

# Frequently Asked Questions on Stroke

## 1) What is a stroke?

A stroke is a brain attack.

A stroke occurs when a blood vessel, which is carrying oxygen and nutrients to the brain, bursts or is blocked by a clot. This causes an interruption of the blood supply to part of the brain. When blood is stopped the brain cannot get the oxygen it needs. Brain cells in the area die and the brain can become permanently damaged. This can damage or destroy brain cells which will affect body functions.

For example, if a stroke damages the part of the brain that controls limb movement, a person's ability to move an arm or leg may be affected. A stroke can also affect mental processes such as how people feel, think, communicate, or learn.

The term 'stroke' comes from the fact that it usually happens without warning, 'striking' the person from out of the blue. The effects of a stroke on the body are immediate.

## 2) What is a mini-stroke or TIA?

TIA stands for transient ischaemic attack. It is also known as a mini-stroke and happens when the brain's blood supply is briefly interrupted.

The symptoms are very similar to those of a full-blown stroke, but they tend to only last for a few minutes (or up to 24 hours). A TIA may cause a brief loss of vision, loss of speech, or weakness in one side of the body.

TIA's are caused by small clots. A large clot causes a stroke. A mini-stroke is a warning that there is a risk of more TIA's, or a full blown stroke.

A TIA should be treated as an emergency and you should seek urgent medical attention for assessment. Without assessment and treatment, about one in four people who have had a TIA will go on to have a full-blown stroke within a few years.

# Frequently Asked Questions on Stroke

Transient ischemic attacks are the most important warning symptoms of impending stroke. They occur in up to one-half of all patients who develop stroke but, unfortunately, less than half of the patients who have them seek help from their doctor before stroke occurs. Rapid diagnosis and treatment of TIA and the causes will reduce your risk of having a stroke. If someone thinks they have had a TIA in the past and have not sought treatment, they should contact their GP.

## **Some questions you might want to ask your doctor;**

- 1) What are my chances of having a full blown stroke if I've had a TIA?
- 2) What can I do to reduce my risk of having a stroke?
- 3) What medication do I need to take to reduce my chances of having a stroke?
- 4) Can I drive after having a TIA?
- 5) What can I do to reduce my chances of having a stroke?
- 6) Will I need follow-up care like more scans and when?

## **3) What causes stroke?**

It is often not obvious why someone should have suffered a stroke. Even though many people believe it to be a factor, stress is not a cause of stroke.

A stroke can happen to anyone. Some people are at greater risk for reasons beyond their control such as age and family history. Also, statistics show that people from Asian and African communities are more likely to have a stroke.

Some people are at a higher risk of stroke due to

### **Other risk factors include**

- high blood pressure;
- smoking;
- being overweight;
- Poor diet;
- diabetes;
- high cholesterol;
- Physical inactivity;
- Too much alcohol;

# Frequently Asked Questions on Stroke

All of these risks can be modified or changed through medication or lifestyle changes.

Go to [www.stroke.ie](http://www.stroke.ie) for information on how to reduce your risks of having a stroke or secondary stroke.

## 4) How can you recognise the symptoms of a stroke?

A simple test can help you recognise if someone has had a stroke:

Face-has their face fallen on one side? Can they smile?

Arms-Can they raise both arms and keep them there?

Speech-is their speech slurred?

**TIME TO CALL 999 IF YOU SEE ANY SINGLE ONE OF THESE SIGNS.**

When stroke strikes, ACT F.A.S.T.

## 5) Why is the F.A.S.T. message so important?

The average stroke destroys roughly two million brain cells every minute. So, when someone has a stroke, it is vital they get medical treatment as quickly as possible.

Until recently, many believed that stroke was a disease for which little or nothing could be done. We now know that strokes are among the most preventable and treatable of all diseases.

Unfortunately, hundreds of people are dying every year and many more are left to endure an unduly severe or prolonged disability because they didn't get to hospital quickly enough after having a stroke. The quicker a person gets to hospital after stroke, the more of their brain can be saved.

## 6) What are the effects of a stroke?

Every stroke is different. Every person affected by stroke will have different problems and different needs. The way in which you might be affected depends on where in the brain the stroke happens and how big the stroke is. A stroke on the right side of the brain generally causes problems on the left side of the body. A stroke on the left side of the brain causes problems on the right side of the

# Frequently Asked Questions on Stroke

body. Some strokes happen at the base of the brain and can cause problems with eating, breathing and moving.

The right half of the brain controls the left side of the body and vice versa. For example, weakness or paralysis in the left arm may result from a stroke in the right side of the brain.

For most people, the left side of the brain controls language (talking, reading, writing, and understanding). The right side controls perceptual skills (making sense of what you see, hear, touch) and spatial skills (judging size, speed, distance, position).

## **Problems you might have after a stroke**

After a stroke, you might have problems doing some of the things you did before.

Such as;

- Weakness or lack of movement in your leg and/or arm (paralysis)
- Trouble shooting
- Changes to the way you see things (perceptual or visual problems)
- Changes to the way you feel things e.g. touch (sensory problems)
- Problems thinking or remembering (cognitive problems)
- Trouble speaking, understanding, reading or writing
- Incontinence
- Shoulder pain or arm pain/stiffness
- Feeling worried or sad
- Problems controlling your feelings
- Problems with your sexuality.

## **7) What treatment is there for stroke?**

As soon as a stroke happens, tests are needed to make sure the right emergency treatment is given. Time is brain and the quicker the treatment, the better the chance of a good outcome after a stroke.

Early testing will help identify what sort of stroke you have had and help guide your treatment.

Common tests when you arrive in hospital include CT brain scans, blood tests, heart tests, neurological tests and X rays.

Some questions for your doctor to help you understand these tests;

# Frequently Asked Questions on Stroke

- What is the test for and why is it being done?
- Who will be doing it?
- When will I find out how it went?
- Who will explain the results to me and/or my family?

## **Thrombolysis**

Some strokes can be treated by thrombolysis. This is a clot reducing drug treatment that aims to dissolve the blood clot with powerful blood thinners. It can have a powerful impact in preventing damage to brain cells caused by stroke.

This drug treatment should be carried out within four hours of the onset of stroke, but only in cases of ischaemic stroke that involve a blockage or blood clot.

## **8) What is stroke rehabilitation?**

Rehabilitation is the process where a person who has had an illness regains their skills so that they can be as independent as possible. Rehabilitation after a stroke may mean learning to walk, or to speak clearly.

Rehabilitation is about getting your normal life back and achieving the best level of independence you can, by:

- Relearning skills and abilities
- Learning new skills
- Adapting to the limitation caused by stroke, and
- Finding social, emotional and practical support at home and in the community.

Rehabilitation should start in the hospital where the stroke patient works with different therapists and medical professionals. Each patient should be entitled to receive a minimum of 45 minutes of requires rehabilitation 5-7 days a week for as long as it is needed. This should include physiotherapy, occupational therapy, clinical psychology, speech and language therapy and nutrition and dietetic input provided by both hospitals and community based teams.

## **9) Where can I get support after a stroke?**

Stroke support groups are local groups for those affected by stroke.

## Frequently Asked Questions on Stroke

They provide a meeting place for people affected by stroke and their carers to come together and share their experiences.

The groups provide information, raise awareness and offer support and advice. Some also offer activity programmes and services.

There are a number of stroke support groups and clubs around Ireland. BRI, the acquired brain injury charity also run support groups in various locations. To find a group in your area go to the stroke network page on [www.stroke.ie](http://www.stroke.ie).

### **10) Where can I go for more information on stroke?**

For more information, ring the Irish Heart Foundation stroke and heart helpline at 1890 432 787, or log on to its dedicated stroke web site [www.stroke.ie](http://www.stroke.ie)