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Issues

Information and ideas for those
 serving seniors.

On Aging

Preventing Disabling Strokes

Stroke is the third leading cause of death and the top cause of adult disability in the U.S. The American Heart Association says that currently a million Americans have disabilities as the result of strokes. Each year in this country, over 700,000 people suffer strokes which kill about 158,000. However, Dr. David Matchar, a Duke University researcher, told the members of the American Academy of Neurology in an April 1998 seminar that two-thirds of embolic strokes are preventable with proper risk identification and administration of blood clot-preventing medication.

Stroke, sometimes called “cerebral vascular accident” (CVA), happens when there is an interruption of the blood supply to an area of the brain, causing the death of nearby brain cells and shock-related damage to surrounding brain cells. This brain damage begins within minutes and continues for hours immediately after the “brain attack.” An “embolic” stroke, caused by a blood clot which obstructs a blood vessel in the brain, accounts for 75-85% of strokes. Less commonly, a brain artery ruptures and leaks blood into the brain, resulting in brain damage. This is known as a “hemorrhagic” stroke and is more often fatal or the patient has less potential for rehabilitation.

Many people will experience a Transient Ischemic Attack (TIA) before they suffer a major stroke. A TIA is a temporary interruption in the blood flow to the brain, and can appear hours, days, weeks or months before a full stroke. TIA symptoms usually last only a few seconds or minutes, and usually involve weakness, numbness or paralysis of one side of the face, one arm or leg; sudden blurred or impaired vision; difficulty speaking or understanding; or impaired balance or coordination. Because these symptoms disappear quickly, most people ignore them. But actually, TIAs are very important warning signs and need to be treated as a medical emergency.

A recent survey, which was conducted by the University of Cincinnati and published in The Journal of the American Medical Association, April 22/29, 1998, showed that most Americans do not know the risk factors for stroke nor do they recognize the warning signs of stroke when they occur. Overall, 68% of respondents knew at least one risk factor for stroke, but 32% could not name even one stroke risk factor. The survey also showed that 7% of respondents could not list even one warning sign of stroke, 57% could name one warning sign of stroke, 28% named two warning signs, and only 8% could list three warning signs. When it came to specific symptoms, only 37% realized that weakness and numbness were warning signs of a stroke. The study also showed that younger people were more informed about stroke risk factors and warning signs even though older people are more likely to suffer strokes.

Risk factors for stroke fall into two categories: uncontrollable or controllable. While it is not possible to control some of the risk factors, it is possible to use

medication, diet and exercise to modify or limit the controllable risk factors. In addition to using medication to treat high blood pressure, high cholesterol and high blood sugar (diabetes), people can reduce their risk of stroke by cessation of smoking, reducing drinking, reducing weight and increasing exercise. Another effective preventive approach, according to Dr. Matchar, is to avoid the formation of stroke-causing blood clots by taking the anticoagulant drug warfarin, or Coumadin, as it is commonly known. However, research has shown that few neurologists and even fewer primary care physicians prescribe Coumadin for their patients at risk of stroke. Many physicians consider Coumadin too dangerous to prescribe as a preventive medication, fearing that patients will experience lethal bleeding episodes.

In his April 1998 address, however, Dr. Matchar noted that most people at risk of stroke are willing to take Coumadin despite the need for monthly blood monitoring of its effects of “thinning” the blood, or making the blood less likely to form clots. Dr. Matchar believes that most physicians don’t recommend preventive use of Coumadin because they don’t realize that their patients would be willing to accept the risks of taking the blood thinner. According to Dr. Matchar, about 1% of people who take Coumadin have a major bleeding episode

which in some cases leads to death.

However, when his research team asked over 1200 adults who have stroke risk factors what they thought about the possibility of living the next 10 years with one side of their body paralyzed and being unable to care for themselves, 45% said they would rather die.

In an effort to raise public awareness of stroke, the National Institute of Neurological Disorders and Stroke has identified several important warning signs of a stroke.

Medical experts state that decreasing the time from stroke onset to hospital arrival offers the greatest opportunity for effective stroke treatment. Since 1996, a drug called “tissue plasminogen activator (tPA), which has been used extensively to prevent heart damage after heart attack, has been available to dissolve the blood clots which cause embolic stroke. Because tPA must be used as soon as possible for maximum protection of brain cells – and no later than three hours of the onset of stroke to be effective – it is important that people know and recognize the symptoms of stroke immediately when they occur. Emergency transportation accessed through the 911 emergency system with hospitalization for aggressive treatment is imperative to minimize the brain damage and resulting disability which usually occurs with stroke.

STROKE RISK FACTORS

Uncontrollable

- **Age:** Chances of stroke increase with age; majority of strokes occur after age 65.
- **Gender:** Males have slightly more strokes than females, but because women live longer, most stroke victims are women.
- **Race:** African Americans have double the stroke risk of other racial groups.
- **Family or Personal History of Stroke or TIA:** Most people with untreated TIAs will have a subsequent stroke.
- **Personal History of Diabetes:** Proper treatment of diabetes may delay complications that increase stroke risk.

Controllable

- **High Blood Pressure:** Increases risk of stroke 4 to 6 times. Managing high blood pressure is the most important factor in preventing strokes.
- **High Cholesterol:** Levels over 200 are too high and increase risk for stroke.
- **Heart Disease:** Increases risk of stroke 6 times. People with atrial fibrillation have greatly increased stroke risk.
- **Smoking:** Doubles risk of stroke.
- **Alcohol:** Excessive alcohol intake increases risk of stroke.
- **Weight:** Excessive weight increases blood pressure, cholesterol, heart disease and diabetes, all risk factors for stroke

STROKE WARNING SIGNS

- Sudden weakness or numbness of the face, arm or leg
- Sudden dimness or loss of vision, especially in one eye
- Sudden difficulty speaking or understanding speech
- Sudden severe headache with no known cause
- Unexplained dizziness or unsteadiness
- Sudden falls