STROKES.....SERIOUS BUT PREVENTABLE

By Sheila Vossler

Are you at risk for a stroke? Some risks include high blood pressure, high total cholesterol and high LDL levels (the bad cholesterol). People with diabetes have about a 3 times higher risk for a stroke than the general population. But you can reduce your risk, and if you have already had a stroke, you can reduce the chance of a reoccurrence. So lets learn a little about stroke and stroke prevention, and what to do.....just in case.

WHAT IS A STROKE?

A stroke occurs when a blood vessel in or around the brain becomes plugged or ruptures. These blood vessels can be thought of as pipes that can get clogged or can leak. When this happens, the area of the brain fed by the affected blood vessel fails to work properly. This failure produces the symptoms of a stroke.

There are different types of stroke. The most common type of stroke occurs when a blood vessel in or around the brain becomes plugged (clogged pipe). This type of stroke is called a *cerebral infarction* or *ischemic stroke* and accounts for about 80% of all strokes. The plug or clot can start in an artery of the brain or it can start somewhere else in the body, often the heart, where it breaks off and travels up to the brain until it lodges in a blood vessel. Strokes caused by clots from the heart are often seen in people with an irregular heartbeat (a condition called atrial fibrillation), as well as after a heart attack or heart surgery. These strokes are largely preventable if risk factors are recognized early and managed.

Rupture of a blood vessel can produce a bleeding type of a stroke called a *cerebral hemorrhage.* This is when an aneurysm, or an out-pouching of a blood vessel in the brain ruptures (leaky pipe). These types of strokes only account for about 15-20% of all strokes, but they are devastating. The main thing you can do to prevent a cerebral hemorrhage is to control high blood pressure.

When brain cells die, abilities which that area of the brain once controlled are lost. This includes functions such as speech, movement, and memory. The specific abilities lost or affected depend on where in the brain the stroke occurs and on the extent of brain cell damage. For example, someone who has a small stroke may experience only minor effects such as weakness of an arm or leg. On the other hand, someone who has a larger stroke may be left paralyzed on one side or lose his/her ability to speak or understand language. Some people recover completely from less serious strokes, while other individuals lose their lives to a severe one.

TIMELY RECOGNITION CAN BE CRUCIAL

It is extremely important to realize that most strokes do not hurt. Many people don't even know it when they are having a stroke. That is why it is critical for everyone to "Be Stroke Smart" and learn the 3 Rs of stroke:
<u>Reduce</u> risk..... <u>Recognize</u> symptoms..... and <u>Respond</u> by calling 911.

Symptoms of a stroke are sudden onset of one or more of the following:

.....numbness or weakness of the face, leg or arm, especially on one side of the body
.....difficulty speaking, understanding, or confusion
.....trouble seeing in one or both eyes
.....walking, balance or coordination problems, including falling
.....headache or dizziness with no known cause

Symptoms may start suddenly, or begin gradually, or come and go. They can even last for a few minutes and then go away. These are called mini-strokes or TIAs.....transient ischemic attacks. It doesn't matter whether symptoms come and go, or come and stay, the bottom line is to realize that a stroke is a **medical emergency**. If you suspect someone is having a stroke, call 911 immediately, so evaluation and treatment can begin as soon as possible. Even driving someone to the emergency room may lose precious time. There are new medications available and in development that can reverse the effects of stroke, however, some of these drugs need to be given within a short time from the start of the stroke. The window of time to administer clot-dissolving medications for ischemic stroke, if appropriate for that person, is usually

about 3 hours from the beginning of symptoms.

RISK FACTORS

Factors that increase your chances for having a stroke may include those **you cannot modify**: being over 55 years old, being male, having a first-degree relative (parent or grandparent) who has had a stroke, having a relative on your mother's side of the family who has had a stroke, or already having had incidence of stroke or TIA.

Factors that **you can modify** to reduce your risk of stroke, which means they are treatable or controllable, include having diabetes, high blood pressure, high cholesterol levels, heart problems, physical inactivity, weight problems, smoking, and excessive alcohol consumption. (See the chart below.) You can prevent having a stroke by identifying your treatable and controllable risk factors and working with your family, your doctor, and your diabetes educator if you have diabetes, to eliminate those risks. By knowing all about stroke, you'll also be well prepared to help others.

WHAT YOU CAN DO

>>>>Attain and maintain blood pressure of 130/80 or less and start by reducing salt (sodium) intake, staying active, and taking medication if necessary. Have you blood pressure checked after each united service at St. James and take those readings with you to your regular doctor visit.

>>>>Keep your total cholesterol at less than 200 mg/dl, LDL (bad cholesterol) less than 130 mg/dl, and HDL (good cholesterol) greater than 35 mg/dl. You should know your numbers! Ask your doctor. You can start controlling them by reducing fat intake from animal sources. Use medications if needed.

>>>>If you have diabetes, keep your blood glucose in the normal ranges. Fasting numbers (first thing when you get up) should range 80-130 mg/sl and 2 hours after a meal, be less than 180 mg/dl. Also please see on the bulletin board that there are 2 diabetes support groups in the north county. Attend one and learn more.

>>>>If you have atrial fibrillation, talk to your doctor about taking anticoagulants or converting your irregular heart beat electrically.

>>>>Get moving, if you are not doing so already, by exercising or performing an activity you enjoy 3 days a week for 30-45 minutes. This could even include gardening or dancing.

>>>>Lose 5-10% of your body weight if you are overweight. Excess weight strains the heart and increases chances of having high cholesterol values, high blood pressure and diabetes.

>>>>If you drink alcohol, keep within one to two drinks per day. Excessive amounts or binge drinking can cause the heart to beat irregularly or fail, and contribute to a high triglyceride level, (a blood fat.)

>>>>If you smoke, make an effort to quit. Toxic compounds in cigarettes damage the lining of blood vessels and make blood more thick, causing the heart to work harder and raising blood pressure. Risks drop greatly as soon as 2 years after quitting.

>>>>If you have problems breathing while you sleep or have **sleep apnea**, talk to your doctor about treatment. Sleep disordered breathing increases blood pressure, lowers oxygen levels in the blood, and raises carbon dioxide levels, which may contribute to blood clots, stroke or heart attacks.

FOR FURTHER INFORMATION

For sources for this article and other information see:

National Stroke Association: 303-649-9299 ; www.stroke.org

American Heart Association: 888-4-STROKE; www.americanheart.org
American Diabetes Association: 800-342-2383; www.diabetes.org
Stroke-TIA org (An Educational Resource on Stroke and Transient Ischemic Attack [TIA]) www.stroke-tia.org