Caregiver Stroke Packet

More, devoted to your care.
your brain controls how you move, feel, communicate, think and act. Brain injury from a stroke may affect any of these abilities. Some changes are common no matter which side of the brain the injury is on. Others are based on which side of the brain the stroke injures.

**What are the most common general effects of stroke?**
- Hemiparesis (weakness on one side of the body) or hemiplegia (paralysis on one side of the body)
- Dysarthria (difficulty speaking or slurred speech), or dysphagia (trouble swallowing)
- Fatigue
- Loss of emotional control and changes in mood
- Cognitive changes (problems with memory, judgment, problem-solving or a combination of these)
- Behavior changes (personality changes, improper language or actions)
- Decreased field of vision (inability to see peripheral vision) and trouble with visual perception

**What are common changes with a right-brain injury?**
- Paralysis or weakness on the left side of the body.
- One-sided neglect which is a lack of awareness of the left side of the body. It may also be a lack of awareness of what is going on to the survivor’s left. For example, they may only eat from the right side of their plate, ignoring the left side.
- Behavior may be more impulsive and less cautious than before.
- It may be harder for the survivor to understand facial expressions and tone of voice. They also may have less expression in their own face and tone of voice when communicating.

**What are common changes with a left-brain injury?**
- Paralysis or weakness on the right side of the body.
- Aphasia (difficulty getting your words out or understanding what is being said)
- Behavior that may be more reserved and cautious than before.

**What are common emotional effects of stroke?**
- Depression
- Apathy and lack of motivation
- Frustration, anger and sadness
- Pseudobulbar affect, also called reflex crying or emotional lability (emotions may change rapidly... (continued)
and sometimes not match the mood)

• Denial of the changes caused by the brain injury

Will I get better?
In most cases people do get better over time. The effects of a stroke are greatest right after the stroke. From then on, you may start to get better. How fast and how much you improve depends on the extent of the brain injury and your rehabilitation.

• Some improvement occurs spontaneously and relates to how the brain works again after it’s been injured.
• Stroke rehabilitation (rehab) programs help you improve your abilities and learn new skills and coping techniques.
• Rehab begins after the stroke is over and you’re medically stable.
• Depression after stroke can interfere with rehab. It’s important to treat depression.
• Improvement often occurs most quickly in the first months after a stroke. Then it continues over years, perhaps at a slower pace, with your continued efforts.

Emotional changes such as depression are common effects of stroke, but most people do get better over time.

HOW CAN I LEARN MORE?

1 Talk to your doctor, nurse or other healthcare professionals. Ask about other stroke topics.
2 Call 1-888-4-STROKE (1-888-478-7653) or visit us at StrokeAssociation.org to learn more about stroke.
3 Call the American Stroke Association’s “Warmline” at 1-888-4-STROKE (1-888-478-7653), and:
   • Sign up for Stroke Connection, a free magazine for stroke survivors and caregivers.
   • Talk to other stroke survivors and caregivers and find local support groups.

Do you have questions for the doctor or nurse?
Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

Can other areas of the brain help the damaged part of the brain?
How has my stroke affected me?

My Questions:

We have many other fact sheets to help you make healthier choices to reduce your risk, manage disease or care for a loved one. Visit strokeassociation.org/letstalkaboutstroke to learn more.

Knowledge is power, so Learn and Live!
Stroke and Aphasia

Aphasia is a language disorder that affects the ability to communicate. It’s most often caused by strokes that occur in areas of the brain that control speech and language.

**What are the effects of aphasia?**

Aphasia does not affect intelligence. Stroke survivors remain mentally alert, even though their speech may be jumbled, fragmented or impossible to understand. Some survivors continue to have:

- Trouble speaking, like “getting the words out”
- Trouble finding words
- Problems understanding what others say
- Problems with reading, writing or math
- Inability to process long words and infrequently used words

**How does it feel to have aphasia?**

People with aphasia are often frustrated and confused because they can’t speak as well or understand things the way they did before their stroke. They may act differently because of changes in their brain. Imagine looking at the headlines of the morning newspaper and not being able to recognize the words. Or think about trying to say “put the car in the garage” and it comes out “put the train in the house” or “widdle tee car ung sender plissen.” Thousands of alert, intelligent men and women are suddenly plunged into a world of jumbled communication because of aphasia.

**Are there different types of aphasia?**

Yes, there are several forms of aphasia. They include:

- **Global aphasia** — People with this aphasia may be completely unable to speak, name objects, repeat phrases or follow commands.
- **Broca’s aphasia** — The person knows what they want to say, but can’t find the right words (can’t get the words out).
- **Wernicke’s aphasia** — A person with this aphasia can seldom understand what’s being said or control what they’re saying.

**How can family and friends help?**

The stroke survivor and their family members will need the help and support of a doctor, counselor and speech pathologist. It’s a good idea for family and friends to:

- Be open about the problem so people can understand.
• Always assume that the stroke survivor can hear. Check understanding with yes/no questions.
• Set up a daily routine for the person with aphasia that includes rest and time to practice skills.
• Use sentences that are short and to the point.
• Keep the noise level down and stand where the survivor can see you.
• Remember to treat the stroke survivor as an adult and let him or her share in decision-making. No one likes to be ignored. Include the survivor in your conversation.
• Help the stroke survivor cope with feelings of frustration and depression.
• Be patient with the person with aphasia. Give them the time they need to try to speak and get their point across to you. This not only respects their dignity, but makes it less stressful for them when communicating.

My Questions:

Do you have questions for the doctor or nurse?

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

How long will I need therapy?
Will my aphasia go away?
How can I find a stroke or aphasia support group?

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let’s talk about

Emotional Changes After Stroke

Right after a stroke, a survivor may respond one way, yet weeks later respond differently. Some survivors may react with sadness; others may be 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.

How does stroke cause emotional changes?

Emotions may be hard to control, especially right after a stroke. Some changes are a result of the actual injury and chemical changes to the brain caused by the stroke.

Others are a normal reaction to the challenges, fears and frustrations that one may feel trying to deal with the effects of the stroke. Often, talking about the effects of the stroke and acknowledging these feelings helps stroke survivors deal with these emotions.

What are some common emotional changes after stroke?

Pseudobulbar Affect, also called “emotional lability,” “reflex crying” or “labile mood,” can cause:

• Rapid mood changes — a person may “spill over into tears” for no obvious reason and then quickly stop crying or start laughing.
• Crying or laughing that doesn’t match a person’s mood.

• Crying or laughing at unusual times or that lasts longer than seems appropriate.

Post-stroke depression is characterized by:

• Feelings of sadness
• Hopelessness or helplessness
• Irritability
• Changes in eating, sleeping and thinking

Treatment for post-stroke depression may be needed. If not treated, depression can be an obstacle to a survivor’s recovery. Don’t hesitate to take antidepressant medications prescribed by your doctor.

Other common emotional reactions include:

• Frustration
• Anxiety
• Anger
• Apathy or not caring what happens

(continued)
• Lack of motivation
• Depression or sadness

How can I cope with my changing emotions?

• 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 and/or medication if needed.
• Stroke may cause you to tire more easily. Rest when you feel fatigued. Make sure you get enough sleep. Sometimes lack of sleep can cause emotional changes and cause you not to cope as well.

Connecting with friends or joining a stroke support group may help you cope with your changing emotions.

How CAN I LEARN MORE?

1. Talk to your doctor, nurse or other healthcare professionals. Ask about other stroke topics.
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   • Sign up for Stroke Connection, a free magazine for stroke survivors and caregivers.
   • Talk to other stroke survivors and caregivers and find local support groups.

Do you have questions for the doctor or nurse?

Take a few minutes to write your questions for the next time you see your healthcare provider. For example:

What can my family do to help me when I am emotional?

Will these emotional changes improve over time?

My Questions:

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Stroke and Rehabilitation

When the immediate crisis of a stroke has passed and you’ve been stabilized medically, it’s time to consider rehabilitation (rehab) therapy.

What is stroke rehabilitation?

After a stroke, you may have to change or relearn how you live day to day. Rehab may reverse some of the effects of stroke.

The goals of rehab are to increase independence, improve physical functioning, and help you gain a satisfying quality of life after stroke. Another goal is to help you make lifestyle changes to prevent another stroke.

Who will be a part of my rehabilitation program?

Your rehab team may include:

- **Physiatrist** — A medical doctor who specializes in rehab.
- **Physical therapist** — A healthcare provider who specializes in maximizing a stroke survivor’s mobility and independence to improve major motor and sensory impairments, such as walking, balance and coordination.
- **Occupational therapist** — A therapist who focuses on helping stroke survivors rebuild skills in daily living activities such as bathing, toileting and dressing.
- **Rehabilitation nurse** — A nurse who coordinates the medical support needs of stroke survivors throughout rehab.
- **Speech therapist** — A specialist who helps to restore speech and language skills and also treats swallowing disorders.
- **Recreational therapist** — A therapist who helps to modify activities that the survivor enjoyed before the stroke or introduces new ones.
- **Psychiatrist or psychologist** — Specialists who

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help stroke survivors adjust to the emotional challenges and new circumstances of their lives.

- **Vocational rehabilitation counselor** — A specialist who evaluates work-related abilities of people with disabilities. They can help stroke survivors make the most of their skills to return to work.

**What will I do in rehabilitation?**

Rehab programs often focus on:

- Activities of daily living such as eating, bathing and dressing.
- Mobility skills such as transferring from bed to chair, walking or self-propelling a wheelchair.
- Communication skills in speech and language.
- Cognitive skills such as memory or problem solving.
- Social skills in interacting with other people.
- Psychological functioning to improve coping skills and treatment to overcome depression, if needed.

Learning how to use a wheelchair is among the many post-stroke skills taught by rehab therapists.

**How can I learn more?**

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   - Sign up for *Stroke Connection*, a free magazine for stroke survivors and caregivers.
   - Talk to other stroke survivors and caregivers and find local support groups.

**Do you have questions for the doctor or nurse?**

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

- **Can you refer me to a psychiatrist?**
- **How can I continue to improve my skills after formal rehab ends?**

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**Knowledge is power, so Learn and Live!**
Living at Home After Stroke

Most stroke survivors are able to return home and resume many of the activities they did before the stroke. Leaving the hospital may seem scary at first because so many things may have changed. The hospital staff can help prepare you to go home or to another setting that can better meet your needs.

How do I know if going home is the right choice?
Going home poses few problems for people who have had a minor stroke and have few lingering effects. For those whose strokes were more severe, going home depends on these four factors:

- **Ability to care for yourself.** Rehabilitation should be focused on daily activities.
- **Ability to follow medical advice.** It’s important to take medication as prescribed and follow medical advice.
- **A caregiver.** Someone should be available who is willing and able to help when needed.
- **Ability to move around and communicate.** If stroke survivors aren’t independent in these areas, they may be at risk in an emergency or feel isolated.

What changes do I need to make at home?
Living at home successfully also depends on how well your home can be adapted to meet your needs.

- **Safety.** Take a look around your home and remove anything that might be dangerous. This might be as simple as taking up throw rugs, testing the temperature of bath water or wearing rubber-soled shoes. Or it may be more involved, like installing handrails in your bathroom or other areas.
- **Accessibility.** You need to be able to move freely within the house. Changes can be as simple as moving the furniture or as involved as building a ramp.
- **Independence.** Your home should be modified so you can be as independent as possible. Often this means adding special equipment like grab bars or transfer benches.

For your safety, you may need to have handrails installed in your bathroom.
What if I can’t go home?

Your doctor may advise a move from the hospital to another type of facility that can meet your needs permanently or for a short time. It’s important that the living place you choose is safe and supports your continued recovery. Your social worker and case manager at the hospital can give you information about alternatives that might work for you. Possibilities include:

- **Nursing facility.** This can be a good option for someone who has ongoing medical problems.
- **Skilled nursing facility.** This is for people who need medical attention, continued therapy and more care than a caregiver can provide at home.
- **Intermediate care facility.** This is for people who don’t have serious medical problems and can manage some level of self-care.
- **Assisted living.** This is for people who can live somewhat independently but need some assistance with things like meals, medication and housekeeping.

Many stroke survivors who are unable to immediately return home find the support they need at assisted living or nursing facilities.

**HOW CAN I LEARN MORE?**

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**My Questions:**

Do you have questions for the doctor or nurse?

Take a few minutes to write your questions for the next time you see your healthcare provider. For example:

- **What living arrangement would you recommend for me?**
- **Is there a caregiver or stroke support group available in my community?**

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Complications After Stroke

Your doctor’s highest priorities after a stroke are to prevent complications from the stroke and to prevent another stroke. Your doctor must determine that you are medically stable and able to resume some self-care activities. This means that all complications must be treated and under control.

Some things happen as a direct result of injury to the brain due to stroke. Others are because of a change in your abilities. For example, being unable to move freely can result in bedsores. Clinical depression can also occur with a stroke.

What are common complications of stroke?
The most common complications of stroke are:
- Brain edema — swelling of the brain after a stroke.
- Pneumonia — causes breathing problems, a complication of many major illnesses. Common swallowing problems after stroke can sometimes result in things ‘going down the wrong pipe’, leading to aspiration pneumonia.
- Urinary tract infection and/or bladder control.
- Seizures — abnormal electrical activity in the brain causing convulsions.
- Clinical depression — a treatable illness that often occurs with stroke and causes unwanted emotional and physical reactions to changes and losses.
- Bedsores — pressure ulcers that result from decreased ability to move and pressure on areas of the body because of immobility.
- Limb contractures — shortened muscles in an arm or leg from reduced range of motion or lack of exercise.
- Shoulder pain — stems from lack of support of an arm due to weakness or paralysis. This usually is caused when the affected arm hangs resulting in pulling of the arm on the shoulder.
- Deep venous thrombosis — blood clots form in veins of the legs because of immobility from stroke.

What can be done?
If you need medical treatment, your doctor will prescribe it.
- Medical treatment often involves medical supervision, monitoring and drug therapies.
- Physical treatment usually involves some type of activity that may be done by you, a healthcare provider or by both of you working together.
Types of treatment may include:

- Range-of-motion exercises and physical therapy to avoid limb contracture, shoulder pain and blood vessel problems.
- Frequent turning while in bed to prevent pressure sores and good nutrition.
- Bladder training programs for incontinence.
- Swallowing and respiratory therapy, and deep-breathing exercises. These all help to decrease the risk of pneumonia.
- Psychological treatment can include counseling or therapy for feelings that result from clinical depression. Types of treatment may include antidepressant medication, psychotherapy or both. You may also be referred to a local stroke support group.

Physical therapy and range-of-motion exercises are effective ways to strengthen limbs and prevent muscular contracture.
Recovery
(continued)

let’s talk about

Emotional Changes After Stroke

Right after a stroke, a survivor may respond one way, yet weeks later respond differently. Some survivors may react with sadness; others may be 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.

How does stroke cause emotional changes?

Emotions may be hard to control, especially right after a stroke. Some changes are a result of the actual injury and chemical changes to the brain caused by the stroke.

Others are a normal reaction to the challenges, fears and frustrations that one may feel trying to deal with the effects of the stroke. Often, talking about the effects of the stroke and acknowledging these feelings helps stroke survivors deal with these emotions.

What are some common emotional changes after stroke?

Pseudobulbar Affect, also called “emotional lability,” “reflex crying” or “labile mood,” can cause:

• Rapid mood changes — a person may “spill over into tears” for no obvious reason and then quickly stop crying or start laughing.
• Crying or laughing that doesn’t match a person’s mood.
• Crying or laughing at unusual times or that lasts longer than seems appropriate.

Post-stroke depression is characterized by:

• Feelings of sadness
• Hopelessness or helplessness
• Irritability
• Changes in eating, sleeping and thinking

Treatment for post-stroke depression may be needed. If not treated, depression can be an obstacle to a survivor’s recovery. Don’t hesitate to take antidepressant medications prescribed by your doctor.

Other common emotional reactions include:

• Frustration
• Anxiety
• Anger
• Apathy or not caring what happens

(continued)
• Lack of motivation
• Depression or sadness

**How can I cope with my changing emotions?**

• 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 and/or medication if needed.

• Stroke may cause you to tire more easily. Rest when you feel fatigued. Make sure you get enough sleep. Sometimes lack of sleep can cause emotional changes and cause you not to cope as well.

Connecting with friends or joining a stroke support group may help you cope with your changing emotions.

**HOW CAN I LEARN MORE?**

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   - Sign up for Stroke Connection, a free magazine for stroke survivors and caregivers.
   - Talk to other stroke survivors and caregivers and find local support groups.

**Do you have questions for the doctor or nurse?**

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

**What can my family do to help me when I am emotional?**

**Will these emotional changes improve over time?**

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**Knowledge is power, so Learn and Live!**
let’s talk about

Lifestyle Changes To Prevent Stroke

You can do plenty to make your heart and blood vessels healthy, even if you’ve had a stroke. A healthy lifestyle plays a big part in decreasing your risk for disability and death from stroke and heart attack.

How can I make my lifestyle healthier?

Here are steps to take to be healthier and reduce your risk of stroke:

• Don’t smoke and avoid second-hand smoke.
• Improve your eating habits. Eat foods low in saturated fat, trans fat, cholesterol, sodium and added sugars.
• Be physically active.
• Take your medicine as directed.
• Get your blood pressure checked regularly and work with your healthcare provider to manage it if it’s high.
• Reach and maintain a healthy weight.
• Decrease your stress level.
• Seek emotional support when it’s needed.
• Have regular medical checkups.

How do I change my eating habits?

• Ask your doctor, nurse or a licensed nutritionist or registered dietician for help.
• Be aware of your special needs, especially if you have high blood pressure, high cholesterol or diabetes.
• Avoid foods like egg yolks, fatty meats, butter and cream, which are high in fat and cholesterol.
• Eat moderate amounts of food and cut down on saturated fat, trans fat, sugar and salt.
• Bake, broil, roast and boil foods instead of frying.
• Read nutrition labels on packaged meals. Many are very high in sodium.

How do I stop smoking?

• Make a decision to quit — and commit to stick to it.
• Ask your healthcare provider for information, programs and medications that may help.
• Fight the urge to smoke by going to smoke-free facilities. Avoid staying around people who smoke.
• Keep busy doing things that make it hard to smoke, like working in the yard.
• Remind yourself that smoking causes many diseases, can harm others and is deadly.
• Ask your family and friends to support you.

How do I change my eating habits?
Lifestyle Changes To Prevent Stroke

• Limit alcohol to one drink a day for women; two drinks per day for men.
• Eat more fruit, vegetables, whole-grains, dried peas and beans, pasta, fish, poultry and lean meats.

What about physical activity?
• If you have a medical condition, check with your doctor before you start.
• Start slowly and build up to at least 2 ½ hours of moderate physical activity (such as brisk walking) a week.
• Look for even small chances to be more active. Take the stairs instead of an elevator and park farther from your destination.

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   • Sign up for Stroke Connection, a free magazine for stroke survivors and caregivers.
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Do you have questions for the doctor or nurse?

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

What is the most important change I can make?

What kind of physical activity can I do safely?

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Recovery

let’s talk about

The Stroke Family Caregiver

People who provide help for stroke survivors are often called caregivers. Everyone involved in helping a stroke survivor is a caregiver. It can be the spouse, family members or friends. Often one person, spouse, adult child or parent, will provide most of the care.

It’s important that caregivers and stroke survivors strive to be “care partners” in their efforts. It’s often a challenge for both to adjust to their changed roles. The adjustment may be easier if the caregiver and stroke survivor share in decision-making as much as possible and try to share their feelings honestly.

What should a caregiver do?

There is no one “job description” that explains what all caregivers do. Each caregiver’s responsibilities vary according to the unique needs of the stroke survivor. Role changes and new skills may need to be learned. Common responsibilities of caregiving include:

• Providing physical help with personal care and transportation.
• Managing financial, legal and business affairs.
• Monitoring behavior to ensure safety.
• Managing housework and making meals.
• Coordinating health care and monitoring or giving medications.
• Helping the survivor maintain learned rehab skills and work to improve them.
• Providing emotional support for the stroke survivor and family members.

• Encouraging the stroke survivor to continue working toward recovery and to be as independent as possible.

Is there assistance for caregivers?

Many people find caring for another person very rewarding. But there may be times when a stroke survivor’s needs are too much for any one person. Sometimes a caregiver just needs a break. These community resources may be helpful:

• Adult day care — professional supervision of adults in a social setting during the day.
• Adult foster homes — supervised care in approved (licensed) private homes.
• Meal programs (Meals on Wheels) — a federally sponsored nutrition program.
• Home health aide service — in-home personal care assistance.

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Recovery

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Hiring a home health aide is a great way to give yourself a break from the rigors of being the primary caregiver.

• **Homemaker assistance** — supervised, trained personnel who help with household duties.
• **Respite care** — people come into the home for a limited time to give caregivers a break. Some nursing homes also provide short-term respite care.

**Is training available for family caregivers?**
Finding caregiver training locally can be hit or miss. A good place to start is with your local Area Agency on Aging. Visit eldercare.gov to find an office near you.

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**Do you have questions for the doctor or nurse?**

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

- **Is there a stroke support group or caregiver support group in my area?**
- **Do you know of any other national organizations that support caregivers?**
Stroke Diagnosis

It’s critical to diagnose a stroke in progress because the treatment for stroke depends on the type of stroke, and, in some cases, the location of the injury to the brain.

Other conditions with similar symptoms to stroke and transient ischemic attack (TIA) will need to be ruled out to diagnose stroke. Some of these include seizures, fainting, migraine headaches, heart problems or other general medical conditions.

How is a stroke diagnosed?
The type of stroke must be determined. Ischemic strokes are caused by a blocked artery in the brain. A ruptured blood vessel causes a hemorrhagic stroke. Treatment for ischemic stroke is different than it is for a hemorrhagic stroke.

Ischemic strokes may be treated with a clot-busting drug, called tPA (tissue plasminogen activator). So, it’s important to receive a correct diagnosis before treatment begins. To receive a clot-busting drug treatment such as tPA, a doctor must diagnose your stroke as an ischemic stroke and treat you within 4.5 hours of the onset of symptoms. This treatment usually takes place in the hospital emergency department. If more than 4.5 hours passes, tPA can’t be given.

In the emergency room, your doctor or stroke emergency team may:
• Ask you when the symptoms of the stroke started.
• Ask you about your medical history.
• Conduct a physical and neurological examination.
• Have certain lab (blood) tests done.
• Do a CT (computed tomography) or MRI (magnetic resonance imaging) brain scan. This determines what kind of stroke a person has had.
• Study the results of other diagnostic tests that might be needed.

What are the types of diagnostic tests?
Diagnostic tests examine how the brain looks, works and gets its blood supply. Most are safe and painless. These tests fall into two categories: 1) imaging tests and 2) blood flow tests.

IMAGING TESTS:
• CT (computed tomography) or CAT scan. It uses radiation to create a picture (like an X-ray) of the brain. It’s usually one of the first tests given to a patient with stroke symptoms. CT test results give valuable information about the cause of stroke and the location and extent of brain injury.
**Stroke Diagnosis**

- **MRI (magnetic resonance imaging).** This test uses a large magnetic field to produce an image of the brain. Like the CT scan, it shows the location and extent of brain injury. The image produced by MRI is sharper and more detailed than a CT scan, so it’s often used to diagnose small, deep injuries.

- **CTA (computed tomographic angiography).** In CTA, a special contrast material (dye) is injected into a vein and images are taken of the blood vessels to look for abnormalities such as an aneurysm.

- **MRA (magnetic resonance angiography).** In this test, the blood vessels are imaged through a magnetic resonance scanner to locate a cerebral aneurysm.

**BLOOD FLOW TESTS:**

These tests give information about the condition of arteries in your head and neck that supply blood to your brain.

- **Cerebral angiography (or cerebral arteriography).** Special substances are injected into the blood vessels and an X-ray is taken. This test gives a picture of the blood flow through the vessels. This allows the size and location of blockages to be reviewed. This test is very valuable in diagnosing aneurysms and malformed blood vessels.

**HOW CAN I LEARN MORE?**

1. **Talk to your doctor, nurse or other healthcare professionals.** Ask about other stroke topics.
2. **Call 1-888-4-STROKE (1-888-478-7653) or visit us at StrokeAssociation.org to learn more about stroke.**
3. **Call the American Stroke Association’s “Warmline” at 1-888-4-STROKE (1-888-478-7653), and:**
   - Sign up for Stroke Connection, a free magazine for stroke survivors and caregivers.
   - Talk to other stroke survivors and caregivers and find local support groups.

**Do you have questions for the doctor or nurse?**

Take a few minutes to write your questions for the next time you see your healthcare provider. For example:

- **Do these tests cause any complications?**

We have many other fact sheets to help you make healthier choices to reduce your risk, manage disease or care for a loved one. Visit strokeassociation.org/letstalkaboutstroke to learn more.

Knowledge is power, so **Learn and Live!**
Feeling Tired After Stroke

After a stroke, almost all stroke survivors feel tired at some point. Stroke survivors often must work harder to make up for the loss of normal functions (such as being unable to use an arm or hand). But you’ll probably start feeling less tired after a few months. For some people, tiredness may continue for years after a stroke, but they usually find ways to make the most of the energy they have.

Why am I so tired?

It’s important to pinpoint what’s causing you to be tired. Then you can take action to manage it. Consult with your healthcare provider to rule out any medical conditions that might cause tiredness or make it worse. You may feel tired after a stroke for four major reasons:

• You may have less energy than before because of sleeping poorly, not getting enough exercise, poor nutrition or the side effects of medicine.

• You have as much energy as before, but you’re using it differently. Because of the effects of your stroke, things, like dressing, talking or walking, take a lot more effort. Changes in thinking and memory take more concentration. You have to stay “on alert” all the time — and this takes energy.

• You also may feel more tired due to emotional changes. Coping with frustration, anxiety, anger and sadness can be draining. Depressed feelings are common after a stroke. Often, loss of energy, interest or enthusiasm occurs along with a depressed mood.

• You may feel more tired because of depression. Depression is very common after a stroke. Clinical depression is a treatable illness that happens to many stroke survivors. Symptoms include significant lack of energy, lack of motivation, and problems concentrating or finding enjoyment in anything. Talk to your doctor about an evaluation for clinical depression if tiredness continues.

How can I increase my energy?

• Tell your doctor how you feel and make sure you have had an up-to-date physical. Your doctor can evaluate any medical reasons for your tiredness. He or she can also check to see if your fatigue could be a side effect of your medication.

• Celebrate your successes. Give yourself credit when you accomplish something. Look at your progress, not at what’s left to be done.
Feeling Tired After Stroke

• Try naps, or schedule rest periods throughout the day. Rest as long as you need to feel refreshed.
• Learn to relax. Sometimes the harder you try to do something, the harder it is to do. You become tense, anxious and frustrated. All this takes more energy. Being relaxed lets you use your energy more efficiently.
• Do something you enjoy every day. A positive attitude or experience helps a lot to boost energy levels.
• Be social. Go out into the community and interact with friends, family and other people.
• Physical activity is important. With permission from your doctor, consider joining a health and wellness program.

How can I learn more?

1. Talk to your doctor, nurse or other healthcare professionals. Ask about other stroke topics.
2. Call 1-888-4-STROKE (1-888-478-7653) or visit us at StrokeAssociation.org to learn more about stroke.
3. Call the American Stroke Association’s “Warline” at 1-888-4-STROKE (1-888-478-7653), and:
   • Sign up for Stroke Connection, a free magazine for stroke survivors and caregivers.
   • Talk to other stroke survivors and caregivers and find local support groups.

Do you have questions for the doctor or nurse?

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

• What can I do to decrease my tiredness?
• Could clinical depression be causing my tiredness?
• Are the medicines I take causing my fatigue?

Knowledge is power, so Learn and Live!
Driving After Stroke

Driving is often a major concern after a stroke. It’s not unusual for stroke survivors to want to drive. Getting around after a stroke is important — but safety is even more important.

Can I drive after a stroke?

Injury to the brain may change how you do things. So before you drive again, think carefully about how these changes may affect safety for you, your family and others.

What are some warning signs of unsafe driving?

Often survivors are unaware of the difficulties in driving that they might have. Some may not realize all of the effects of their stroke. They may feel that they’re able to drive even when it’s a bad idea. Driving against your doctor’s advice can be dangerous and may be illegal. In some cases, your doctor may have to notify your state that you’ve been advised not to drive.

If you or someone you know has experienced some of these warning signs of unsafe driving, please consider taking a driving test:

• Drives too fast or too slow for road conditions or posted speeds
• Needs help or instructions from passengers
• Doesn’t observe signs or signals
• Makes slow or poor distance decisions
• Gets easily frustrated or confused
• Often gets lost, even in familiar areas
• Has accidents or close calls
• Drifts across lane markings into other lanes

How can I tell if I can drive?

• Talk to your doctor or occupational therapist. They will offer a professional opinion about how your stroke might change your ability to drive. Contact your State Department of Motor Vehicles. Ask for the Office of Driver Safety. Ask what applies to people who’ve had a stroke.

(continued)
• Have your driving tested. Professionals such as driver rehabilitation specialists can evaluate your driving ability. You’ll get a behind-the-wheel evaluation and be tested for vision perception, functional ability, reaction time, judgment and cognitive abilities (thinking and problem solving). Call community rehabilitation centers or your local Department of Motor Vehicles.
• Enroll in a driver’s training program. For a fee, you may receive a driving assessment, classroom instruction and suggestions for modifying your vehicle (if necessary). These programs are often available through rehab centers.
• Ask your family if they have seen changes in your communication, thinking, judgment or behavior that should be evaluated before you drive again. Family often have more opportunities to observe changes than others do.

HOW CAN I LEARN MORE?

1. Talk to your doctor, nurse or other healthcare professionals. Ask about other stroke topics.
2. Call 1-888-4-STROKE (1-888-478-7653) or visit us at StrokeAssociation.org to learn more about stroke.
3. Call the American Stroke Association’s “Warmline” at 1-888-4-STROKE (1-888-478-7653), and:
   • Sign up for Stroke Connection, a free magazine for stroke survivors and caregivers.
   • Talk to other stroke survivors and caregivers and find local support groups.

Do you have questions for the doctor or nurse?

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

When should I test my driving ability?
Is my driving restriction permanent?
If not, when might I be able to drive again?

My Questions:
Stroke Resources

General Stroke Resources
• American Heart Association 800-AHA-USA1  www.americanheart.org
• Consult your doctor, local hospital, clinic or healthcare professional

Blood Pressure & Cholesterol
• American Heart Association’s High Blood Pressure Website  www.americanheart.org/hbp
• American Heart Association’s The Cholesterol Low Down™  www.americanheart.org/cld

Cardiopulmonary Resuscitation (CPR)
• American Heart Association CPR&ECC  877-AHA-4CPR  www.americanheart.org/cpr

Diabetes
• American Heart Association’s Heart of Diabetes™  www.americanheart.org/diabetes
• National Diabetes Education Program  www.ndep.nih.gov
• American Diabetes Association  800-232-3472  www.diabetes.org

Physical Activity & Weight Control
• American Heart Association’s Fitness Website  www.justmove.org
• American Dietetic Association  312-899-0040  www.eatright.org
  (Visit the “Food &Nutrition Information” Section)

Smoking
• American Cancer Society  800-227-2345  www.cancer.org
• American Lung Association  212-315-8700  www.lungusa.org

Spanish
• American Heart Association En Espanol  (Visit “EnEspanol” on the left menu bar)  www.americanheart.org

Local (Mobile & Baldwin County Resources)
• Aphasia Support Group: Community based support group that meets monthly at ProHealth. For more information contact: Jennifer Pettis  251-435-2400
• South Alabama Regional Stroke Support Group: Community-based support group that meets monthly at USA Medical Center. For more information contact: Cindy Carrigan  251-471-7752
• Body Recall: Exercise classes designed for stroke recovery. Classes are held at ProHealth. A variety of class times are available. For more information call ProHealth  251-435-2010
• Via Solutions: Program & activities for seniors located in the Colonial Bel-Air Mall. For more information call  251-478-3311
• Area Agency on Aging: Offers a variety of services from transportation to personal care. For more information call  251-433-6541 or 1-800-243-5463