



The Brain Buzz

A UAMS NEWSLETTER FOR STROKE SURVIVORS AND
THEIR CAREGIVERS

Need Some Support?

Each week, stroke survivor Molly Schwarz visits patients at UAMS on H8 that have had a stroke. If you are interested in having her visit with you to share her experience and provide support, please let your nurse know.



UAMS
For a Better State of Health

Stroke Treatment

Written by:

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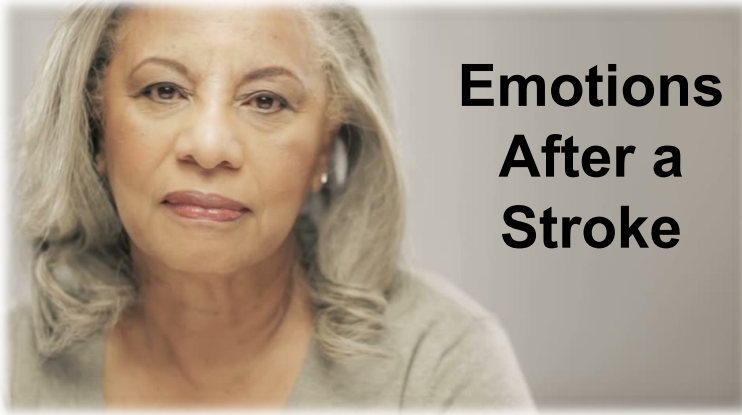
You come home to find your family member with weakness, trouble speaking, or facial drooping. You know that this is a stroke and call 911 to bring them to the Emergency Department, but what can be done now that the stroke has happened?

Over the years, stroke treatment has become much better. The most common type of stroke is an ischemic stroke, and this means that blood flow has been cut off to part of the brain, usually by a blood clot. In this case, there are two types of treatment that can be used in some patients.

First, there is a medication called tPA, which many people have heard called "clot-busting medicine." This medicine is given through the patient's IV into their blood. The medication flows through the blood, and when it reaches the blockage it can break down the clot. This can allow blood to, once again, flow to the affected area of the brain and hopefully, some or all of the patient's symptoms will get better. To be able to receive the medication the patient must be seen as soon as possible. The medication needs to be given before 3 hours in most cases, but special circumstances will let a patient get the medication up to 4.5 hours after onset of the stroke. Because of this, a caregiver must remember that time means brain, and to call 911 as soon as symptoms of a stroke are found. It is important that the patient or a bystander tells the paramedics and the doctor the time that the patient last felt normal. There are other requirements that the doctor will discuss with the patient and family before giving the medication.

A second treatment has become more common recently. This treatment involves using a specialized tool to actually pull out or break up a blockage





Emotions After a Stroke







Right after a stroke, a survivor may respond one way, yet weeks later respond differently. Some survivors may react with understandable sadness; others may be amazingly cheerful. These emotional reactions may occur because of biological or psychological causes due to stroke. These changes may vary with time and can interfere with rehabilitation.

- Tell yourself that your feelings aren't "good" or "bad." Let yourself cope without feeling guilty about your emotions.
- Find people who understand what you're feeling. Ask about a support group.
- Get enough exercise and do enjoyable activities.
- Give yourself credit for the progress you've made. Celebrate the large and small gains.
- Learn to "talk" to yourself in a positive way.
- Allow yourself to make mistakes.
- Ask your doctor for help. Ask for a referral to a mental health specialist for psychological counseling or antidepressant medication if needed for depression.
- Make sure you get enough sleep at night. Sometimes lack of sleep can cause emotional changes.

Stroke Treatment Continued....

where it is located in the brain. A specialized doctor called an Interventional Radiologist uses a wire inserted into a blood vessel to find the site of the blockage in the brain. Once the clot is found, they can use the clot-busting medication (tPA) to break up the blockage or directly suck the clot out. This type of treatment is sometimes used with the clot-busting medication given through the IV as mentioned in the last paragraph, or can sometimes be used on its own. A team of doctors will work together using special x-rays and other tools to decide what type of treatment will work best based on the patient's symptoms and medical history.

The most important thing you can do when you or someone you know is having symptoms of a stroke is to call 911 to get them to the hospital as soon as possible. Once at the hospital a team of doctors will work together and decide what treatments are best for each individual patient.

					
B	E	F	A	S	T
Balance off	Eyes — unclear vision	Face/ facial droop	Arms/ legs weak	Speech slurred, confused	Time lost is brain lost

CALL 911 AS SOON AS SYMPTOMS BEGIN



Caregivers: Need Help After Your Loved One Has Had a Stroke?

The website provided by the American Stroke Association can help. This website provides many resources for caregivers to help you to manage the stressful time right after a stroke. Go to www.strokeassociation.org, click on “Life After Stroke” and then on “Family Caregivers.” If you aren’t able to access the internet, call the American Stroke Association at 1-888-4-STROKE.

Adaptive Clothing for Stroke Survivors

By Dana Smith, MS, MCHES
Patient Education Department

Special needs clothing, also known as adaptive clothing, can be very helpful for people who are disabled or have a limited range of motion and need help getting dressed. Adaptive clothing allows the wearer to retain his or her dignity and provide some level of self-care.

Specific products you might find include:

- Front zip dresses for women who have weakness in her arms.
- Elastic waist band slacks with loops in the front to pull slacks on with ease
- Snap back shirts which are easy to slide on and off and for the caregiver to snap
- Velcro fasteners rather than buttons
- Side zippers which are good for those who have weakness in the legs
- Lap robes for patients needing to be in a wheelchair

What to Look for When Purchasing Adaptive Clothing:

- Materials that aren’t abrasive to the skin
- High quality fabric that can hold up to cleaning
- Fasteners that are not located on tender areas of the body
- Feel natural and comfortable
- Correct sizing
- Look like normal clothes and not medical clothes.
- Do not hang where they could get caught in wheelchair wheels or a walker

Following are some companies that sell adaptive clothing.**

Silvert’s
www.silverts.com
800-387-7088

Adaptive Clothing Showroom
www.adaptiveclothingshowroom.com
845-352-1674

Buck & Buck
www.buckandbuck.com
800-458-0600

BH Medwear
www.bhmedwear.com
866-992-4633



**Need More
Information
About Stroke?**



National Stroke Association

1-800-STROKES (787-6537)

www.stroke.org

American Stroke Association

1-888-4-STROKE (478-7653)

www.strokeassociation.org

UAMS Neurology Department

501-686-5838

<http://neurology.uams.edu/>

Could you be at risk for **STROKE?**

Do you have high blood pressure? High cholesterol?

Diabetes? Excess weight? Heart problems?

A family history of stroke or aneurysms? Do you smoke?

All of these factors put you at a higher risk for stroke.

A stroke occurs when blood circulation to the brain fails due to either a blocked or ruptured blood vessel. The resulting lack of oxygen to brain cells can impair brain function. **STROKE IS THE THIRD LEADING CAUSE OF DEATH IN THE UNITED STATES.** Of the roughly 600,000 new and recurrent cases of stroke each year, 160,000 are fatal. **CURRENTLY, THERE ARE 4 MILLION STROKE SURVIVORS, MANY OF WHOM HAVE SIGNIFICANT DISABILITIES.**

STROKE RISK FACTORS

ESTIMATED INCREASE IN RISK

ATRIAL FIBRILLATION	17 times
HYPERTENSION	2 TO 4
CARDIAC DISEASE	2 TO 4
NO EXERCISE	1.8 TO 3.5
DIABETES	1.5 TO 2.5
SMOKING	1.5 TO 2.5
HEAVY ALCOHOL USE	1 TO 3