

Caring for Carers Inc.

Te Ropu Manaaki i nga Kaiawhina



Stroke

What is a Stroke?

A stroke (cerebrovascular accident or CVA) occurs when the blood supply to the brain is disrupted. In most cases the disruption is due to a clot either in an artery in the brain or in the arteries in the neck. A stroke can also be caused by a bleeding in the brain (haemorrhage) when an artery ruptures.

If brain cells are deprived of oxygen for more than a few minutes, they are damaged and some may die. That is why many stroke sufferers have to live with some disability - most commonly paralysis on one side of the body and loss of the ability to speak, read or write.

Some people who go on to have a stroke may experience mini-strokes or transient ischaemic attacks (TIA). Symptoms are similar to a stroke but are only temporary, lasting less than 24 hours. A TIA is major warning sign so you should always report it to your doctor.

Who does it affect?

Stroke can affect anyone at any age and although two thirds of people who have a stroke do survive, a third are left with serious disabilities.

Several risk factors are associated with stroke:

- It is estimated that 70 percent of all strokes occur in persons with high blood pressure.
- Some forms of heart disease or recent heart attack increase the chance of stroke because blood clots from the heart may travel up the major arteries to the brain.
- Smoking
- Diabetes and
- High blood cholesterol
- Lack of exercise
- Overweight
- Excess alcohol consumption

How to Reduce Your Risk

- Control high blood pressure.

- Don't smoke: While every smoker should quit for the sake of their health it is even more important for a person with high blood pressure.
- Eat a healthy diet: Learn to enjoy food without added salt. Avoid fats, especially those that are solid at room temperature (e.g. cheese, butter, fat on meat). Have five helpings of fresh fruit or vegetables each day.
- Exercise regularly: This is essential at all ages. The minimum is 20 minutes three times a week.
- Limit the amount of alcohol you drink.
- Watch your weight: Maintain a steady weight appropriate for your height and age.

You are at greater risk if you have high blood pressure or heart disease.

Types of Stroke

Ischaemic stroke

(absence or deficiency of normal blood supply)

Sometimes an artery bringing blood to a part of the brain gets blocked because:

- Disease (arteriosclerosis) has caused the inside walls of the artery to thicken up so the opening is too narrow for enough blood to get through.

or

- A clot of blood gets stuck in the tube.

This means sufficient blood is not getting to the brain cells in that area. Cells cannot live without oxygen, so a few minutes after the blood supply is cut off nerve cells die and that part of the brain stops working.

Haemorrhagic stroke

(bleeding into the brain)

In the second type of stroke, blood bursts through the walls of an artery and leaks into the brain itself (intra-cerebral haemorrhage) or onto the surface of the brain (subarachnoid haemorrhage). This can happen because

the person was born with a faulty artery, or because disease has caused the artery walls to become too thin and brittle.

The build-up of blood presses on the part of the brain where the bleeding occurs, damaging the nerve cells so that area of the brain can't function.

Symptoms

The onset of a stroke can be intense and happen in minutes or over a number of hours. The signs to look out for include slurred speech, lack of co-ordination, blurred vision or numbness in an arm, or side of the face on the same side.

The effects of a stroke may vary according to the region of the brain involved.

The more common effects might include:

- Impaired sensation and movement on the left side of the body may result from damage to the right side of the brain.
- Impaired movement on the right side and speech and language disorders may result from damage to the left side of the brain. Speech disorders may include difficulty in understanding or expressing words and can be very frustrating for a stroke survivor.
- The person's face on the side of paralysis may also be paralysed.
- Disturbances in breathing, swallowing, balance, hearing, eye and tongue movements may result from damage to the brain stem.
- Some loss of vision may occur regardless of the area of the brain that is affected.
- Sudden onset of severe headache and possibly seizures and loss of consciousness.
- Incontinence, bladder and bowel function is disturbed in many people.
- Confusion.
- Emotional outbursts because the ability to control the expression of emotions is lost. Crying may not mean the stroke survivor is grieving.

In addition to the various physical side effects, depression is a common response to stroke. Affected individuals may feel helpless, frustrated and uninterested in activities they once enjoyed.

Therapy, Treatment and Recovery

Early treatment for stroke is important. The most important consideration following a stroke is to prevent another possibly more severe event. When the stroke has been caused by a clot aspirin will be prescribed to thin the blood and perhaps warfarin to prevent further clotting. If the person has high blood pressure, tablets for this will be prescribed. A series of strokes can lead to multi-infarct dementia.

The most important treatment of all is rehabilitation and the sooner this is started the better the chance of the person reaching their full potential. This should be started in hospital and continued at home.

The outcome of stroke is often dependent on the type of rehabilitation offered. Research has shown that patients cared for in stroke units are more likely to survive and suffer a lower level of permanent disability. Therapy is focused on the individual's capabilities and will emphasize the use of the remaining function for self-care, mobility in the home and community, and re-establishing recreational and vocational pursuits. After any kind of stroke, an area of dead nerve tissue may remain after the stroke. Recovery depends on whether other nerve tissue can assume the function of that area.

People Involved with Rehabilitation

Physiotherapists help to restore skills like walking and range of movement. The main problems are paralysis on one side, faulty balance and foot drop.

Occupational therapists help people relearn the skills needed for everyday living and taking care of oneself such as eating and dressing.

Speech therapists can help many stroke survivors by providing ways to cope with language and speaking problems. Aphasia is quite common after a stroke on the left side of the brain. The patient can think clearly, but is unable to get the right words out or is unable to process words coming in.

Speech therapists also work to help the stroke survivor cope with memory loss and other 'thought' problems caused by the stroke.

How to Best Care for a Person Suffering from a Stroke

Their health:

- Ask your doctor to explain, in non-technical terms, what the effects of the stroke on the person you care for are likely to be. In the early stages this may be difficult but as time goes on your doctor will have a clearer idea of the damage done by the stroke. The more you know the better you are to care.
- Encourage lifestyle changes such as giving up smoking, avoiding heavy drinking, losing weight if appropriate, being as active as possible, eating a healthy diet.
- Ask his/her physiotherapist for some simple exercises.
- Have regular check-ups. If drugs have been prescribed, make sure they are taken. If there are side effects, ask the GP to prescribe an alternative.
- Depression is very common after a stroke. Try to stimulate an interest in other people and in leisure

activities. However, if the depression continues it can be treated with counselling and perhaps anti-depressant medicines.

- Consider whether expert advice is needed on legal or financial matters.
- Help restore his/her self esteem by allowing him/her to do as much as possible.

Your health:

- Conserve your energy, don't try to do everything yourself.
- Family is a vital part of the rehabilitation team, especially once the person has been discharged from hospital. It is important that you do not 'burn out' in the early phase, your input will be crucial later on. Take care of each other.
- Accept help when offered
- If you have no family or friends who can help at this time, discuss your needs with a social worker or ask to be put in contact with the Stroke Foundation.
- Continue your own social interests.

Maintain activities:

- Encourage your caree through the exhausting work of recovery. Encourage him/her to do as much as he/she can. Set small targets and work together to reach them.
- Keep up contacts with friends and family and encourage the caree to participate.

Practical Suggestions for Coping with Stroke

Not all those who have had a stroke are left with a handicap. Many recover completely or have only minor defects.

Recovery: Remember that recovery from a stroke can take a long time. Do not expect miracles but equally do not give up hope. Even after the person you care for has stopped seeing a therapist, the recovery continues.

Depression: Expect to go through some bad moods yourself. You will probably be angry, depressed, frightened, frustrated and confused at times. Accept that these feelings are perfectly natural. You may like to seek counselling to help.

Use respite care: If you feel your caree cannot be left alone, organise regular time off for yourself. A break away from each other is good for both of you.

Re-organise your home: Make it easier for your caree. Various devices and architectural modifications such as ramps, hand bars on the tub and toilet, and walking frames facilitate independence and safety.

Personality changes: Some stroke survivors become quite difficult to live with after a stroke although major personality changes are rare.

Where to go for Support

The Stroke Foundation

The Stroke Foundation is situated at 314 Worcester Street, Christchurch and provides understanding, care, support and rehabilitation to help people with a stroke, their families and caregivers to regain the best quality of life they can. They also run the many stroke clubs.

The Stroke Foundation has Field Officers to provide advice and support about any needs as a result of a stroke. Physiotherapists and Speech therapists operate at each club day.

For more information phone 0800 787653 or 03 377 1294

Caring for Carers

Joining a carer support group can relieve some of the stress you are under as a carer. The constant tasks, the concerns, grief, drama, moments of joy, frustration and exhaustion are all part of the day to day existence of a carer.

Feelings of helplessness, fear, anger, guilt and despair are all normal. It is important that the carer has an outlet for these feelings, like having someone to talk to. The chance to share with others who understand and are also, or have been carers lightens the load and may be all that is needed. *Caring for Carers* provides support to Carers by providing a way to communicate feelings that it would not be appropriate to discuss with friends, family or the Caree.

Caring for Carers has a Newsletter and several support meetings each month and ongoing telephone support. These services are provided to help make your job easier.

Caring for Carers is situated:

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