How is a Stroke Treated?

Wherever treatment takes place, in the early days the aim is to stabilise the condition, control blood pressure and prevent complications.

A doctor may prescribe drugs designed to prevent a further stroke and to treat any underlying conditions, such as high blood pressure or high cholesterol levels. There are literally hundreds of drugs available and the ones prescribed will depend on the patient's specific needs. Many people who have had a stroke are prescribed aspirin because it helps make blood less sticky and less likely to clot.

What about Rehabilitation?

The purpose of rehabilitation is to help people relearn skills they have lost, to learn new skills and find ways to manage any permanent disabilities they may have been left with. A rehabilitation programme is likely to include methods designed to help with posture, balance and movement, together with any special help needed with specific difficulties such as speech and language. Many different professionals may be involved in this.

Key experts likely to be encountered include doctors and nurses (specialist stroke nurses or community nurses) to oversee medical management; physiotherapists, to help with problems of posture and movement; occupational therapists, to help with everyday activities at home, leisure and work; speech and language therapists, to help with communication problems; and clinical psychologists, to help with problems affecting mental processes and emotions.

A number of other professionals may also be involved, including social workers, dieticians, chiropodists and eye specialists.

How Long will it take to Recover?

The brain is a remarkable organ and is capable of adapting to change. In the weeks and months following a stroke many partially-damaged cells recover and start to work again. Meanwhile, other unaffected parts of the brain take over jobs that were previously performed by the brain cells which were destroyed.

The length of time it takes to recover varies widely from person to person. It is common to have an initial spurt of recovery in the first few weeks after the stroke as the brain settles down. As a rule, a majority of recovery often takes place during the first year to 18 months, but many people continue to improve over a much longer period.

This leaflet was compiled with information from The Stroke Association.

For more information call their helpline on 0845 3033100 or visit their website at www.stroke.org.uk

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Advice on a Stroke

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What Causes a Stroke?

There are two main types of stroke and each has different causes.

The first type, an ischaemic stroke, occurs when a blood clot blocks an artery serving the brain, disrupting blood supply. Very often an ischaemic stroke is the end result of a build up of cholesterol and other debris in the arteries (atherosclerosis) over many years.

An ischaemic stroke may be due to:

- A cerebral thrombosis, in which a blood clot forms in a main artery leading to the brain, cutting off blood supply.
- A cerebral embolism, in which a blood clot forms in a blood vessel elsewhere in the body, for instance in the neck or the heart, and is carried in the bloodstream to the brain.
- A lacunar stroke, in which the blockage is in the small blood vessels deep within the brain.

The second main type of stroke is a haemorrhagic stroke, when a blood vessel in or around the brain bursts, causing a bleed or haemorrhage. Long-standing, untreated high blood pressure places a strain on the artery walls, increasing their risk of bursting and bleeding.

A haemorrhagic stroke may be due to:

- An intracerebral haemorrhage, in which a blood vessel bursts within the brain itself.
- A subarachnoid haemorrhage, in which a blood vessel on the surface of the brain bleeds into the area between the brain and the skull, known as the subarachnoid space.

What are the Effects?

The effects of a stroke vary enormously and depend on which part of the brain is damaged and the extent of that damage. For some, the effects are relatively minor and short-lived; others are left with more severe, long-term disabilities.

Common problems include:

- *Weakness or paralysis (hemiplegia) on one side of the body*. Because the right side of the brain controls the left side of the body (and vice versa), paralysis occurs on the opposite side of the body to where the stroke occurred.
- *Speech and language difficulties*. Many people experience problems with speaking and understanding and with reading and writing. These can range from temporary difficulty in finding words, to a complete inability to communicate. Most people who experience more troublesome speech and language problems have damage in the left side of the brain, which is responsible for language, reading, writing and numbers.
- *Difficulties in perception*. There may be difficulty recognising familiar objects or knowing how to use them. There may also be problems with abstract concepts such as telling the time. Although vision may not be affected directly it may be difficult for the brain to interpret what the eyes see.
- *Cognitive problems*. A stroke often causes problems with mental processes such as thinking, learning, concentrating, remembering, decision making, reasoning and planning.
- *Fatigue*. Tiredness is very common after a stroke, though the causes for this are unclear.
- *Mood swings*. As with any serious illness, emotional ups and downs may be experienced following a stroke. Depression, anger, low self-esteem and loss of confidence are also common. Sometimes people experience difficulties in controlling their emotions and may cry, swear or laugh at inappropriate times.

Who is at Risk?

A number of different factors increase the risk of a stroke including:

- *Untreated high blood pressure* (hypertension).
- *Atrial fibrillation*. This type of irregular heartbeat increases the risk of blood clots forming in the heart, which may then dislodge and travel to the brain.
- *A previous "mini stroke"*. Around one in five people who have a first full stroke have had one or more previous "mini strokes".
- *Diabetes*. People with diabetes are more likely to have high blood pressure and atherosclerosis.
- *Smoking*. This has a number of adverse effects on the arteries and is linked to higher blood pressure.
- *Regular heavy drinking*. Over time this raises blood pressure, while an alcohol binge can raise blood pressure to dangerously high levels and may trigger a burst blood vessel in the brain.
- *Certain types of combined oral contraceptive pill*. These can make the blood stickier and more likely to clot. They may also raise blood pressure.
- *Diet*. A diet high in salt is linked to high blood pressure, while a diet high in fatty, sugary food is linked to furring and narrowing of the arteries.
- *Age*. Strokes are more common in people over 55 and the incidence continues to rise with age. This may be because atherosclerosis takes a long time to develop and arteries become less elastic with age, increasing the risk of high blood pressure.
- *Gender*. Men are at a higher risk than women.
- *Family history*. Having a close relative with a stroke increases the risk, possibly because factors such as high blood pressure and diabetes tend to run in families.
- *Ethnic Background*. Asians, Africans or African-Caribbeans are at greater risk. The reasons are not yet fully understood but are partly linked to factors like diabetes, which is more common in Asians, and high blood pressure.