

ROMFORD STROKE PREVENTION **PROGRAMME EDUCATION** **RESOURCE PACK # 5**

STROKE PREVENTION ADVICE LEAFLET FOR PATIENTS

This example advice leaflet about stroke prevention has been written by Paul Myers, who is a facilitator for the Romford Stroke Prevention Programme. The leaflet is based on a number of sources including the National Stroke Association of Australia's guidelines for patients, and

The leaflet is in two parts; the first part gives you an idea of how you can prevent strokes, and the second part covers some frequently asked questions.

Stroke Prevention Guidelines Summary

1. Know your blood pressure. Have it checked at least annually. If it is elevated, work with your doctor to keep it under control.
 2. Find out if you have atrial fibrillation
 3. If you smoke, stop.
 4. If you drink alcohol, do so in moderation.
 5. Find out if you have high cholesterol.
6. If you are diabetic, follow your doctor's recommendations carefully to control your diabetes.
 7. Include exercise in the activities you enjoy in your daily routine.
 8. Enjoy a lower sodium (salt), lower fat diet.
9. Ask your doctor if you have circulation problems which increase your risk for stroke.
 10. If you experience any stroke symptoms, seek immediate medical attention.

Ten Simple Ways Strokes May Be Prevented

1. Know your blood pressure. Have it checked at least annually. If it is elevated, work with your doctor to keep it under control.

- High blood pressure (hypertension) is a leading cause of stroke.
- You can check your blood pressure at your doctor's office, at health fairs, at home with an automatic blood pressure machine, or at your local pharmacy or super market.
- If the higher number (your systolic blood pressure) is consistently above 140 or if the lower number (your diastolic blood pressure) is consistently over 90, consult your doctor.
- If your doctor confirms that you have high blood pressure, s/he may recommend some combination of changes in your diet, regular exercise, and medication.
- Medication for blood pressure has been improved. Once you and your doctor find the right medicine for you, it will almost never cause side effects or interfere with your quality of life.

2. Find out if you have atrial fibrillation.

- Atrial fibrillation (AF) is an irregular heart beat that changes heart function and allows blood to collect in the chambers of your heart.
- This blood, which is not moving through your body, tends to clot.
- The beating of your heart can move one of these blood clots into your blood stream, and can cause a stroke.
- Your doctor can diagnose AF by carefully evaluating your pulse.
- AF can be confirmed or ruled out with an ECG -- which can probably be done in your doctor's office.
- If you have AF, your doctor may choose to lower your risk for stroke by prescribing medicine -- blood thinners such as warfarin or aspirin are the most commonly prescribed treatments.

3. If you smoke, stop.

- Smoking doubles the risk for stroke.
- If you stop smoking today, your risk for stroke will immediately begin to drop.
- Within five years, your stroke risk may be the same as that of a non-smoker.

4. If you drink alcohol, do so in moderation.

- Drinking a glass of wine or beer or one drink each day may actually lower your risk for stroke (*provided that there is no other medical reason you should avoid alcohol*).
- Heavy drinking increases your risk for stroke.
- Remember that alcohol is a drug -- it can interact with other drugs you are taking, and alcohol is harmful if taken in large doses.

5. Find out if you have high cholesterol.

- Know your cholesterol number.
- If your cholesterol is high, you may be at increase risk for stroke.

- Lowering your cholesterol (if elevated) may reduce your risk for stroke.
- High cholesterol can be controlled in many individuals with diet and exercise.
- Some individuals with elevated cholesterol may require medication.

6. If you are diabetic, follow your doctor's recommendations carefully to control your diabetes.

- Often, diabetes may be controlled through careful attention to what you eat.
- Work with your doctor and your dietitian to develop a nutrition program that fits your needs and your lifestyle.
- Your doctor can prescribe lifestyle changes and medicine that can help control your diabetes.
- Having diabetes puts you at an increased risk for stroke; by controlling your diabetes, you may lower your risk for stroke.

7. Include exercise in the activities you enjoy in your daily routine.

- A brisk walk for as little as 30 minutes a day can improve your health in many ways, and may reduce your risk for stroke.
- Try walking with a friend; this will make it more likely that you'll make it a habit.
- If you don't enjoy walking, choose another exercise activity that suits your lifestyle; bicycle, golf, swim, dance, play tennis, or take an aerobics class.
- Make time each day to take care of yourself by exercising.

8. Enjoy a lower sodium (salt), lower fat diet.

- By cutting down on sodium and fat in your diet, you may be able to lower your blood pressure and, most importantly, lower your risk for stroke.
- Work towards a balanced diet with plenty of fruits, vegetables, grains, and a moderate amount of protein each day.

9. Ask your doctor if you have circulation problems which increase your risk for stroke.

- Strokes can be caused by problems with your heart (pump), arteries and veins (tubes), or the blood which flows through them. Together, they are your circulation. Your doctors can check to see if you have problems in the circulation supplying blood to your brain.
- Fatty deposits - caused by atherosclerosis or other diseases - can block the arteries which carry blood from your heart to your brain. These arteries, located on each side of your neck, are called carotid and vertebral arteries.
- This kind of blockage, if left untreated, can cause stroke.
- You can be tested for this problem by your doctor. Your doctor can listen to your arteries just as s/he listens to your heart, or look at ultrasound or MRI images.
- If you have blood problems such as sickle cell disease, severe anemia, or other diseases, work with your doctor to manage these problems. Left untreated, these can cause stroke.
- Circulation problems can usually be treated with medications. If your doctor prescribes aspirin, warfarin, ticlopidine, clopidogrel, dipyridamole, or other medicine for circulation problems, take it exactly as prescribed.
- Occasionally, surgery is necessary to correct circulation problems such as a blocked artery.

10. If you experience any stroke symptoms, seek immediate medical attention.

- Sudden weakness or numbness of your face, arm or leg -- especially if it's on one side of your body;
- Sudden blurred or decreased vision in one or both eyes;
- Difficulty speaking or understanding simple statements;
- Dizziness, loss of balance or loss of coordination, especially when combined with another symptom, such as slurred speech, double vision, numbness, or weakness;
- Sudden, unexplainable, and intense headache -- often described as the "worst headache ever;"
- If you have experienced any of these symptoms, you may have had a TIA or mini-stroke -- ask your doctor if you can lower your risk for stroke by taking aspirin, or by other means.

FREQUENTLY ASKED QUESTIONS ABOUT STROKES

1. What is a Stroke ?

The most common form of Stroke is the result of a sudden disruption in the flow of blood to parts of the brain.

When blood cannot reach parts of the brain, the oxygen supply to those areas is cut off and the brain cells die (infarct). Less frequently, blood vessels burst (haemorrhage) and blood spreads into nearby brain areas and as a result of either of these processes, functions normally controlled by these damaged brain areas become affected. In many cases, unconsciousness and/or partial paralysis may occur. This is often the immediate "outward sign" that a Stroke has occurred.

2. Does a Stroke 'Just happen'?

No, even though a Stroke is often referred to by doctors as a "cerebro-vascular accident". The term is not an accurate one, since Stroke is rarely an "accident". Certainly symptoms of a Stroke may appear suddenly, but underlying conditions (known as cerebro-vascular disease) are usually present for years before the Stroke occurs.

3. How common is a Stroke ?

Stroke affects approximately 100,000 UK residents every year and is the UK's third largest killer after cancer and heart disease. About 25 percent of people who suffer a Stroke die within one month. Contrary to popular belief, Stroke does not only affect the elderly. Although two thirds of Stroke occur in people over 65 years of age, young people can and do suffer Stroke, sometimes at the peak of their working lives. Entire families are affected when a member - perhaps the breadwinner - is disabled, often permanently, by a Stroke.

4. What are my chances of having a Stroke ?

Your own risk of having a Stroke is influenced by a number of factors. Some of these factors you can control; others you cannot.

Risk factors that cannot be changed:

Age - it is a fact that the chance of having a Stroke increases with age. Two thirds of Stroke victims are people over the age of 65;

Gender - it is a fact that men have a greater Brain Attack incidence than women;
Family history - a history of cerebro-vascular disease in your family may give you a predisposition to Stroke ;

Individual history - if you have suffered a Stroke or shown symptoms of what doctors call a Transient Ischaemic Attack (TIA) that is, when there is a temporary decrease or an interruption of the blood supply to an area of the brain; then you are at a higher risk of having a Stroke ;

Diabetes - the presence of diabetes can increase the risk of Stroke in both men and women. Suspect undiagnosed diabetes if over a period of time you are unusually thirsty and urinating excessively. See your doctor immediately.

Irregular heart beat - certain types of irregular heart beat can increase the risk of Stroke . If you are aware of an irregular heart beat, talk to your doctor.

5. What risk factors can I control?

There are a number of risk factors for Stroke which you, as an individual, can control and in doing so help to lessen the chances of having a Stroke .

Risk factors which can be controlled:

- High blood pressure - high blood pressure, sometimes called hypertension, is the most important known risk factor for Stroke . Controlling high blood pressure, whether by a low-sodium diet, weight control, stress management and/or medication will reduce your risk of Stroke .
- High cholesterol level - a high cholesterol level is a contributing factor to arterial disease, which often leads to a predisposition for Stroke . Try to avoid foods which have excess fat, cholesterol, or have been fried. Choose lean meats and low-fat dairy products; limit your input of eggs.
- Diet - in addition to the above, avoid foods which have excess salt. Try to eat fresh foods whenever possible. When buying processed or canned foods, check the sodium content on the list of ingredients which, by law, should be on the label. Sodium can be in the form of disodium phosphate, monosodium glutamate, sodium nitrate or any other sodium compound. Avoid food with high sodium levels.
- Alcohol - those who drink alcoholic beverages, even moderately, are at twice the risk of hemorrhagic stroke as non-drinkers. For heavy drinkers, whether young or

old, the occurrence of Stroke increases three times. To reduce the risk of Stroke , limit or better still cut out alcohol.

- Obesity - obesity predisposes a person to heart disease and diabetes, both of which increase the risk of Stroke . Try to keep your weight within recommended levels.
- Smoking - if you smoke, you are increasing significantly your risk of Stroke . If you smoke 20 cigarettes a day, you increase your chances of suffering a Stroke by six times. Seek advice now to help you quit smoking as soon as possible.
- Exercise - active people with low body fat tend to have lower cholesterol levels in their blood and thus less likelihood of arterial disease, which increases the risk of Stroke . try to participate in regular aerobic exercise to strengthen heart and lungs.
- Birth control pills - oral contraceptives increase the risk of blood clots and emboli, especially in women over 30 years of age. The risk is higher in those women who also smoke. Speak to your doctor about alternatives to the contraceptive pill if you are in either of these categories.