

► STROKE ◀

Stroke is the third leading cause of death in the United States. Each year, 750,000 people suffer strokes and 150,000 of them do not survive. Better efforts and new drugs that help prevent stroke promise to lower the number of fatalities. Of those who do survive, about one-third have mild impairments, one-third are moderately impaired and one-third are severely impaired. Physicians now know that many strokes are not sudden “accidents of nature” but the predictable outcome of an unhealthy lifestyle. Taking action now can substantially reduce your risk. Below are answers to some commonly asked questions about stroke.

What is a stroke?

Stroke is a **medical emergency**, just like a heart attack. That’s why experts in the field now refer to it as a “brain attack.” Strokes result from a sudden decrease in the flow of blood to parts of the brain. When blood can’t reach the brain, its cells are deprived of oxygen and die. Functions normally controlled by the damaged brain areas are impaired. Among the possible deficits are temporary or permanent paralysis of various parts of the body, impaired speech, vision or memory loss.

What is a mini-stroke or TIA?

Some strokes are preceded by TIAs (transient ischemic attacks). Although not a genuine stroke, it’s your body’s warning that you are vulnerable to the real thing. TIAs result

when the brain’s blood supply is temporarily interrupted, usually due to a blood clot in the arteries that breaks up or dissolves before causing permanent harm. The usual symptoms are similar to those of a full-fledged stroke, except that they’re short-lived and cause no lasting damage. That’s why many people ignore TIAs, thinking there’s no reason for concern. In reality, TIAs are true emergencies. People who have had one are 10 times more likely to have a stroke than people of the same age and sex who haven’t had one. If you think you’ve had a TIA, see your doctor. There are many tests to determine whether you have actually suffered a stroke.

What are the different types of stroke?

One type of stroke is due to a blood clot that forms in an artery of the head or neck and then blocks it totally. Clots form most often in blood vessels already damaged by atherosclerosis, a condition in which fatty deposits build up on the inner walls of arteries.

An embolic stroke results when a blood clot formed in another part of the body and traveled through the bloodstream to block an artery supplying blood to the brain.

Sometimes a weakened blood vessel in or around the brain ruptures, spilling blood into the brain itself or the surrounding tissue. This most severe type of stroke is usually associated with high blood pressure or an aneurysm.

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An aneurysm is an abnormal, balloon-like bulging of an artery's wall. As the artery bulges, it is weakened and its chances of rupturing increase. Aneurysms can occur in any part of the body, but only those affecting the arteries supplying blood to the brain can cause a stroke.

What are the risk factors for stroke?

Among the most common risk factors for stroke are:

- High blood pressure
- Diabetes
- Heart disease
- High blood cholesterol level
- Smoking
- Carotid artery disease
- Family history of early stroke or heart disease
- Previous stroke or stroke-warning sign
- Having had a mini-stroke or transient ischemic attack (TIA)
- Lack of exercise
- Being 55 years of age and older
- Being more than 20 percent over your proper weight
- Excess alcohol consumption
- Being male or African American

How can you lower your risk of stroke?

Lowering your blood pressure is the first step to reducing your risk of stroke. It is also critical for those with diabetes to keep it under control.

Adopting and maintaining sound health habits, primarily a low-fat and low-salt diet, is the first step in preventing a stroke. Research indicates that a low-fat, low-cholesterol diet not only delays the development of atherosclerosis but may unclog already narrowed arteries. Reducing the amount of high-fat food you eat can bring down your blood pressure at the same time.

Regular exercise, ideally aerobic activity three times a week, limiting alcohol intake and stopping smoking will also reduce your risk of stroke.

There are also medical or surgical treatments that could be effective. Ask your doctor for information.

What are the symptoms of stroke?

Stroke symptoms are subtle and often painless. Knowing these signs and seeking medical help immediately if you have one or more of them may reduce the severity of a stroke. The most common are:

- Numbness, weakness or paralysis on only one side of your body
- Difficulty speaking or understanding spoken language
- Sudden blurred or visual disturbances in one or both eyes
- Dizziness or loss of balance or consciousness
- Difficulty swallowing
- Sudden severe or unexplained headache

What should you do in case of a stroke?

Call 911 immediately for emergency medical attention if you ever experience the symptoms yourself or notice them in someone else. Tell the operator you think you're having a stroke and ask to be taken to the nearest emergency room.

How is stroke treated?

Stroke treatments include medications and various surgical procedures. New drugs and procedures are under investigation right now in medical centers throughout the country, including the Jefferson Stroke Center, the largest center dedicated to stroke care in our area.

Time is of the essence when a patient suffers a stroke. Thrombolytics, such as tissue

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plasminogen activator (t-PA), an acute clot buster is capable of dissolving a clot if given within a 3-hour window from symptom onset. The Mercer retriever and stenting procedures are available. Jefferson Hospital for Neuroscience is among the first hospitals in the nation to offer a new coiling procedure to treat aneurysm.

The Jefferson Stroke Center offers emergency transport and sophisticated treatments such as endovascular and interventional surgeries like inter-arterial thrombolysis, in which a catheter is inserted into the cerebral artery to dissolve a clot with a thrombolytic, outside a 3-hour window.

What are some of the common complications that can result from a stroke?

A complication resulting from stroke can be vascular dementia, which is **loss of intellectual abilities, including memory**. Vascular dementia occurs when brain tissue is damaged because of reduced blood flow to the brain cells. As a result, patients with stroke have difficulty processing information, decreased attention span and memory loss. Patients with vascular dementia become more dependent upon family members and caregivers for assistance with activities of daily living.

Also common after stroke is dysphasia or **difficulty in swallowing**. Swallowing problems affect 22 to 35 percent of patients with stroke and may persist for many months.

Swallowing abnormalities indicate that patients who have had stroke are at higher risk for pneumonia, aspiration and malnutrition. Aspiration occurs in patients with poorly coordinated swallowing, in which food enters the airway below the level of the vocal cords, making oral feeding a significant risk. Therefore, early detection of swallowing difficulties, via a bedside swallow assessment is essential.

Aphasia is **a communication disorder that limits a person's ability to process language**. Although it does not affect intelligence, it does impair one's ability to speak and understand others. Stroke is the most common cause of aphasia, which affects 1 in 250 people. When a person has aphasia, it is usually due to damage on the left side of the brain, unless the person is left handed, in which case damage is on the right side of the brain. Improvement is a very slow process that can continue over years and even decades. No medicines have been known to cure aphasia. Language skills often return spontaneously over a period of months as the brain continues to recover. Speech therapy is very helpful, especially when this intervention is started almost immediately after the stroke occurs.

*For an appointment with a Jefferson physician, more information or health information and education programs, please call **1-800-JEFF-NOW** (1-800-533-3669) or visit our Web site at **www.JeffersonHospital.org***

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