



strokefoundation

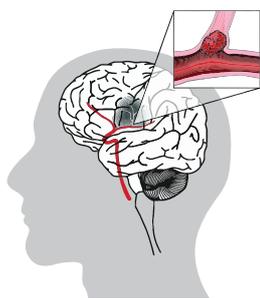
# All about stroke

English fact sheet

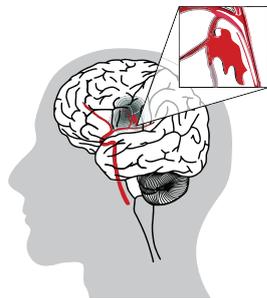
Call StrokeLine  
**1800 STROKE** (1800 787 653)

## What is a stroke?

A stroke happens when the blood supply to the brain is interrupted. Blood contains oxygen and important nutrients for your brain cells. Blood may stop moving through an artery because it is blocked by a blood clot or plaque (**ischaemic stroke**) or because the artery breaks or bursts (**haemorrhagic stroke**).



**Ischaemic stroke**  
(embolic and thrombotic)



**Haemorrhagic stroke**  
(subarachnoid and intracerebral)

When brain cells do not get enough oxygen or nutrients, they die.

A transient ischaemic attack (TIA) or a 'mini-stroke' happens when there is a temporary interruption to the blood supply to the brain. The risk factors and symptoms are the same as those for a stroke but the symptoms go away within 24 hours. Someone who has a TIA has a much greater chance of having a stroke and TIA should not be ignored.

## How do I recognise the signs of stroke?

To help recognise the signs of stroke, ask these simple questions:

**Face** – can the person smile? Has their mouth or eye drooped?

**Arm** – can the person raise both arms?

**Speech** – can the person speak clearly and understand what you say?

**Time** – act FAST call 000.

Stroke is a medical emergency. If you see any of the signs of stroke call 000 immediately.

### Other signs of stroke include:

- Dizziness, loss of balance or an unexplained fall.
- Loss of vision, sudden or decreased vision in one or both eyes.
- Headache, usually severe and of abrupt onset or unexplained change in the pattern of headaches.
- Difficulty eating and drinking.

## What are the effects of a stroke?

The effects of stroke are different for every person and depend on where in the brain the stroke happens, the size of the stroke, your general health and how quickly you received medical treatment. After a stroke, you might experience difficulties with the following:

- **Weakness on one side of the body:** this might cause difficulty balancing, standing, walking or using your arm or hand.
  - **Controlling or coordinating movements:** this can be due to difficulties planning the movement and may cause difficulty standing or sitting without falling or leaning to one side, or difficulty using your arms.
  - **Sensation:** difficulty receiving messages from your five senses (smell, touch, taste, sight and hearing).
  - **Communication:** difficulty with language such as talking, slurring words, understanding what people are saying, reading, writing.
  - **Thinking and memory:** difficulty with thinking skills and memory including remembering time/place, concentrating.
  - **Swallowing:** difficulty swallowing different foods, drinks or even your own saliva.
  - **Vision and perception:** difficulty seeing the things to one side or perceiving how close objects are.
  - **Ignoring one side:** difficulty recognising one side of your body or the environment around you.
  - **Continence or toileting:** difficulty controlling your bladder and bowel movements.
- **Emotions:** feelings of anger, frustration, grief, loss and depression are common.
  - **Fatigue:** feeling of exhaustion, weariness or feeling too tired to do something.
  - **Sexual activity:** feeling worried about having sex or physical changes that make sexual activity difficult.
  - **Appetite:** not wanting to eat or drink as much as you used to.
  - **Behaviour and personality:** difficulty with 'insight' or acknowledging that you have difficulties because of the stroke, 'impulsive' or 'inappropriate' behavior, personality changes.

## Prevention

### How can I prevent a stroke or having another stroke?

You can prevent a stroke by knowing and controlling your risk factors.

There are a number of factors that increase your risk of stroke. Some of the risk factors for stroke you cannot do anything about. These include age, gender, family history of stroke and previous stroke or TIA .

There are a number of risk factors you can do something about to reduce your chances of having a stroke:

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- **High blood pressure is one of the most important known risk factors for stroke.**
- **High cholesterol.**
- **Smoking.**
- **Obesity or being overweight.**
- **Poor diet and lack of exercise.**
- **Diabetes (type 1 or type 2).**
- **Alcohol intake.**
- **Irregular pulse (atrial fibrillation or AF).**

For those who wish to prevent first ever stroke, talk to your doctor about completing a comprehensive risk assessment to understand your overall risk of stroke and other related conditions. This type of assessment looks at all your risk factors like putting all the pieces of the puzzle together.

Depending on your overall risk of stroke your doctor may talk to you about taking medications to reduce your risk of stroke.

### Medications to prevent stroke

Common medications to prevent first or subsequent strokes include:

**Blood pressure-lowering drugs** - should be taken by all people who have had a stroke or TIA unless there is a medical reason not to. May be taken to prevent first ever stroke where there is high risk overall.

**Antiplatelet drugs** - thin the blood and help prevent the blood from forming clots. All people with an ischaemic stroke or TIA should be on antiplatelets unless there is a medical reason not to. Antiplatelet drugs are not routinely recommended to prevent first ever stroke.

**Anticoagulants** - help keep existing blood clots from growing larger in the blood vessels and prevent new clots from forming. Should be taken by all people with atrial fibrillation.

**Cholesterol-lowering drugs** - should be taken by all people who have had an ischaemic stroke or diagnosed with a TIA unless there is a medical reason not to. May be taken to prevent first ever stroke where there is high risk overall.

### Some key tips to prevent stroke are:

- Check your blood pressure regularly.
- Work to get your blood pressure within normal limits or lower.
- Exercise 30 minutes or more most days of the week.
- Limit your salt intake.
- Consume a varied diet rich in vegetables, fruits, wholegrain cereals, lean meat, poultry, fish, eggs, nuts and seeds, legumes and beans and low-fat dairy products.
- Keep your weight within a healthy range.
- Limit your dietary fat intake.
- Stop smoking.
- Limit your alcohol intake.
- Keep your blood sugar levels within the normal range.
- Take your medications as they are prescribed.
- Enjoy a social life and keep positive.
- Ask your doctor for more advice.

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## Assessment

### What tests should I have after a stroke or TIA?

Early testing after stroke will help find out what type of stroke you have had, what has caused it, where in the brain your stroke is, the effects of your stroke and your general health.

Every person who has a stroke or TIA should have:

- **Brain Scan: CT (computer tomography) or MRI (magnetic resonance imaging)**

Some of the tests you may have include:

- **Blood tests**
- **Carotid ultrasound**
- **Heart tests**

## Treatment

### What treatment should I receive?

Early treatment after stroke is critical. There are three important early treatments for stroke:

- 1. Care on a stroke unit** - A stroke unit is an area in a hospital where a specialised stroke team looks after people with stroke.
- 2. rt-PA** - If you arrive at the hospital within 2–3 hours of your stroke, you may be treated with a drug known as thrombolysis (or rt-PA). This drug breaks down the blood clot that caused your stroke. It can only be given to people with an ischaemic stroke.
- 3. Aspirin**: given as early as possible (and within 48 hours) to people with ischaemic stroke.

## Who will help me with my recovery?

Your stroke team is a group of health professionals who are responsible for your assessment, daily care, treatment and the provision of education and support to you and your family/carer.

- **Doctor:** co-ordinates your medical care and assists you and your family/carer to make informed choices.
- **Nurse:** provides 24 hour a day care.
- **Stroke care coordinator:** helps match your needs with members of the stroke team and to plan your discharge or transfer to rehabilitation. Not all hospitals have this team member.
- **Dietitian:** ensures you get the nutrition and fluid you require.
- **Occupational therapist:** helps you perform everyday tasks and gives you advice on equipment that can help.
- **Physiotherapist:** helps you improve the way you move after your stroke.
- **Psychologist:** helps assess your thinking skills and with coping and adjustment to life after stroke.
- **Speech pathologist:** helps you speak or understand what is said to you. Helps with difficulties swallowing.
- **Social worker:** helps with the emotional and social results of your stroke and organises community resources.
- **Pharmacist:** provides education and advice about the medications you are taking.

## Will I need rehabilitation?

Early rehabilitation will increase your chances of a good recovery. Rehabilitation needs are different for everyone. Rehabilitation can happen within the hospital you are being treated at, at another hospital, at a community health centre or within your home. You and your treating stroke team will set individual goals to help with your recovery which will change over time as you progress.

Rehabilitation usually stops when there are no significant changes with your recovery. You can continue to work on your own recovery by setting your own goals and working towards achieving them. Recovery can occur over a long period of time without therapy so continue to practise activities over and over to teach your body to do things differently.

## Leaving the hospital

### Discharge planning

Before you leave the hospital, the stroke team will talk with you and your family/carer in a family meeting. Together you will talk about your support needs, who can assist with these,

returning to work, leisure, sexuality and return to driving. You will develop a plan for going home. Ask as many questions as you need during the family meeting.

### Discharge to a residential facility

If you are unable to look after yourself independently and your care needs are too great for your family/carer, your stroke team will recommend discharge to a residential facility. Information regarding residential care options will usually be provided by your social worker. For some stroke survivors this may only be a temporary measure while you continue to improve.

## Life after stroke or TIA

Getting used to life after stroke or TIA can be difficult. Many stroke survivors and TIA survivors are afraid of having another stroke. Many find it difficult relying on others to help them while they regain their independence. When you go home, your family and friends will be your most valuable support.

### Depression

Depression is not just a low mood but a serious condition resulting in difficulty carrying out normal daily activities. Up to two thirds of people who have a stroke will experience depression.

Depression is also common in carers. If you are concerned about depression in yourself or someone else it is important you talk to your doctor.

### Medications

It is important you continue any medications that you have been prescribed by your doctor. If you notice any side effects, have any questions or are thinking about stopping your medications, it is important you speak to your doctor.

### Bladder control

Difficulty with bowel and bladder control is common after stroke. It can be frustrating, embarrassing and distressing but there are things that can be done to get better. It is important you talk to your doctor to get the right information to help you get your bowel and/or bladder control back.

### Fatigue

Fatigue is a feeling of early exhaustion, weariness or feeling too tired to do something. It can present in the initial weeks or months after a stroke and for some stroke survivors, persist years later. For many people however it does improve with time.

### Driving

Driving is a complex task requiring many skills and can be difficult for stroke survivors. It is recommended you do not drive for a minimum of one month following a stroke or for two weeks following a TIA. Speak to your doctor before you start driving again to get medical clearance. It is your legal responsibility to notify your local licensing authority of any changes to your medical status.

### Leisure

There can be huge sense of loss associated with a stroke. It is important that you resume your old hobbies and interests if possible, and explore new interests where appropriate. Community centres provide leisure activities and many courses of interest that you might enjoy.

### Working after a stroke

Returning to work can be difficult due to physical changes, lack of motivation, fatigue, and reduced concentration or memory. However going back to work may be important for personal and financial reasons.

### Finances

Stroke can have an effect on your finances, especially if you were working before the stroke. If you are unable to return to work you may be eligible for a Disability Support Pension.

### Sexuality

A stroke can cause physical and emotional changes that can affect your ability or desire to have sex. Some medications can also cause side effects reducing libido.

Many people are afraid of resuming sex because they think it will increase their risk of another stroke or TIA. Research shows there is no connection between sex and stroke and that moderate exercise is actually beneficial for people with stroke.

Talk to your doctor about any concerns you may be having.

### Family

Your stroke and TIA is likely to have an impact on your family. The roles of family members may need to change including dealing with finances, household chores, shopping, cooking or parenting.

You and your family may need to consider help from others. You should discuss such changes with your family.

Children often ask a lot of questions and have many fears after a family member has a stroke. Children should be considered and involved in family discussions and/or provided time to ask their questions.

### What can I do to make the most of my recovery?

- Keep fit and active.
- Talk to other stroke survivors and carers.
- Follow your rehabilitation plan.
- Take your medications as prescribed.
- Start to do the things you did before your stroke as early as possible.

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## English fact sheet

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### Life as a carer

A carer can provide physical, practical or emotional help to someone after their stroke. These people – the carers – are also affected by the stroke.

A stroke can have a big affect on both you and your family member's lives. It is normal for both of you to feel a range of emotions. Common feelings carers may experience include:

- Anger
- Resentment
- Guilt
- Frustration and impatience
- Depression

It is important you remember your own needs. You should continue to do the things that you did before your life was affected by stroke.

Carers often need to ask for assistance. This may be from other family members, friends, carer support groups or community services.

As a carer, it is important you have the opportunity for time away from your caring responsibilities. Community services are available, if required, to provide care you're your family member/friend while you are away from them. These are called respite services.



**strokefoundation**

#### **National Stroke Foundation National Office**

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We have offices in Brisbane, Sydney, Hobart and Perth.

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For a complete list of fact sheets in English, visit our online library at [www.strokefoundation.com.au](http://www.strokefoundation.com.au)

For more information on any of these topics call **StrokeLine**  
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### Using an interpreter to call StrokeLine



1. Call the Telephone Interpreting Service on 13 14 50.
2. Say the language you need and wait on the line for an interpreter.
3. Ask the interpreter to call StrokeLine 1800 STROKE (1800 787 653).

### For further information

If you or your family have any further questions you should ask your physiotherapist or general practitioner.