

PART

1

STROKE SURVIVORS GUIDE- BASICS

WHAT EVERY CAREGIVER NEEDS
TO KNOW WHEN A FAMILY OR
FRIEND DEVELOPS A STROKE

THIS BOOKLET GIVES A BRIEF IDEA ABOUT WHAT YOUR
FAMILY OR FRIEND IS GOING THROUGH.

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PART 1



STROKE SURVIVORS GUIDE- BASICS

**WHAT EVERY CAREGIVER NEEDS TO KNOW
WHEN A FAMILY OR FRIEND DEVELOPS A
STROKE**

DR SAUMYA H MITTAL

*Dedicated To Friends & Families
Everywhere.*

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SOURCES OF PICTURES

Figure 1: <https://www.uclahealth.org/radiology/interventional-neuroradiology/acute-stroke>

Figure 2: <https://ehealthtechnologies.com/news/the-role-of-hies-in-stroke-care>

Figure 3: <https://jansgephardt.com/index.php/tag/cartoon-a-day/>

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Figure 5: <https://www.patientsengage.com/conditions/befast-stroke-symptoms-downloadable-flyer>

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1. I WAS TOLD I HAD STROKE. WHAT IS STROKE?

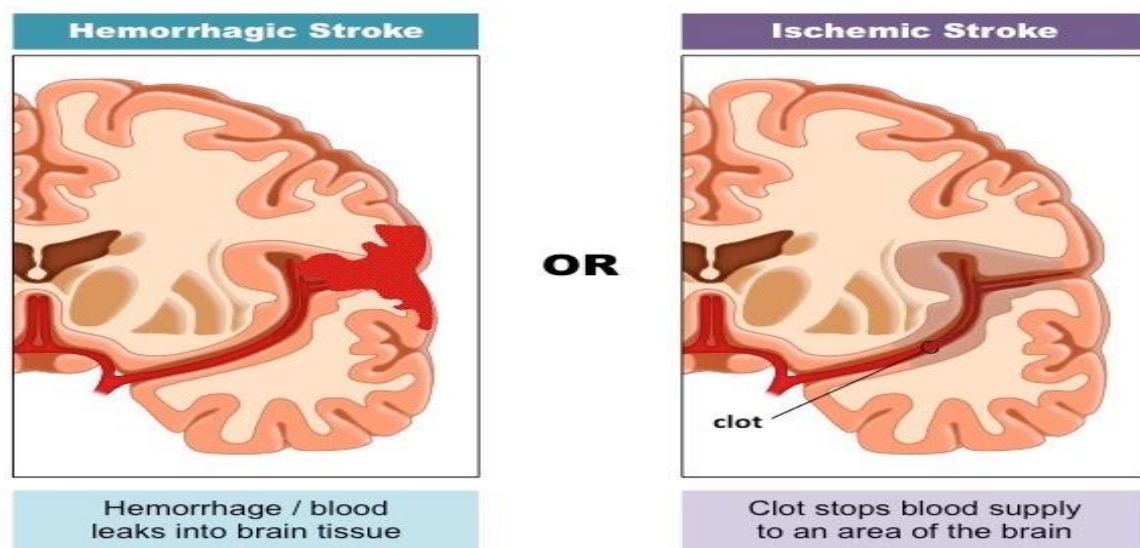
Stroke is a condition which affects your arteries to the brain. It is caused by either

(a) blockage of the arteries.

(b) rupture of the arteries.

When the blood vessels are blocked, clotted, clogged with fat and debris, or narrowed due to other reasons, the blood flow is cut off and it's called an "ISCHEMIC STROKE".

When the blood vessel ruptures, it keeps the surrounding areas of brain from getting oxygen and this is called "HEMORRHAGIC STROKE".



BOTH OF THE EVENTS CAUSE REDUCED SUPPLY OF OXYGEN AND NUTRITION TO THE BRAIN.

The brain controls everything that we do. Reduced oxygen and nutritional support will affect the functions of the brain. The symptoms vary depending upon

- (a) Location of the blood vessel affected.
- (b) Area and extent of damage to the brain.
- (c) Type of stroke (Ischemic or Hemorrhagic stroke).

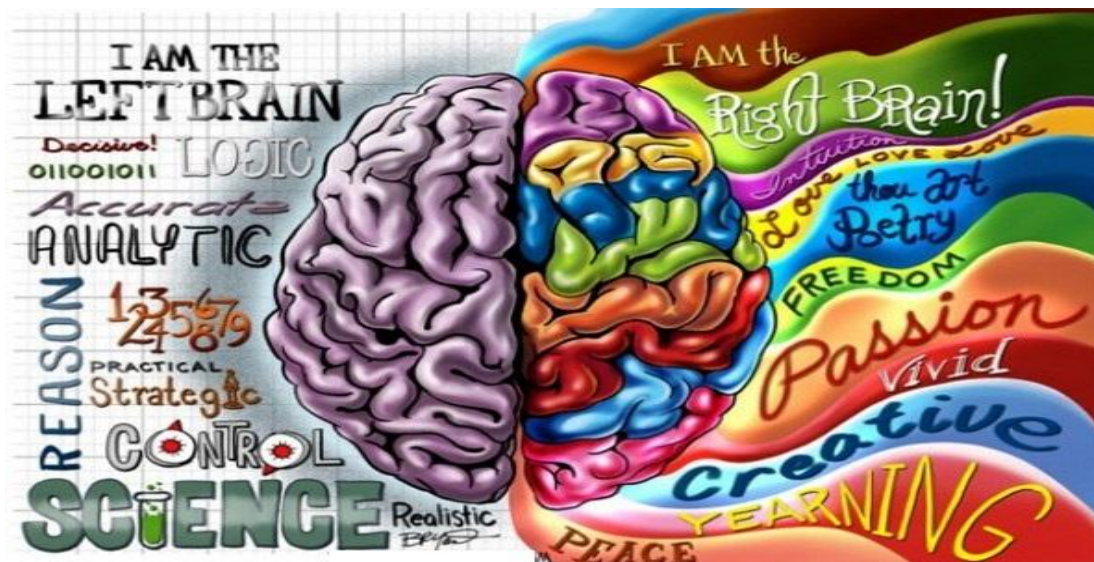
**WHEN IT COMES TO STROKE,
TIME LOST IS BRAIN LOST**



2. I THINK A NEIGHBOR HAS JUST SUFFERED A STROKE. HOW CAN I IDENTIFY THIS EVENT? WHAT ARE THE SYMPTOMS? DO I NEED TO GO TO A NEUROLOGIST?

Brain is the master organ of the body's volitional movements and other activities.

Movements of the body, ability to speak, ability to eat, ability to think and memorize, our consciousness and our personality, how we think, what we see and understand etc. are all controlled by the brain.



Different parts of the brain control these different functions. The damage to any part of the brain may therefore lead to loss of function of the brain. And the symptoms develop according to the area damaged.

THE FASTEST WAY TO DETECT A STROKE IS A TYPICAL NAMASKAR.

NAMASKAR is the traditional Indian greeting that includes –

- a. Folding hands in a standing posture.
- b. Smiling as one greets another.
- c. Saying the word NAMASKAR.

Inability to perform any of these activities correctly leads
to the suspicion of possible stroke.



OTHER SYMPTOMS INCLUDE-

However, these are not the only symptoms of stroke. There can be other symptoms like sudden numbness of the body (with or without the weakness), sudden confusion, sudden trouble in seeing things, sudden trouble in balancing while walking and dizziness, sudden severe headache etc.

PHYSICAL CHANGES	DIFFICULTY IN SPEAKING	EMOTIONAL AND PERSONALITY CHANGES
Paralysis and Balance.	Aphasia- difficulty in speaking or difficulty in understanding what has been stroke.	Depression- especially after stroke.
Feeling tired.	Slurred, hoarseness, muffled speech.	Anxiety.
Spasticity.	There may be no lack of intelligence.	Pseudobulbar Affect- easy crying and uncontrollable laughter.
Seizures.		

STROKE IS A MEDICAL EMERGENCY. YOU NEED TO MEET A NEUROLOGIST AS SOON AS POSSIBLE.

BE FAST IN GETTING TO A STROKE UNIT AND MEET A NEUROLOGIST TO

UNDERSTAND YOUR TREATMENT OPTIONS.

Know the signs of a stroke.

B

BALANCE

Loss in balance



E

EYES

Blurred or
Affected Vision



F

FACE

Drooping Face



A

ARMS

Weakness or
Numbness



S

SPEECH

Slurred or
confused speech



T

TIME

Take to the
hospital or Call an
Ambulance Now!!



B.E.F.A.S.T. Time is crucial.

3. WHY DID I DEVELOP A STROKE? WERE THERE RISK FACTORS?

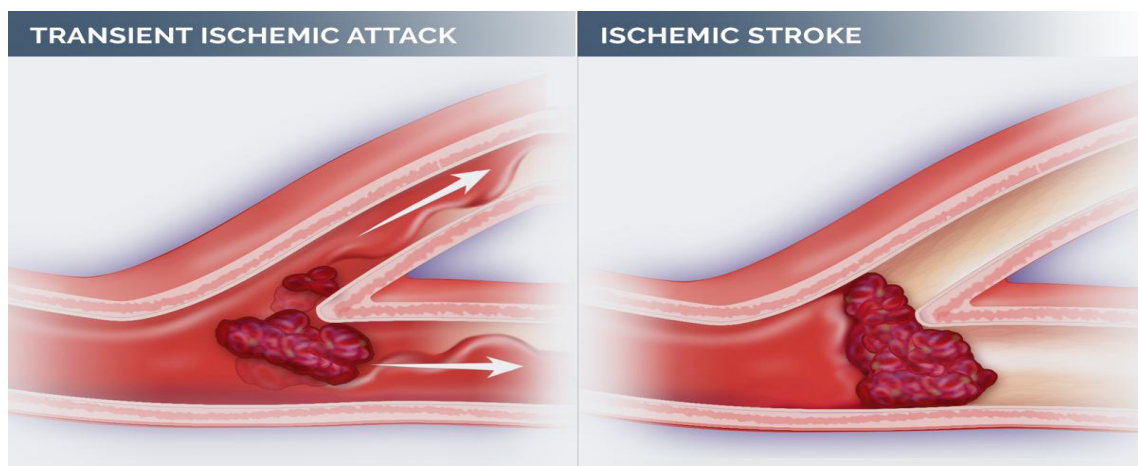
The incidence of stroke is harbingered by many risk factors. Every stroke survivor has a different risk factor. They are of 2 types-

MODIFIABLE RISK FACTORS	NON MODIFIABLE RISK FACTORS
High BP	Age
High Sugars	Gender
High Cholesterol Levels	Race
Physical Inactivity	Family History
Obesity	Prior History of TIA, Stroke, Heart Attack
Carotid Artery Disease	
Smoking and Alcohol Abuse	
Atrial Fibrillation	
Illegal Drug Use	
Sleep Apnea	

4. I WAS TOLD THAT I HAD HAD A TIA. WHAT IS TIA?

TIA or **TRANSIENT ISCHEMIC ATTACK** is a condition which is often called '**WARNING STROKE**' or sometimes explained as '**MINOR STROKE**'. This causes all stroke-like symptoms, but for a limited period of time. The symptoms frequently resolve before reaching the hospital or before starting the treatment. **But BEWARE! Just because the symptoms have improved does not mean that one doesn't need to be careful.**

DO NOT IGNORE A TIA. If you have had a TIA, researchers say, you may be at risk of a subsequent stroke. Get immediate medical attention and do not avoid the medications suggested.



5. HOW WAS I DIAGNOSED TO HAVE A STROKE? I HAD SO MANY TESTS DONE. WERE THEY NECESSARY?

The suspicion of stroke depends on the identifications of symptoms and corroboration of the symptoms with a suitable examination. You would then be taken up for a scan- CAT Scan or an MRI Scan. The incidence of stroke event is harbingered by many risk factors. To find these, certain tests are indeed needed.



6. HOW DO I HELP MY STROKE SURVIVOR RECOVER? HOW

DO WE TREAT THE STROKE?

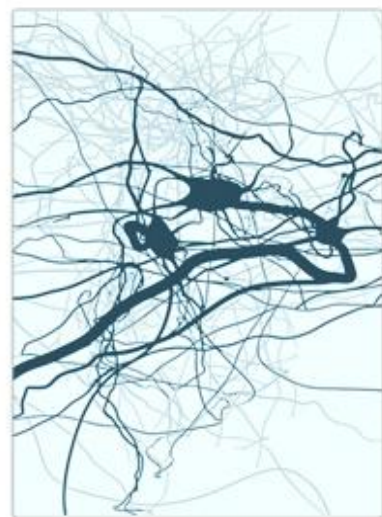
Rehabilitation of the stroke survivor remains the cornerstone of recovery and greatly influences health outcomes and recovery. For the first 3 months after a stroke, the brain is ready to make fresh connections and re-learn the lost skills. This is called neuroplasticity and is the most significant process that helps the recovery. It slows down after 6 months and more so after 1 year from the stroke event. While a stroke survivor can still work on regaining function, the improvement comes at a slower pace after 1 year.



**Neural Network
Before Training.**



**Neural Network At
2 Weeks of Training.**



**Neural Network At
2 Months of Training.**

STROKE REHABILITATION includes a sustained and coordinated effort from a large team which includes- the stroke survivor, the family and caregivers of the survivor, neurologists, physiotherapists, speech therapists, nutritionists, psychologists, psychiatrists and nurses.



THE GOALS OF REHABILITATION SHOULD BE REALISTIC.

Setting high goals is fine. But one needs to be aware that despite best care, improvement occurs slowly as the brain manages to make new connections. It is not an overnight process. One needs to stay motivated. Having realistic goals avoids getting disheartened. Setting small goals with a higher eventual target should be the suggested way. Stroke rehabilitation is hard work, for every member of the team. But survivors will tell you that it is worth the effort. So just stay motivated.



ANOTHER ASPECT OF STROKE RECOVERY IS MODIFYING THE RISK FACTORS.

Don't smoke.

Avoid alcohol.

Regular physical activity.

Maintain a healthy diet.

Take a good sleep.

Monitor BP.

Monitor Sugars.

Monitor Cholesterol.

Take Medicines for BP, sugars, cholesterol.

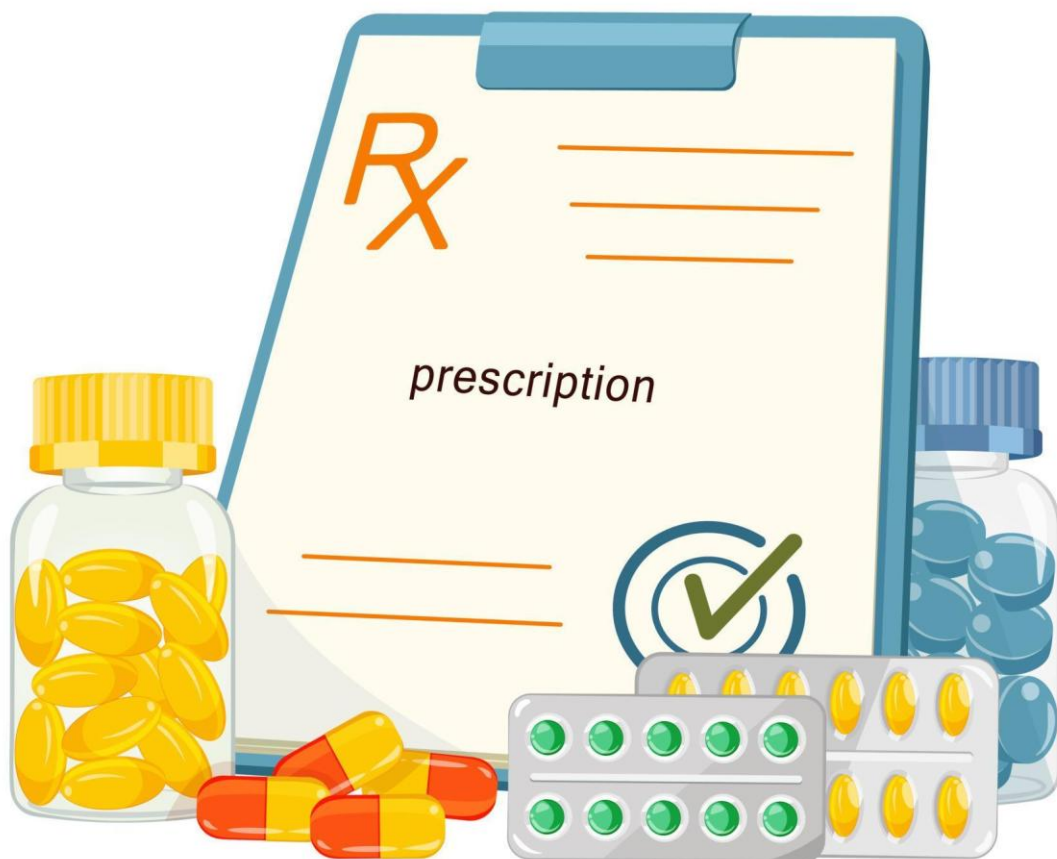
Eat more fruits, vegetables and salads.



BE SURE TO TAKE THE MEDICATIONS PRESCRIBED.

Medications of each stroke survivor are tailored to his/her needs. They have to be taken regularly. Talk to your neurologist if you have ANY problem in relation to the medicines.

DO NOT STOP THE MEDICINES. Stopping the medications put the stroke survivor at risk of developing a stroke again.



7. TO SUMMARIZE.

With a committed health care team, a good rehabilitation team, and adherence to medications prescribed, most stroke survivors can prevent another stroke and improve from the first stroke.

We hope this guide helped you and your loved ones understand the effects of stroke and how to maximize your rehabilitation and recovery.



THESE ARE JUST GENERAL GUIDELINES. THEY ARE NOT MEANT TO REPLACE THE PROFESSIONAL OPINION OF A DOCTOR. VISIT AND DISCUSS WITH YOUR DOCTOR FOR SPECIFIC ADVICE AS SUITED TO YOUR CASE.

STAY TUNED FOR THE NEXT EDITION- STROKE BOOKLET 2.

STROKE SURVIVORS GUIDE- BASICS

STROKE IS A COMMON DRASTIC NEUROLOGICAL DISEASE THAT CAUSES SIGNIFICANT LONG STANDING MORBIDITY AND IS ALSO A LEADING CAUSE OF MORTALITY ALL OVER THE WORLD. AS THE INDIAN POPULATION BECOMES MORE EDUCATED AND AFFLUENT, THE NON COMMUNICABLE DISEASES LIKE STROKE AND HEART ATTACK ARE GETTING MORE PREVALENT WHILE INFECTIONS ARE STILL COMMON. AND YET, KNOWLEDGE AND INFORMATION ABOUT STROKE REMAINS WOEFULLY UNCOMMON. THIS BOOKLET AIMS AT GIVING YOU AN IMPRESSION ABOUT STROKE, HOW AND WHEN TO IDENTIFY IT, AND HELPS ONE UNDERSTAND THE PROBLEMS FACED BY STROKE SURVIVORS.

ABOUT THE AUTHOR:



DR SAUMYA H MITTAL IS A NEUROLOGIST WORKING IN NCR REGION OF THE INDIAN CAPITAL. HE IS INTERESTED AMONG ALL THE DISEASES THAT A NEUROLOGIST WORKS WITH. AND STROKE AND HELPING STROKE SURVIVORS IS ONE CONDITION THAT IS CLOSE TO HIS HEART.

THE IDEA OF THIS BOOKLET DEVELOPED WHEN THE FRIENDS AND FAMILIES KEPT COMING TO HIM AND IT WAS REALIZED HOW LITTLE THE PEOPLE KNOW ABOUT STROKE. BECAUSE HE STRONGLY BELIEVES THAT KNOWING AND UNDERSTANDING THE DISEASE HELPS THE STROKE SURVIVORS AND THEIR CAREGIVERS IN IMPROVING COOPERATION IN THEIR OWN RECOVERY, THE CONCEPT OF “STROKE SURVIVORS GUIDE” WAS CONCEIVED. MANY STROKE SURVIVORS HAVE DIFFERENT NEEDS. AND THESE VOLUMES TRY TO ANSWER THESE QUESTIONS AND PROVIDE INKLING ABOUT THE SOLUTIONS TO THEIR NEEDS.

KNOWLEDGE ABOUT STROKE IS EXTENSIVE. HE TRIES HERE TO GIVE THE READERS THE MOST BASIC AND YET VERY IMPORTANT INFORMATION THAT ONE SHOULD HAVE ABOUT THE ILLNESS.