stroke in the country. The primary reasons for the higher stroke rate are felt to be a higher percentage Black population; overall lower socioeconomic status leading to a lower standard of health care; regional differences in lifestyle, including a higher rate of cigarette smoking; greater than average obesity rates with a regional preference for salty, high-fat foods. The stroke belt includes the Alabama, Arkansas, Georgia, Indiana, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee and Virginia.



This file is just a small sample of this booklet

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