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What Is a Stroke?

A stroke is a type of brain injury. Symptoms depend on the part of the brain that is affected. People who survive a stroke often have weakness on one side of the body or trouble with moving, talking, or thinking.

Most strokes are ischemic (is-KEE-mic) strokes. These are caused by reduced blood flow to the brain when blood vessels are blocked by a clot or become too narrow for blood to get through. Brain cells in the area die from lack of oxygen. In another type of stroke, called hemorrhagic (hem-or-AJ-ic) stroke, the blood vessel isn't blocked; it bursts, and blood leaks into the brain, causing damage.

Strokes are more common in older people. Almost three-fourths of all strokes occur in people 65 years of age or over. However, a person of any age can have a stroke. A person may also have a transient ischemic attack (TIA). This has the same symptoms as a stroke, but only lasts for a few hours or a day and does not cause permanent brain damage. A TIA is not a stroke but it is an important warning signal. The person needs treatment to help prevent an actual stroke in the future.

A stroke may be frightening to both the patient and family. It helps to remember that stroke survivors usually have at least some spontaneous recovery or natural healing and often recover further with rehabilitation.

How Stroke Affects People

Effects on the Body, Mind, and Feelings

Each stroke is different depending on the part of the brain injured, how bad the injury is, and the person's general health. Some of the effects of stroke are:

- **Weakness** (hemiparesis--hem-ee-par-EE-sis) or paralysis (hemiplegia--hem-ee-PLLEE-ja) on one side of the body.
This may affect the whole side or just the arm or the leg. The weakness or paralysis is on the side of the body opposite the side of the brain injured by the stroke. For example, if the stroke injured the left side of the brain, the weakness or paralysis will be on the right side of the body.
- **Problems with balance or coordination.**
These can make it hard for the person to sit, stand, or walk, even if muscles are strong enough.
- **Problems using language (aphasia and dysarthria).**

A person with aphasia (a-FAY-zha) may have trouble understanding speech or writing. Or, the person may understand but may not be able to think of the words to speak or write. A person with dysarthria (dis-AR-three-a) knows the right words but has trouble saying them clearly.

- **Being unaware of or ignoring things on one side of the body (bodily neglect or inattention).**
Often, the person will not turn to look toward the weaker side or even eat food from the half of the plate on that side.
- **Pain, numbness, or odd sensations.**
These can make it hard for the person to relax and feel comfortable.
- **Problems with memory, thinking, attention, or learning (cognitive problems).**
A person may have trouble with many mental activities or just a few. For example, the person may have trouble following directions, may get confused if something in a room is moved, or may not be able to keep track of the date or time.
- **Being unaware of the effects of the stroke.**
The person may show poor judgment by trying to do things that are unsafe as a result of the stroke.
- **Trouble swallowing (dysphagia--dis-FAY-ja).**
This can make it hard for the person to get enough food. Also, care must sometimes be taken to prevent the person from breathing in food (aspiration--as-per-AY-shun) while trying to swallow it.
- **Problems with bowel or bladder control.**
These problems can be helped with the use of portable urinals, bedpans, and other toileting devices.
- **Getting tired very quickly.**
Becoming tired very quickly may limit the person's participation and performance in a rehabilitation program.
- **Sudden bursts of emotion, such as laughing, crying, or anger.**
These emotions may indicate that the person needs help, understanding, and support in adjusting to the effects of the stroke.
- **Depression.**
This is common in people who have had strokes. It can begin soon after the stroke or many weeks later, and family members often notice it first.

Depression After Stroke

It is normal for a stroke survivor to feel sad over the problems caused by stroke. However, some people experience a major depressive disorder, which should be diagnosed and treated as soon as possible. A person with a major depressive disorder has a number of symptoms nearly every day, all day, for at least 2 weeks. These always

include at least one of the following:

- Feeling sad, blue, or down in the dumps.
- Loss of interest in things that the person used to enjoy.

A person may also have other physical or psychological symptoms, including:

- Feeling slowed down or restless and unable to sit still.
- Feeling worthless or guilty.
- Increase or decrease in appetite or weight.
- Problems concentrating, thinking, remembering, or making decisions.
- Trouble sleeping or sleeping too much.
- Loss of energy or feeling tired all of the time.
- Headaches.
- Other aches and pains.
- Digestive problems.
- Sexual problems.
- Feeling pessimistic or hopeless.
- Being anxious or worried.
- Thoughts of death or suicide.

If a stroke survivor has symptoms of depression, especially thoughts of death or suicide, professional help is needed right away. Once the depression is properly treated, these thoughts will go away. Depression can be treated with medication, psychotherapy, or both. If it is not treated, it can cause needless suffering and also makes it harder to recover from the stroke.