



RESCUE

Resources & Education for Stroke Caregivers'
Understanding & Empowerment

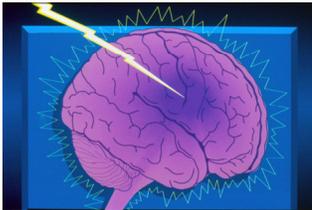
May 2009

www.rorc.research.va.gov/rescue

SPECIAL EDITION National Stroke Awareness Month - May 2009

STROKE PREVENTION - A CASE FOR IMAGE IMPROVEMENT

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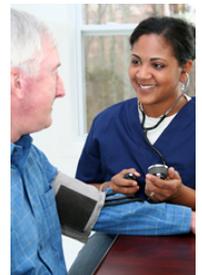
“Stroke Prevention” - it’s just not as glamorous, not as “touchy, feely” as say... Heart Disease Prevention, where our minds conjure up warm visions of a sensitive heart, a beautiful red or pink heart-shaped organ that must be protected from harm. No, the image of protecting the brain just doesn’t impart the same emotions, it’s not a “pretty” organ, and isn’t well represented in cartoon illustrations.

And then there is the public’s perception of heart attack vs. brain attack: a heart attack invokes visions of someone clutching their chest, desperate to get relief for the severe pain that has overtaken them, it moves others to help in any way that they can, and certainly to help prevent such a terrible pain from ever occurring again. However, a person experiencing a brain attack is often ignored, even by the person himself. Since there may not be any pain at all, and the individual may slur their speech, droop at the mouth and lose function of one side – it many times causes a different response. This vision is a scary, even ugly one that promotes doubt, confusion, and a hope that “it will just go away.” It doesn’t always urge the public to kick into emergency mode and get this person to the emergency room, and prevention of stroke is even less “attractive.”

Hospitals are finding ways to get involved in this image overhaul – they are gearing up their emergency rooms, training their personnel and seeking recognition as centers for excellence. They are monitoring their patient outcomes and measuring their performance in the prevention and treatment of stroke. The American Heart Association/American Stroke Association’s “**Get With The Guidelines**” (GWTG-Stroke) program is one of the systems that has been instrumental in assisting hospitals with monitoring performance. Additionally, The Joint Commission (TJC, formerly JCAHO) is promoting this important need by designating hospitals as Primary Stroke Centers who achieve and maintain rigorous performance-based criteria in the treatment and the prevention of stroke. In many states, it is mandatory that a hospital maintain this certification to treat this special population and emergency transport personnel are required to take patients with stroke symptoms to these facilities for treatment so that outcomes can be improved.



As professionals, we have to work extra hard to improve the image of stroke prevention. We need to teach our patients as well as our families that it is fashionable and trendy to prevent this devastating disease. We can relate that taking care of the heart will also take care of the brain; it’s a heart-brain connection. Some of the same measures used to lower the risk of heart disease will also lower the risk of stroke. They are: management of hypertension (at or below 120/80 mmHg), managing diabetes (monitor HbA1C), weight reduction, lowering cholesterol (< 200 and LDL < 100), and eliminating smoking. Other specific measures include preventing clot formation in atrial fibrillation (use of warfarin and other anticoagulants), preventing vascular thrombus (use of statins) and preventing deep vein thrombosis (DVT) when at risk. For those patients who have already experienced a stroke, the risk is even greater and the emphasis on prevention of another stroke is paramount.



STROKE PREVENTION - REDUCING RISK FACTORS

Stroke risk factors are behavioral or environmental (and include pre-existing conditions) which can increase the likelihood of a person experiencing stroke. The same risk factors that increase the chance of having a stroke for the first time also apply to having a second stroke. Though the significance of risk factors will vary from person to person, there are two general categories of stroke risk factors: controllable and uncontrollable risk factors (see below).

	<p style="text-align: center;">CONTROLLABLE</p> <ul style="list-style-type: none"> ➔ High blood pressure ➔ Diabetes mellitus ➔ Carotid/other artery disease ➔ Atrial fibrillation ➔ Other heart disease ➔ Sickle cell disease ➔ High blood cholesterol ➔ Poor diet ➔ Physical inactivity/obesity ➔ Drinking alcohol ➔ Cigarette smoking 	<p style="text-align: center;">UNCONTROLLABLE</p> <ul style="list-style-type: none"> ➔ Age ➔ Heredity ➔ Race ➔ Gender ➔ Prior cases/ conditions <p style="text-align: center;">OTHER FACTORS</p> <ul style="list-style-type: none"> ➔ Geographic location ➔ Socioeconomic
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Uncontrollable stroke risk factors, such as age or gender, cannot be changed. On the other hand, controllable risk factors can be changed, managed or treated to reduce the likelihood of having a stroke. Two major modifiable stroke risk factors, high-blood pressure and diabetes, are also risk factors for coronary heart disease and kidney disease. Below are some common things you can do to take control of your health and reduce your stroke risk.

Making healthy choices, such as eating more fruits and vegetables and reducing sodium intake, is a great start to preventing a stroke. Eating a nutritious, balanced diet plays an important role in managing blood pressure, blood sugar and weight. Daily exercise is also important for overall health and stroke prevention. Regular exercise can help reduce stress, which in turn can help keep blood pressure regulated. Even if exercising is limited or difficult, modified exercises or other activities, such as gardening, can be done. Two lifestyle changes that can reduce the risk for stroke and many other health conditions are 1) quitting smoking, and 2) reducing alcohol consumption. Smoking reduces oxygen level and thickens blood, which increases the risk of stroke, and alcohol can raise blood pressure.

American Stroke Association

The American Stroke Association (ASA) has a vast array of resources and materials specific to stroke risk factor awareness and prevention. As part of the VA project "Disseminating Stroke Prevention Material to Veterans" (QLP 71-001), the ASA and VA Stroke Quality Enhancement Research Initiative (QUERI) Center co-branded selected fact sheets from the ASA's "Let's Talk About Series." These fact sheets can be downloaded from the RESCUE Web site (www.rorc.research.va.gov/rescue/prevention) and include the following:

- Let's Talk About Risk Factors for Stroke
- Let's Talk About Lifestyle Changes to Prevent Stroke
- Let's Talk About High Blood Pressure and Stroke
- Let's Talk About Stroke, TIA (Transient Ischemic Attack) and Warning Signs
- Let's Talk About Ischemic Strokes and Their Causes
- Let's Talk About Hemorrhagic Strokes and Their Causes

Visit the American Stroke Association for more fact sheets in the "Let's Talk About" series: www.strokeassociation.org



NATIONAL STROKE AWARENESS MONTH

Stroke is one of the leading causes of death and disability in the United States. It is estimated that in 2009, costs for stroke-related medical care and disability related to stroke will climb to almost \$69 billion. In an effort to raise awareness about the devastating effects of stroke and how it could be prevented, a Presidential proclamation in 1987 made May officially National Stroke Awareness Month. Over the past 20+ years, the National Stroke Association, American Stroke Association, CDC-sponsored Cardiovascular Health State Programs, and other federal agencies have been participated in National Stroke Awareness efforts to educate the public about stroke and its risk factors. They have also made great efforts to spread information about the warnings signs of stroke and how to recognize them.

Time lost is brain lost so every second counts...

Know these warning signs of stroke and teach them to friends, family, and co-workers.

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden, severe headache with no known cause

If you think someone may be having a stroke, time is critical, so ACT F.A.S.T.

- **F = FACE** - Ask the person to smile. Does one side of the face droop?
- **A = ARM** - Ask the person to raise both arms. Does one arm drift downward?
- **S = SPEECH** - Ask the person to repeat a simple phrase. Does the speech sound slurred or strange?
- **T = TIME** - If you observe any of these signs, it's time to call 9-1-1.



[Click here to view a catchy Act F.A.S.T. short animation developed by the Massachusetts Dept. of Public Health and the U.S. Centers for Disease Control and Prevention.](#)

DID YOU KNOW?

- 35% of transient ischemic attack (TIA) patients will experience a stroke.
- U.S. death rates from stroke are down by 30%. While the stroke death rate in men aged 35-54 has declined, rates in women aged 35-54 have increased.
- Women often delay seeking care and take longer than men to go to the hospital when experiencing stroke symptoms.
- In a recent study, published in the journal, *Stroke*, physically able stroke patients (about 58% of the study participants) did not meet the recommended physical activity levels, which could lead to a worsening cycle of sedentary lifestyle and disability.
- In a study conducted in Sweden, it was found that smokeless tobacco (oral moist snuff, also known as 'snus') may increase stroke risk. There was an observed 71% increased risk of fatal ischemic stroke associated with current snuff use.

MyHealtheVet



My HealtheVet (MHV), the VA healthcare portal, provides an educational and health promotion library of materials on certain health conditions to enable veterans to take control of their own health. The Health Education Library contains great information about Stroke.

Visit www.myhealth.va.gov, then click on the **RESEARCH HEALTH** tab, then click on **Disease + Condition Centers**. You will find the Stroke section under **Common Conditions**.

Register with MyHealtheVet to receive access to even more helpful health-related information and tools.



AHA/ASA STROKE PREVENTION AND TREATMENT GUIDELINES

The American Heart Association/ American Stroke Association Council on Stroke published *Guidelines for Prevention of Stroke in Patients with Ischemic Stroke or Transient Ischemic Attack* (2006) using evidence-based recommendations, such as:

- Control of risk factors
- Antithrombotic treatments for cardioembolism
- Interventional approaches for atherosclerotic disease
- Use of antiplatelet agents for noncardioembolic stroke

The focus of the guidelines was prevention of recurrent stroke in varying specific circumstances and “special approaches for the implementation of guidelines and their use in high-risk populations.” The findings also found that “expert panels have indicated the need for a multilevel approach to include the patient, provider, and organization delivering health care.” The AHA and ASA have recently launched the **Get With The GuidelinesSM (GWTG)**, which is a hospital-base quality improvement program to empower healthcare providers to “consistently treat heart and stroke patients according to the most up-to-date guidelines.”

Read the full AHA/ASA stroke prevention guidelines in the journal *Stroke* at:
<http://stroke.ahajournals.org/cgi/content/full/37/2/577>

Learn more about **Get With The GuidelinesSM (GWTG)** at:
<http://www.strokeassociation.org/presenter.jhtml?identifier=3002728>

JOIN THE RESCUE TEAM IN PROMOTING STROKE AND CAREGIVING AWARENESS

The **RESCUE Project Team** will be sponsoring promotional events during **National Stroke Awareness Month** (May 2010) and **National Family Caregivers Month** (November 2010). These events will take place in the lobby, primary care waiting area, library or canteen of 15 selected VA sites with a high prevalence rate of stroke.

Selected sites include:

- Augusta, GA
- Dallas, TX
- Little Rock, AR
- Milwaukee, WI
- Seattle, WA
- Bay Pines, FL
- Houston, TX
- Los Angeles, CA
- Gainesville, FL
- Tampa, FL
- Chicago (Hines), IL
- Indianapolis, IN
- Miami, FL
- San Juan, PR
- W. Palm Beach, FL

Promotional materials will be distributed to participating sites and will include stroke caregiving fact sheets, an aphasia pocket card, a medication log pocket card, and **RESCUE Web Site** promotional items. If you are located at one of the VA sites above and would like to host an event, please contact Kim Findley at (352) 376-1611 ext. 4951 or email Kimberly.Findley@va.gov.

Links in this Issue

RESCUE Web Site

www.rorc.research.va.gov/rescue
www.rorc.research.va.gov/rescue/prevention

**VA My HealthVet
American Stroke Association (ASA)**

www.myhealth.va.gov
www.strokeassociation.org
www.strokeassociation.org/presenter.jhtml?identifier=3002728
<http://www.geovisiononline.com/PAGES/SOCIALM/L3/STROKE/TVpops/FAST3minpop.html>

Stroke Heroes Act F.A.S.T.

Citations referenced in this Newsletter can be found in the Web version.



<http://www.rorc.research.va.gov/rescue>

Web-Based Informational Materials for Caregivers of Veterans Post-Stroke

Project Number SDP 06-327 funded by VA HSR&D
Quality Enhancement Research Initiative (QUERI)

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