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A stroke is sometimes called a “brain attack.” From the time symptoms first appear until the time treatment is received, brain cells die.

The third leading cause of death in the U.S., stroke occurs when either a blood vessel bringing blood to the brain bursts or the vessel is blocked by a blood clot. Without treatment, cells in the brain quickly begin to die. The result can be serious disability or death. If you or a loved one is having stroke symptoms, seek emergency medical attention IMMEDIATELY.

**STROKE: A MEDICAL EMERGENCY**

**STROKES STRIKE FAST AND SO SHOULD YOU**

An easy way to remember the symptoms of stroke is the Face, Arm, Speech Test, also known as F.A.S.T.

- **F = Face**
  - Ask the person to smile. Do both sides of his or her face move equally? Or does one side of the face not move at all?

- **A = Arm**
  - Ask the person to raise both arms. Do both arms move equally? Or does one arm drift downward compared to the other?

- **S = Speech**
  - Ask the person to speak a simple sentence. Does the person use the correct words without slurring? Or does the person slur his or her speech, use inappropriate words or is he or she unable to speak at all?

- **T = Time**
  - Don’t wait. If you observe any of these symptoms, call 911 immediately.

**WHY IS THIS SELF-CARE GUIDE IMPORTANT?**

The Visiting Nurse Service of New York’s Self-Care Guide for Stroke was developed to help you and your family members understand and manage stroke so you can live a more active, happier and healthier life.

VNSNY has created a specialized program for our patients with stroke. Our goal is to help you manage your condition. Our guide is based on up-to-date research and our years of experience caring for people with stroke.

On our first home care visit to you, your VNSNY nurse or therapist will perform a complete assessment and determine the services that are best for you. Depending on the individualized plan we develop with you, the home care services you receive may include skilled nursing, physical therapy, occupational therapy, speech therapy, social work and a home health aide.

If you notice any of these symptoms, call 911 immediately.

Every second counts!
This guidebook is divided into short chapters. Together with your VNSNY nurse and/or therapist, you can review one chapter at a time. If you prefer, you may read this guidebook on your own and write down any questions or concerns you have so you can discuss them with your VNSNY nurse or therapist or your doctor.

You may also find it helpful to use other VNSNY care management tools, such as My Medication Record and My Action Plan.

**What You Can Do**

By understanding how to use this VNSNY Self-Care Guidebook and working with your VNSNY home care team, you can learn how to manage stroke and live a fuller, more comfortable life. Some of the things you can do to manage stroke include:

- Learn how stroke affects your body. This will help you better understand how to care for yourself.
- Take the medications prescribed by your doctor. This will help you reduce your risk of having another stroke.
- Make some changes in how you eat and live to help you stay healthy.
- Pay attention to your body and how you feel. If you notice symptoms, report them right away. This will help your doctor and nurse provide the best treatment for you.
- Talk with your doctor about your medications and how you are feeling.

**HOW TO USE THIS SELF-CARE GUIDE**

**HOW DOES MY DOCTOR KNOW I’VE HAD A STROKE?**

There are two main types of stroke, and they require different types of treatment. Computed Tomography, or a CT scan, helps doctors determine whether the symptoms you are experiencing are coming from a blocked blood vessel or a bleeding one. Additional tests may also be used to find the location of a blood clot or bleeding within the brain.

**Ischemic Stroke**

The most common type of stroke is known as an ischemic stroke. Nearly nine out of 10 strokes fall into this category. Ischemic stroke happens when a blood vessel in the brain is blocked. The clot may develop on the spot or travel through the blood from elsewhere in the body.

**Hemorrhagic Stroke**

Hemorrhagic strokes are less common but far more likely to be fatal. Hemorrhagic strokes are often associated with a very severe headache, nausea and vomiting. Symptoms usually appear suddenly. They occur when a weakened blood vessel in the brain bursts. The result is bleeding inside the brain that can be difficult to stop.
Transient Ischemic Attack (TIA)

A transient ischemic attack is often called a "mini-stroke". It happens when blood flow is temporarily interrupted to part of the brain. This can cause symptoms similar to a stroke. When the blood flows again, the symptoms disappear. A TIA is a warning sign that a stroke may happen soon. If you think you’ve had a TIA, see your doctor immediately. There are therapies that can reduce the risk of stroke.

Emergency Treatment for Stroke

For an ischemic stroke, emergency treatment includes medicine to restore blood flow. A clot-busting medication, tissue plasminogen activator (tPA), is highly effective at dissolving clots and minimizing long-term damage. tPA must be given within three hours of the onset of symptoms. Generally, only three to five percent of those who suffer a stroke reach the hospital in time to be considered for this treatment. Hemorrhagic strokes are more difficult to manage. Treatment usually involves attempting to control high blood pressure, bleeding and brain swelling.

tPA must be given within three hours of the onset of symptoms.

Every second counts!

WHO IS AT RISK FOR STROKE?

There are two different types of risk factors for stroke. Some can be controlled, while others are uncontrollable.

Check ☑ any of the risk factors you have. The more risk factors you have, the higher your risk for stroke.

Controllable Risk Factors

☐ High Blood Pressure
☐ Atrial Fibrillation
☐ High Cholesterol
☐ Diabetes
☐ Tobacco Use and Smoking
☐ Alcohol/Drug Use
☐ Physical Inactivity
☐ Overweight/Obesity
☐ Poor Diet
☐ TIA
☐ Certain Blood Disorders, i.e., Sickle Cell Anemia
☐ Carotid or Other Artery Disease

Uncontrollable Risk Factors

☐ Increased Age
☐ Race (African Americans, Native Americans, and Alaskan Natives)
☐ Family History of Stroke
☐ Prior Stroke or Heart Attack
PREVENTIVE TREATMENT FOR STROKE

- Medications called “antiplatelets,” which include aspirin and “anticoagulants” such as warfarin (Coumadin®), work by interfering with the blood’s ability to clot. They can play an important role in preventing stroke.

- Carotid endarterectomy is a procedure in which a blood vessel blockage is surgically removed from the carotid artery.

Reducing Stroke Risk

Risk Factors You CAN’T Control

Some stroke risk factors are beyond your control, such as:

- Getting older.
- Race. African Americans, Native Americans, and Alaskan Natives are at greater risk.
- A family history of stroke.

LOWERING YOUR RISK AFTER YOU’VE HAD A STROKE

If you’ve had a stroke, your risk of having another one is higher than the risk for someone who hasn’t had one. The best way to reduce the risk of having another stroke is by managing the risk factors that can be controlled.

Manage the risk factors described below that apply to you:

Risk Factors You CAN Control

RISK FACTOR: HIGH BLOOD PRESSURE

High blood pressure is the single most important controllable risk factor for stroke, especially in older adults.

- When someone has high blood pressure, it means that the heart is working much harder than it should to move the blood throughout the body. This can weaken blood vessels and damage the heart, kidney, brain and other organs.
- People with high blood pressure usually have no symptoms. Untreated high blood pressure can lead to stroke, heart attack and kidney disease.

KNOW WHAT YOUR BLOOD PRESSURE NUMBERS MEAN

If your blood pressure is 140/90 mmHg or higher over time, your doctor will likely diagnose you with high blood pressure (HBP). If you have diabetes or chronic kidney disease, a blood pressure of 130/80 mmHg or higher is considered HBP.

<table>
<thead>
<tr>
<th>Category</th>
<th>Range</th>
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</thead>
<tbody>
<tr>
<td>BEST</td>
<td>120/80 or LOWER</td>
</tr>
<tr>
<td>PREHYPERTENSION</td>
<td>120-139/80-89</td>
</tr>
<tr>
<td>HYPERTENSION</td>
<td>140/90 or HIGHER</td>
</tr>
</tbody>
</table>
WHAT DOES BLOOD PRESSURE MEASURE?

Blood pressure is written as two numbers, for example 120/80. It is measured in "millimeters of mercury," which is abbreviated "mmHg".

The first number represents systolic blood pressure. It measures the force the blood has on the blood vessels when the heart pumps.

The second number represents diastolic blood pressure. It measures the force the blood has on the blood vessels when the heart is at rest or between beats.

MY BLOOD PRESSURE IS:

THE TWO TYPES OF HIGH BLOOD PRESSURE

There are two types of high blood pressure:

1. **Primary (essential) hypertension.**
   - This type of high blood pressure represents 90 to 95 percent of high blood pressure cases in adults and there's no identifiable cause. This type of high blood pressure, called essential hypertension or primary hypertension, usually develops gradually over many years.

2. **Secondary hypertension.**
   - Five to 10 percent of high blood pressure cases are caused by some other condition. This type of high blood pressure, called secondary hypertension, tends to appear suddenly and cause higher blood pressure than primary hypertension. Various conditions and medications can lead to secondary hypertension, including:
     - Kidney abnormalities
     - Certain medications, such as birth control pills, cold remedies, decongestants, over-the-counter pain relievers and some prescription drugs
     - Tumors of the adrenal gland
     - Certain congenital heart defects
     - Illegal drugs, such as cocaine and amphetamines

RISK FACTOR: ATRIAL FIBRILLATION

For the heart to pump blood,
- it must pump in a coordinated rhythm. The coordinated pumping and relaxing of the heart is controlled by electrical signals that travel through your heart muscle.

Your heart consists of four chambers—two upper chambers (atria) and two lower chambers (ventricles). As the electrical signal passes through the atria, they contract, pumping blood into the ventricles below. When the electrical signal passes through the ventricles, they contract, pumping blood out to your body.

In atrial fibrillation, the upper chambers of your heart (atria) have disorganized electrical signals. As a result, they quiver instead of beating normally. The ventricles also beat rapidly, but not as rapidly as the atria.

The result is a fast and irregular heart rhythm. The heart rate in atrial fibrillation may range from 100 to 175 beats a minute. The normal range for a heart rate is 60 to 100 beats a minute.

The risk of stroke in atrial fibrillation depends on a few factors:

- Age (risk increases with age)
- High blood pressure
- Diabetes
- History of heart failure
- Previous stroke

In atrial fibrillation, the disorganized heart rhythm may cause blood to pool in the atria and form clots. If a blood clot forms, it could move from your heart and travel to your brain. There, it might block the blood flow and cause a stroke. Medications, such as blood thinners, can greatly lower your risk of stroke or damage to other organs caused by blood clots.

Doctors prescribe blood-thinning medicines to prevent blood clots. These medicines include warfarin (Coumadin®), heparin, and aspirin.

Warfarin is the most effective medicine for people who have risk factors for stroke. People taking warfarin must have regular blood tests to check how well the medicine is working.
SYMPTOMS OF ATRIAL FIBRILLATION

A heart in atrial fibrillation doesn’t beat efficiently. It may not be able to pump enough blood out to your body with each heartbeat. Some people with atrial fibrillation have no symptoms and are unaware of their condition until it’s discovered during a physical examination. Those who do have atrial fibrillation symptoms may experience:

• Palpitations, which are sensations of a racing, uncomfortable, irregular heartbeat or a flopping in your chest
• Decreased blood pressure
• Weakness
• Lightheadedness
• Confusion
• Shortness of breath
• Chest pain

RISK FACTOR: HIGH CHOLESTEROL

Cholesterol comes from two sources:

• Your body
• Food

The liver and other cells in your body make about 75 percent of blood cholesterol. The other 25 percent comes from the foods you eat.

Low-density lipoprotein (LDL) cholesterol is the “bad” cholesterol. When too much of it circulates in the blood, it can clog arteries, increasing your risk of heart attack and stroke.

LDL cholesterol is produced naturally by the body, but many people inherit the tendency to make too much. Eating saturated fat, trans fats and dietary cholesterol also increases how much you have.

If high blood cholesterol runs in your family, lifestyle modifications may not be enough to help lower your LDL blood cholesterol. Everyone is different, so work with your doctor to find a treatment plan that’s best for you.

IS CHOLESTEROL-LOWERING MEDICINE RIGHT FOR YOU?

Your doctor may decide that you need to take medicine to reduce high cholesterol. The treatment usually involves changes in your diet and medicine.

There are several different types of medicines that can reduce cholesterol. Your doctor will decide which kind is best for you.

Managing your cholesterol, and especially lowering LDL cholesterol, reduces your risk for getting a stroke. In fact, a person with diabetes who lowers his LDL cholesterol can reduce cardiovascular complications by 20 to 50 percent.

RISK FACTOR: DIABETES

If you have diabetes, you’re more likely to have trouble controlling your cholesterol—this can increase your risk for stroke.
Exercise regularly

Regular physical activity—at least 30 to 60 minutes most days of the week—can lower blood pressure. Talk to your doctor about developing an exercise program. Your doctor can help determine whether you need any exercise restrictions. Even moderate activity for 10 minutes at a time, such as walking and light strength training, can help.

Lose any extra pounds and watch your waistline

Too much weight around your waist can put you at greater risk of high blood pressure. In general:

- Men are at risk if their waist measurement is greater than 40 inches (102 cm).
- Women are at risk if their waist measurement is greater than 35 inches (88 cm).

Eat a healthy diet

Eating a diet that includes lots of whole grains, fruits, vegetables and low-fat dairy products can lower blood pressure. Avoid saturated fat and cholesterol.

The eating plan described is known as the Dietary Approaches to Stop Hypertension (DASH) diet. A diet that’s rich in fruits and vegetables can lower your systolic blood pressure numbers by eight to 14 points. A typical DASH eating plan includes:

- 4 to 5 vegetable servings per day
- 4 to 5 fruit servings per day (choose fruits and vegetables that are rich sources of potassium, such as bananas, tomatoes, avocados, dates, raisins, cantaloupe and oranges)
- 7 to 8 daily servings of grains, preferably whole grains
- 2 to 3 daily servings of low-fat or fat-free dairy
- 2 or fewer servings of lean meat, poultry or seafood daily
- 4 to 5 servings of nuts, seeds, and beans per week
- 2 to 3 daily servings of fats and oils
- 5 servings of sweets and snacks per week

TIPS FOR A HEALTHY DIET

It isn’t easy to change your eating habits, but with these tips, you can adopt a healthier diet:

- Keep a food diary. Writing down what you eat, even for just a week, can shed surprising light on your eating habits. Monitor what you eat, how much, when and why.
- Be a smart shopper. Make a shopping list before you go to the supermarket. Adhering to a list can help you avoid picking up junk food. Read food labels when you shop, and stick to your healthy eating plan when you’re dining out, too.
Reduce sodium in your diet

Even a small reduction in the sodium in your diet can reduce blood pressure.

Most healthy adults need only between 1,500 and 2,400 milligrams of sodium a day (up to 1 teaspoon). But if you have high blood pressure, aim for less than 1,500 milligrams of sodium a day.

To decrease sodium in your diet, consider these tips:

• **Track the salt in your diet.** Keep a food diary to estimate how much sodium is in what you eat and drink each day.

• **Read food labels.** If possible, choose low-sodium alternatives for the foods and beverages you normally buy.

• **Eat fewer processed foods.** Potato chips, frozen dinners, bacon and processed lunch meats are high in sodium.

• **Don’t add salt.** Just one level teaspoon of salt has 2,300 milligrams of sodium.

• **Use herbs or spices.** Rather than salt, to add more flavor to your foods.

• **Ease into it.** If you don’t feel like you can drastically reduce the sodium in your diet suddenly, cut back gradually. Your palate will adjust over time.

Use herbs or spices, rather than salt, to add more flavor to your foods.

Limit the amount of alcohol you drink

Information about alcohol and its effects on health can be confusing. In small amounts, alcohol has been shown to potentially lower blood pressure. However, that benefit is lost if you drink too much alcohol — generally more than one drink a day for women and more than two a day for men.

• **Track your drinking patterns.** Along with your food diary, keep an alcohol diary to track your true drinking patterns. One drink equals 12 ounces (355 milliliters, or mL) of beer, 5 ounces of wine (148 mL) or 1.5 ounces of 80-proof liquor (45 mL). If you’re drinking more than the suggested amounts, cut back.

• **Don’t binge.** Binge drinking — having four or more drinks in a row — can cause large and sudden increases in blood pressure, in addition to other health problems.

Cut back on caffeine

The role caffeine plays in blood pressure is still debatable. Drinking caffeinated beverages can temporarily cause a spike in your blood pressure, but it’s unclear whether the effect is temporary or long lasting.

To see if caffeine raises your blood pressure, check your pressure within 30 minutes of drinking a cup of coffee or another caffeinated beverage you regularly drink. If your blood pressure increases by five to 10 points, you may be sensitive to the blood pressure-raising effects of caffeine.

Regardless of your sensitivity to caffeine’s effects, doctors recommend you drink no more than 200 milligrams a day — about the amount in two cups of coffee.

Avoid tobacco products and secondhand smoke

On top of all the other dangers of smoking, the nicotine in tobacco products can raise your blood pressure by 10 mmHg or more for up to an hour after you smoke. Smoking throughout the day means your blood pressure may remain constantly high.

You should also avoid secondhand smoke. Inhaling smoke from others also puts you at risk of health problems.
Monitor your blood pressure at home and make regular doctor’s appointments

If you have high blood pressure, you may need to monitor your blood pressure at home. Learning to self-monitor your blood pressure with an upper arm monitor can help you get moving in the right direction. Talk to your doctor about home monitoring before getting started.

Regular visits to your doctor are also likely to become a part of your normal routine.

If you can, visit the same health care facility or professional for all of your health care needs.

Get support from family and friends

Caring family and friends can help improve your health. They may encourage you to take care of yourself, drive you to the doctor’s office or take part in an exercise program with you.

If you find you need support beyond your family and friends, consider joining a support group. Support groups can help connect you to people who can offer an emotional boost as well as practical tips for coping with your condition.

MANAGING YOUR MEDICATIONS

The tips below can help you manage your medications.

Check ☑ all the tips you already follow, and those tips that you are ready to begin following.

☐ Read the instructions about your medications.

☐ Ask your nurse, doctor or pharmacist about possible side effects of all your medications.

☐ Discuss with your doctor before you stop or start any medications. This includes over-the-counter medications.

☐ Keep an up-to-date list of all medications that you are taking. Include how much medication you take and how often you take it.

☐ Carry your medication list with you in your purse or wallet, in case of an emergency.

☐ Keep your medications in their original bottles or containers. The original containers have the correct label and instructions. Ask your VNSNY nurse about using a pillbox.

☐ Check the expiration date on all of your medications. Do not use any medications after they expire.

☐ When you travel, make sure you have extra medications. Keep your medications with you in your carry-on luggage.

Never stop taking your medications without notifying your doctor.

Doing so can have very severe consequences.
**TYPES OF MEDICATIONS FOR PREVENTING STROKE**

Taking the medications ordered by your doctor plays an important role in preventing another stroke. Your home care nurse will teach you about your medications including the purpose, dose, adverse reactions, side effects and drug/food interactions.

All medications can have unwanted side effects. However, the benefits you get from taking your medications properly far outweigh any temporary discomfort you may experience from side effects. Discuss any concerns you have about your medicines with your doctor, nurse or pharmacist.

Listed are common medications your doctor may prescribe to prevent a stroke:

<table>
<thead>
<tr>
<th>Medications to Control HIGH BLOOD PRESSURE</th>
<th>How They Work</th>
<th>Possible Side Effects</th>
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<tr>
<td>Diuretics also called “water pills”</td>
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<td>Examples:</td>
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<td>Furosemide (Lasix®)</td>
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<td>Hydrochlorothiazide (HCTZ)</td>
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<td>Beta-Blockers</td>
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<td>Examples:</td>
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<tr>
<td>Atenolol (Tenormin®)</td>
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<td>Metoprolol (Lopressor®)</td>
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<td>Propranolol (Inderal LA®)</td>
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<td>ACE Inhibitors</td>
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<tr>
<td>Captopril (Capoten®)</td>
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<td>Quinapril (Accupril®)</td>
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<th>Medications to Control HIGH CHOLESTEROL</th>
<th>How They Work</th>
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<td>Statins</td>
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<td>Examples:</td>
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<td>Atorvastatin (Lipitor®)</td>
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<td>Simvastatin (Zocor®)</td>
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<td>Fibrates</td>
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<td>Examples:</td>
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<tr>
<td>Gemfibrozil (Lopid®)</td>
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<td>Fenofibrate (Tricor®)</td>
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<tr>
<td>Selective Cholesterol Absorption Inhibitor</td>
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<tr>
<td>Example:</td>
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<tr>
<td>Ezetimibe (Zetia®)</td>
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<th>Medications to Control ATRIAL FIBRILLATION/BLOOD CLOTTING</th>
<th>How They Work</th>
<th>Possible Side Effects</th>
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<tbody>
<tr>
<td>Anticoagulant</td>
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<tr>
<td>Example: Wafarin (Coumadin®)</td>
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<tr>
<td>Antiplatelet</td>
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<tr>
<td>Examples: Aspirin</td>
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<tr>
<td>Clopidogrel (Plavix®)</td>
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<tr>
<td>Ticlopidine (Ticlid®)</td>
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</tbody>
</table>

• fatigue
• dizziness
• dehydration
• flushes excess water and sodium from the body

Makes the heart beat slower and with less force

Helps blood vessels open up to improve blood flow

Flushes excess water and sodium from the body

Stimulates the body to process and remove cholesterol from the body

Lowers triglycerides (blood fats)

Prevents cholesterol from being absorbed from the intestine

Prevents blood clots from forming

• muscle pain
• constipation
• changes in liver function

• nausea
• diarrhea

• gas
• headache
• stomach pain
• nausea
• dizziness
• constipation

• nosebleeds
• unexplained bruising
• excessive bleeding
• dark urine or stool
• ulcer

• nausea
• stomach pain
• diarrhea
• rash
• itching

*This table is not a complete list of available medications and does not endorse any type or brand of medication. It also does not include all actions, adverse reactions, precautions, side effects, or interactions for these medications.
### STROKE RISK SCORECARD

Each box in the Risk Factor column that applies to you equals 1 point.
Add up your score at the bottom of each column and compare with the stroke risk levels.

<table>
<thead>
<tr>
<th>RISK FACTOR</th>
<th>HIGH RISK</th>
<th>CAUTION</th>
<th>LOW RISK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Pressure</td>
<td>&gt;140/90 or I don’t know</td>
<td>120-139/80-89</td>
<td>&lt;120/80</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>&gt;240 or I don’t know</td>
<td>200-239</td>
<td>&lt;200</td>
</tr>
<tr>
<td>Smoking</td>
<td>I still smoke</td>
<td>I’m trying to quit</td>
<td>I’m a non-smoker</td>
</tr>
<tr>
<td>Atrial Fibrillation</td>
<td>I have an irregular heartbeat</td>
<td>I don’t know</td>
<td>My heartbeat is not irregular</td>
</tr>
<tr>
<td>Diet</td>
<td>I’m overweight</td>
<td>I’m slightly overweight</td>
<td>My weight is healthy</td>
</tr>
<tr>
<td>Exercise</td>
<td>I’m a couch potato</td>
<td>I exercise sometimes</td>
<td>I exercise regularly</td>
</tr>
<tr>
<td>Have stroke in my family</td>
<td>Yes</td>
<td>Not sure</td>
<td>No</td>
</tr>
</tbody>
</table>

### STROKE RISK LEVELS

If your red score is 3 or more, please ask your doctor about stroke prevention right away.

If your yellow score is 4-6, you’re off to a good start. Keep working on it!

If your green score is 5-7, congratulations! You’re doing very well at controlling your risk for stroke!

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### STROKE DAMAGE

Whether a stroke causes long-term damage depends on its severity and how quickly treatment is received. The type of damage also depends on where in the brain the stroke occurs.

Common physical problems after a stroke may include:
- Numbness in the arms or legs
- Difficulty walking
- Vision problems
- Trouble swallowing
- Difficulty speaking or understanding someone else’s speech

These post-stroke problems can be permanent, but many people regain most of their abilities.

### Driving

The ability to drive after having a stroke is a very individual matter. Talk with your doctor or the occupational therapist about whether it’s safe to return to driving.

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Source: National Stroke Association
Emotional Changes after Stroke

The emotional changes a stroke survivor may experience immediately after a stroke vary from individual to individual. These emotional reactions may occur because of biological or psychological causes due to stroke and may vary with time.

Biological Emotional Changes:

Labile (unstable) mood or emotional lability can cause:

- Rapid mood changes (from crying to laughing)
- Crying or laughing that doesn’t match the person’s mood
- Crying or laughing that seems to last longer than appropriate

Depression after stroke may be considered if there are:

- Feelings of sadness
- Irritability
- Changes in eating, sleeping and thinking

Psychological Emotional Changes:

- Frustration
- Anger
- Apathy (not caring)
- Lack of motivation

STAYING POSITIVE

Depression is common in people with an illness, such as stroke. If depression is severe, it can greatly interfere with one’s life and rehabilitation.

Symptoms of depression include:

- Loss of interest in things you enjoy
- Feeling sad, "blue" or down
- Feeling slowed down, having no energy or feeling restless and unable to sit still
- Feeling worthless or guilty
- Eating more or less than usual and gaining or losing weight
- Not being able to sleep or sleeping too much
- Problems focusing, thinking, remembering or making decisions
- Headaches, aches and pains, stomach problems
- Loss of sex drive
- Feeling negative, hopeless, anxious or worried
- Feeling irritable or angry
- Thoughts of death or suicide

If you have any of the symptoms above, discuss your feelings with your VNSNY nurse or your doctor. Additional help may also be needed. Some people find support groups or medications helpful. A social worker can help you find appropriate support groups and counseling.

STAYING INTIMATE

If you’ve experienced a stroke, it’s natural for you and your partner to have concerns about sexual activity. Ask your doctor if you need to take any special precautions before or during sexual activity.
AFTER THE STROKE
Recovery begins right after you have a stroke.

What is post-stroke rehabilitation?
Post-stroke rehabilitation is a way to improve your ability to function as independently as possible after a stroke. Rehabilitation includes adapting to the disabilities that result from the stroke.

The nurses, therapists and doctors will do a thorough assessment of your disabilities and abilities at the hospital and begin your rehabilitation program.

Once home, the home care team, including your doctor, will further assess you and create an at-home program for you.

Your at-home rehabilitation team:
- Doctors
- Visiting nurses and clinic nurses
- Home health aides
- Rehabilitation therapists (physical therapists, occupational therapists and speech therapists)
- Social workers

Visiting Nurses
Your VNSNY home care nurse focuses on all parts of your life — social, cultural, economic, environmental, family — to promote your health and well-being.

The VNSNY nurse will:
- Plan and coordinate your home health care services with you, your family, and other members of your home health care team
- Provide skilled nursing care — assess your condition, monitor your blood pressure and other vital signs, teach you about your medications, including any side effects to watch for, and report any problems to your doctor
- Teach you and your caregivers how to manage your home care treatment plan to help you become as independent as possible
- Teach you and your caregivers how to prevent complications of stroke such as falls, skin breakdown, urinary tract infections, malnutrition, blood clot formation, and depression
- Evaluate how your home care plan is working, then change the plan if needed so that you will reach the best possible outcomes
- Refer you to other community resources so that you will receive all the support you need to live a full and active life

Home Health Aides
Your VNSNY nurse or physical therapist will also supervise your home health aide.

Home health aides:
- Assist you with activities of daily living (bathing, toileting, dressing, grooming, transferring and walking)
- Help you with exercises and activities
- Prepare meals, shop (may also do light housecleaning)
- Work with you to become more independent in taking care of yourself
- Provide feedback to your health care team regarding progress with daily activities and symptoms of stroke recurrence
Physical Therapists

Physical therapists help you improve your mobility by teaching you how to:

- Move in and out of bed or a chair.
- Walk on level ground and navigate stairs and curbs.
- Improve your strength, balance and coordination.
- Conserve your energy and pace your activities.
- Improve your posture.

The therapists and your physician will assess your needs for assistive devices and teach you and your caregivers how to use them safely in your home. They will recommend items that develop your abilities and improve safe movement.

Devices that may be used by a stroke survivor include:

- Canes
- Walkers
- Wheelchairs and wheelchair cushions

Exercise is Key

Your therapists will design an exercise program just for you – everyone is different. The therapists will show you how to do the exercises so that you can do them on your own.

- You will do exercises lying down, sitting, standing or walking at least several times per week.
- The more you exercise, the more progress you make.
- Continue to exercise on your own even after your therapists have stopped coming.
- Lifelong exercise is recommended for nearly everyone.

Exercise will improve muscle tone and strength, help your circulation and digestion and improve your mood.

Occupational Therapists

Occupational therapists help you perform everyday activities such as eating, dressing, toileting, bathing and preparing a meal and cooking.

The occupational therapist may also work to help with fine motor functioning and with exercises to improve your memory.

The occupational therapist will:

- Work with your doctor to assess your needs for assistive devices.
- Recommend items that will help you perform activities of daily living safely.
- Teach you and your caregivers how to safely use these devices in your home.

Social Workers

Social workers can help you with:

- Changes in the way you think, feel and understand
- Social readjustments that are necessary after a stroke
- Long term social and financial planning
- Linkage to community organizations for meals, transportation, financial assistance, etc.
Speech Therapists

Speech therapists help people who have problems understanding spoken or written words or who have problems in forming speech. The speech therapist will work with you and your family to help you communicate better.

The speech therapist will assess:

- The strength and movement of your neck and facial muscles, including mouth and tongue
- Your reading, writing and calculating abilities
- Your memory

Based on these assessments, the speech therapist will develop an exercise and/or instructional program to address muscle weaknesses and other swallowing and communication problems you may have after the stroke.

The program will include:

- Exercises to help with problems in chewing or swallowing and speaking.
- Strategies to make sure that swallowing is safe such as changing your diet to certain types and consistencies of foods.

Helpful Resources

American Heart Association
www.heart.org

National Stroke Association
www.stroke.org

The Stroke Network
www.strokenetwork.org

American Stroke Association
www.strokeassociation.org

Centers for Disease and Prevention
www.cdc.gov/stroke/prevention.htm

Power to End Stroke
http://www.powertoendstroke.org/
A VNSNY Patient and Caregiver Self-Care Guide for the Management of Stroke