

Stroke and Transient Ischaemic Attack What You Need to Know

Introduction

This information is for people who have had a stroke or transient ischaemic attack (TIA) and their relatives and friends who care for them. It is designed to answer some of the commonly asked questions about stroke and its treatment. No two people are affected the same way by stroke. This document gives general information only and does not replace the important specific information you should receive from your doctor and health care team.

What is Stroke or a TIA?

Stroke is a type of brain injury. A stroke occurs when there is a sudden disruption in blood flow to the brain. The delivery of oxygen and nutrients to the brain is interrupted and the brain cells are damaged or die. When brain cells die, the bodily functions these cells normally control are lost. A stroke ranges in severity from a TIA, where symptoms get better within a few hours, to a severe stroke that may cause permanent disability or even death.

There are two types of stroke:

1. **ISCHAEMIC STROKE (Infarction)**

An **ischaemic stroke** is the result of blockage to a blood vessel in the brain and is the most common type of stroke. Ischaemic strokes may be **thrombotic** or **embolic**.

Thrombotic occurs when clots form in the blood vessel and grow to completely block the vessel.

Embolic occurs when a clot forms elsewhere in the body (most commonly the heart or the large arteries of the neck) and travels to the brain.

Transient Ischaemic Attacks (TIA) are a form of ischaemic stroke and are often referred to as 'mini' strokes. It is often a warning sign that a stroke may be about to happen. Although symptoms may resolve quickly, prompt treatment is vital to prevent further stroke.

2. **HAEMORRHAGIC STROKE**

Haemorrhagic stroke occurs as a result of a blood vessel breaking and leaking blood into nearby brain tissue. As a result there is injury to the cells in and around the area where the stroke has occurred.

How Do I Know I am Having a Stroke?

The warning signs of both stroke and TIA may be one or several of the following:

- ❖ Weakness or paralysis of the face, arm or leg
- ❖ Poor balance and/or coordination
- ❖ Difficulty speaking or understanding
- ❖ Difficulty swallowing
- ❖ Problems with vision (blurred, double or loss)
- ❖ Numbness or loss of feeling down one side of the body

Stroke is a medical emergency. Any signs of stroke should not be ignored and urgent medical attention should be sought. Immediate medical treatment soon after symptoms begin could improve the chances for survival and reduce stroke severity.

What Treatment Might I Have After a Stroke?

Care after stroke **may** include some of the following:

- ❖ Finding out the **type of stroke** you have had, the area of damage and how serious it is (diagnosis).
- ❖ A **brain scan** as soon as possible to help with diagnosis.
- ❖ Receiving drugs to help dissolve the blood clot (thrombolysis). Not all hospitals offer thrombolysis and even in those that do, only a small proportion of people are suitable for this treatment. You have to receive the drug within a very limited time frame from stroke onset, in order for it to work.
- ❖ An **ultrasound** of the arteries in your neck and heart.
- ❖ A **blood test** to check your sugar and cholesterol levels

- ❖ Prescribing of **medication** to lower your blood pressure and cholesterol, as well as a tablet to reduce the risk of blood clots.
- ❖ An operation or procedure may be necessary to improve the blood flow to the brain. Your doctor will discuss this with you if required.
- ❖ **Preventing** or treating medical problems and complications, and trying to stop your stroke from getting worse.

How Does Stroke Affect People?

Each stroke is different depending on the part of the brain that is injured, how bad the injury is and the person's general health. This is why it is difficult to predict how much recovery from the stroke there will be and how long you will need to be in hospital.

If you are admitted to hospital trained staff will assess the effects your stroke has had on you and decide on the best treatment. Besides the doctors and nurses you may also require treatment from physiotherapists, speech pathologists, occupational therapists, dieticians and social workers.

After a stroke you could have problems with the following:

Moving and walking

A physiotherapist carries out assessment of your ability to move. The treatment you receive will depend on how much movement you have

lost as a result of your stroke and on how active you were before you had it. Your physiotherapist will develop a plan, which will include:

- ❖ Strength training to help you regain as much movement as possible.
- ❖ The correct exercises to practice.
- ❖ Suitable aids to help you get about.
- ❖ Education on techniques for helping you to move safely.

Sometimes strokes also cause strange sensations, pain, numbness, and muscle spasms. You may even lose the awareness of one side of your body.

Swallowing and eating

After a stroke you may have problems swallowing fluids or food (dysphagia). You will be assessed as soon as possible and a speech pathologist will recommend the safest food and fluid that you can swallow. This may include a modified diet, such as pureed or soft foods or thickened fluids.

In the early stages it may be unsafe for you to swallow anything and you may need to be fed temporarily through a tube. If this happens you will be closely monitored by the speech pathologist for improvements in your ability to swallow.

Speaking, writing and understanding

Stroke can affect your ability to speak, write and understand what is being said (aphasia). You may have:

- ❖ Difficulty speaking or producing any sounds
- ❖ Problems in thinking of the right words to speak or write.
- ❖ Trouble understanding speech or writing.

- ❖ Slurring of speech (dysarthria)

The effects of your stroke on speech, reading and writing should be fully assessed by a speech pathologist. If problems are identified you will receive an individual therapy program and if necessary, be referred to appropriate services on discharge.

Bladders and bowels

The inability to control your bladder or bowel movements is quite common in the first few weeks after stroke. If you are still experiencing problems after discharge, you and your carer can get advice from your hospital, GP or community continence advisor.

The senses

The senses can be affected in a number of ways after stroke. As with other problems following stroke, these may recover spontaneously.

- ❖ You may lose some or all of your ability to see on one side.
- ❖ You may have pain or lose the ability to feel on one side of your body.
- ❖ Your taste, hearing and ability to smell may be affected.

Emotional and psychological effects

It is very common for strokes to cause problems with:

- | | |
|--------------------|-------------|
| ❖ Thinking | ❖ Planning |
| ❖ Concentrating | ❖ Reasoning |
| ❖ Remembering | ❖ Emotion |
| ❖ Making decisions | ❖ Learning |
| ❖ Mood | ❖ Energy |

Depression and/or anxiety are not uncommon after stroke. Symptoms may settle down over time and do not necessarily require treatment. However, if your symptoms are severe or are ongoing, you may need referral to a specialist for expert help.

Getting back to normal life

It is common after a stroke for you to have difficulties with every day activities, such as dressing, cooking, shopping, hobbies and employment. An occupational therapist can assist you with:

- ❖ Advice on strategies to avoid doing things that may be unsafe.
- ❖ The use of special equipment.
- ❖ Arranging for adaptations to be made to your home to make it easier for you to carry on as normal a life as possible.

What about Rehabilitation?

The extent of rehabilitation you need will depend on the severity of your stroke. Everyone is different and a rehabilitation specialist will decide if you would benefit from admission to a rehabilitation ward.

Can I Drive After a Stroke?

Having a stroke may affect your ability to drive a motor vehicle. Your occupational therapist will discuss this with you and what you need to do to make sure you are safe to drive. Medical clearance from your physician and clearance from the government driving authority is required to ensure you are safe to drive. **Failure to do this may make your insurance invalid in the event of you having an accident.**

How do I Prevent Further Stroke or TIA?

Many people are at risk of having a stroke because of the presence of a number of risk factors. Unfortunately, some of these risk factors cannot be controlled.

- ❖ Anyone at any **age** can have a stroke, although it is known that the risk increases with age.
- ❖ Both **genders** suffer stroke. Men have a slightly greater risk of stroke, although the incidence is higher in women due to their longer life expectancy.
- ❖ A **family history** of stroke or TIA may increase your chances of stroke.
- ❖ A **previous history** of stroke or TIA makes you at risk of having another stroke.

Some risk factors can be reduced or avoided through lifestyle changes and/or medical treatment. These may include:

- ❖ Following advice on **lifestyle** (including advice on your diet, achieving a satisfactory weight, regular exercise, stopping smoking and reducing alcohol and salt intake).
- ❖ Making sure that your **blood pressure** is controlled within safe limits. This may require medication.
- ❖ Making sure that, if you are a **diabetic**, you take steps to control your blood sugar levels.
- ❖ Drug treatments to reduce the risk of blood clotting and to control **abnormal heart rhythms**.
- ❖ Drug treatment to reduce your blood **cholesterol**.

To prevent another stroke occurring, it is very important to continue with these measures for the rest of your life. Never stop your medication without first discussing it with your doctor.

Support Groups

Having a stroke affects not only you, but also your family, carers and friends. You and your carers can obtain additional information and support in culturally specific languages from the organizations listed below.

Multicultural Carers Support Program

Phone: (02) 95670933

Stroke Recovery Association

Phone: (02) 9550 0594