



**IRISH HEART
FOUNDATION**
Fighting Heart Disease & Stroke

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STEP BY STEP THROUGH **STROKE**

A GUIDE FOR THOSE AFFECTED
BY STROKE AND THEIR
CARERS



Produced by the Irish Heart Foundation

This booklet is one of the publications in our patient information series. It builds on the first guide for stroke produced by Professor Davis Coakley and Dr Susan Murphy. We are very grateful to them and to the writing committee from the Irish Heart Foundation's Council on Stroke for the information and assistance they have provided.

Funding

This booklet has been paid for using public donations.

The Irish Heart Foundation

The Irish Heart Foundation is the national charity fighting heart disease and stroke. More people in Ireland die from these causes than from cancer, road deaths and suicide combined. We work to bring hope, relief and a better future to Irish families. We support pioneering medical research, campaign for improved patient care and provide vital support and information for patients. In hospitals, schools and workplaces, we support, educate and train people to save lives. As a charity we depend on your ongoing support - through your donations or by giving of your time as a volunteer or on a training course.

For more information or to donate, visit our websites: www.irishheart.ie and www.stroke.ie

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This book is a guide for people who have had a stroke and their families. It cannot replace the advice of your doctor and multi-disciplinary team.

We also recommend Connect UK's "The Stroke and Aphasia Handbook" which offers a comprehensive guide to stroke and the communication disability aphasia. It is a resource for everyone with stroke and aphasia, their family members and carers as well as healthcare professionals – details are at the back of this book.



Introduction

Having a stroke can be one of the most distressing experiences that can happen to anyone. For the family, especially for the person who is left mainly in charge it can be a bewildering situation with uncertainty about what is happening and what the future holds. Few people know what a stroke is until it affects them or someone in their family. Knowing about the condition may reduce this anxiety.

This book aims to improve understanding of what a stroke is, what causes it, how it affects a person and what you can expect during the period of recovery. As stroke care involves many different healthcare disciplines, we have explained the roles of the various health professionals who are involved in caring for people who have had strokes. Multidisciplinary care is there to achieve a better outcome for you, but it also means that you may have a lot more people to deal with. We give advice on how you can be motivated and helped towards recovery. Finally, we cover specific issues such as driving after having a stroke.

If you or someone close to you has had a stroke, we hope that this book will be helpful. However, it cannot replace the advice of your doctor and the team who are looking after you. Please make sure that you ask as many questions as you want - this guide may help you in making up a list of questions.

For family members and carers: This book is, for the most part, written for people with stroke but family, friends and carers play a huge role in helping recovery after stroke. Sections which relate specifically to family and carers are outlined in blue boxes like this one. However, it is probably helpful that people with stroke and their family and carers read all sections that seem relevant to them.

Making sense of the hospital process

The problems many people experience following a stroke can be straightforward, but for some people with complex strokes will need treatment from a very wide range of professionals. Your General Practitioner (GP) may make the initial diagnosis and refer you to the hospital emergency department, where a specialist team will see you. If the stroke is complex, you will normally be admitted to a ward under a consultant physician and be treated by a wide range of professionals.

Most people with stroke in hospital will be under the direct care of a doctor, often a geriatrician, but more often a general physician. Sometimes it will be a neurologist. People who have had very severe strokes under the age of 65 may be referred to a rehabilitation physician.

A person who has had a complex severe stroke may not be conscious enough to give permission for the various treatments and procedures they need. As a result, the immediate next-of-kin may be put in a situation where they have to try to understand both the immediate and long-term decisions involving a very wide range of hospital staff.

In time, most people with stroke return home with the support of their GP and community care team. You will then have review appointments at your hospital whenever you or the hospital requests them.

Understanding the effects of a stroke can be difficult. An added burden is in trying to understand the healthcare system which can often be very complicated. Some people who have had a stroke need treatments from a very wide range of specialists in the medical, nursing and therapy professions. Therefore, it is not surprising that those who have had strokes and their families need a lot of time to take in essential information about the immediate effects of the stroke and the long-term treatment programmes.

Some people who have had a stroke need treatments from a very wide range of specialists in the medical, nursing and therapy professions



What is a stroke?

A stroke is caused by an interruption of the blood supply to part of your brain. The term 'stroke' comes from the fact that it usually happens without any warning, 'striking' the person from out of the blue. Although 'stroke' is the most correct term for the illness, you may sometimes hear it referred to as a cerebrovascular accident (CVA). A stroke is not a heart attack.

How common are strokes?

About 10,000 strokes happen in Ireland each year. Five out of six strokes happen in people over the age of 60.

What causes a stroke?

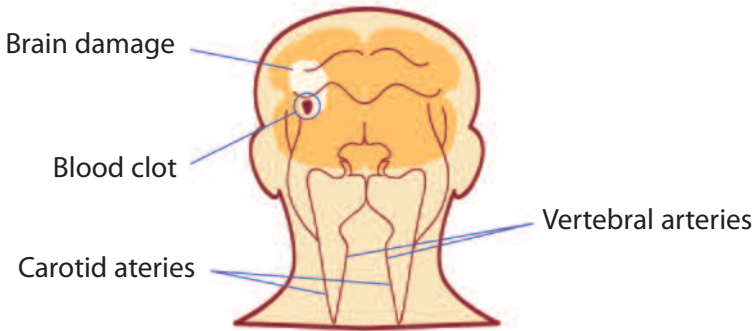
A stroke is caused either by a blockage of an artery supplying blood to the brain (cerebral thrombosis) or a bleed into the brain from a burst blood vessel (cerebral haemorrhage). The most common cause of a stroke is cerebral thrombosis. This happens when a clot forms in a blood vessel (an artery) supplying blood to an area of the brain. Clots form in arteries that have already been narrowed by a condition called atherosclerosis (hardening of the arteries).

Atherosclerosis is the main cause of death in the western world today. The two main ways in which it causes death are by affecting the arteries supplying the heart, which causes a heart attack (coronary thrombosis) or by affecting the arteries supplying the brain, which causes a stroke (cerebral thrombosis).

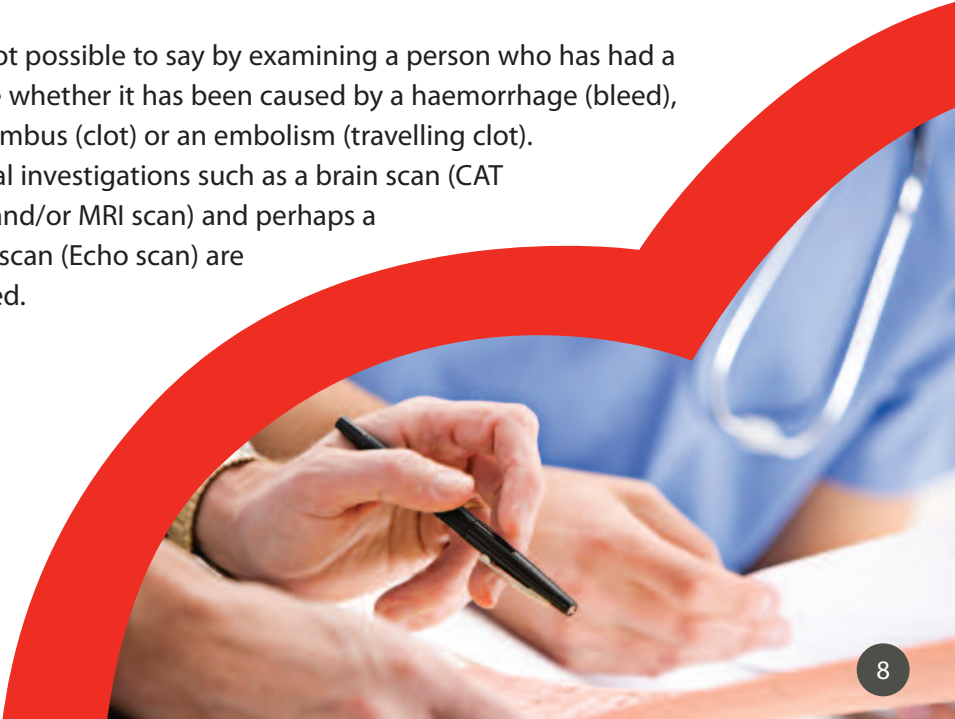
Atherosclerosis causes fatty material to build up along the inner lining of arteries so that they become narrower and the blood flowing through them becomes more likely to clot. When a clot completely blocks a blood vessel, this is known as a thrombosis.

Sometimes a partial clot may form in the heart or in the blood vessels of the neck. If this clot becomes loose it may break off and get carried in the bloodstream to the brain where it may get lodged in an artery and block the flow of blood. This type of travelling clot is called an embolism.

Cerebral haemorrhage (bleed) causes the more serious kind of stroke. Fortunately only about 15% of strokes are caused in this way. High blood pressure is the major factor that puts people at risk of suffering a stroke due to cerebral haemorrhage.



It is not possible to say by examining a person who has had a stroke whether it has been caused by a haemorrhage (bleed), a thrombus (clot) or an embolism (travelling clot). Special investigations such as a brain scan (CAT scan and/or MRI scan) and perhaps a heart scan (Echo scan) are needed.



What is a TIA?

TIA stands for transient ischaemic attack. It refers to the sudden and brief disturbance (usually only for a few minutes) of any of the many functions of the brain. A TIA may cause brief loss of vision, loss of speech or weakness of one side of the body. You will usually recover within a few minutes and you won't have any obvious disability.

TIA's are caused by small clots. A large clot causes a stroke. A TIA is very serious as it is a warning that unless you take action, you may suffer more TIA's or even a full blown stroke. 10% of people with a TIA will have a stroke within a week and nearly 20% within a month. If you get urgent medical attention, this may lower the likelihood of this happening. 50% of people who suffer TIA's will have a full stroke within five years. However, many people who have had a TIA will never have a stroke because they will take notice of the warnings and get medical advice immediately. Some people are not so lucky and have a stroke without having had any warning TIA's.

Why does a stroke happen?

It is not often obvious why someone should have suffered a stroke. Contrary to popular belief, stress, either long term or following a sudden event, is not in itself a cause of a stroke. We do know about certain risk factors that put you at risk of suffering a stroke. The most common is getting older. Other factors are high blood pressure (hypertension), smoking, being overweight, having too much sugar in your blood (diabetes) and having too much cholesterol in your blood (hypercholesterolaemia). During a hospital stay following a stroke, investigations will be carried out to work out if any of these risk factors are present. If they are, you will be given advice on the most appropriate management, for example, losing weight, stopping smoking, keeping as fit as possible and taking any medicines you are prescribed.

Is there a risk of another stroke?

You are more likely to suffer another stroke in the first year. Less often, people may suffer another stroke more than a year after the first stroke. As time goes on, the risk of suffering another stroke will reduce considerably. You can reduce the risk of having another stroke by following the doctor's advice – stop smoking, lose weight, keep as active as possible and take medication regularly as prescribed. While emotional stress will not lead to another stroke, it may predispose you to smoking or over-eating, and it is worth trying to address the causes of your emotional stress with your doctor or other healthcare professional.

Is there any treatment for a stroke?

The most effective treatment for a stroke is to be treated by a stroke service. This is a hospital service, usually under the care of a geriatrician, neurologist or rehabilitation physician who works with a team of nurses and therapists who deal only with people who have had a stroke. This service is available in a growing number of Irish hospitals. If you are in a hospital without this service and are worried, you can always ask for an opinion from the doctor caring for you. The stroke service specialises in:

- Targeting medical care early for the specific type of stroke.
- Fully assessing the stroke.
- Providing a preventive plan against further strokes.

Drug treatment in the early hours after a stroke may benefit certain people. Aspirin is used if you have had a stroke caused by a cerebral thrombosis, but has a limited effect on recovering after the stroke.

Thrombolysis, or clot busting, aims to dissolve the blood clot with powerful blood thinners. This treatment has been licensed in Ireland and the European Union since 2003. However, it carries a risk of brain haemorrhage if given to certain people, so it must be carefully targeted at only those most likely to benefit. Some of the main requirements for this type of treatment are a full assessment (including brain scan) within 4½ hours of the start of symptoms.

Thrombolysis therapy is not suitable for everyone with stroke. You should not feel disappointed if you or someone you care for has not had this treatment.

There are a range of lifestyle changes and medications to help reduce the likelihood of you having a further stroke. These include stopping smoking, being physically active (if this is realistic) and controlling your blood pressure. See our booklets: ***Quit smoking, Be active*** and ***Manage your blood pressure*** for more information.

For many people who have had a stroke caused by a cerebral thrombosis, the doctor may decide that taking aspirin once a day may reduce the risk of further stroke. Similarly, for many individuals who have had a stroke caused by a cerebral embolism, the doctor may prescribe medicines called anticoagulants, (such as warfarin), to reduce the risk of a further embolism causing a stroke. Most people with a stroke due to cerebral thrombosis will be given medicine which lowers cholesterol, and many will be given a medicine, called an ACE inhibitor, to lower blood pressure.

Will I recover?

Recovery is usually a gradual process following stroke, and can often take many months as your brain needs time to heal. Recovery varies from person to person, and ranges from people who are left with a slight disability to those with a more serious disability. In general, most recovery is made in the first year, but people can continue to make progress after this time.

What are the results of a stroke?

The effects of stroke vary widely depending on what part of your brain has been injured and how much brain tissue is involved. Even minor injury to certain areas can be serious, while other areas can be quite badly injured with little visible effect. The following effects are particularly common:

Hemiplegia means half paralysis, this happens in about 80% of people who have had a stroke. The paralysis, on one side of the body, can be either partial or complete depending on how serious the stroke was. The paralysis happens because there is injury to that part of the brain which sends messages to the muscles in your arms and legs. Sometimes this loss of power affects not only your arm and your leg but also the side of your face. This can result in one side of your face drooping, with drooling from the side of your mouth. Due to the structure of the brain, if the right half of your brain is injured, the paralysis affects the left side of your body. If the left half of your brain is injured, the paralysis is on the right side. Balance may also be affected so that you are likely to fall or lean sideways in the bed or chair.

Loss of sensation on one side of the body. This can be more than just loss of feeling in your skin. It can mean that, without looking, you will not know where an arm or leg is positioned. In the most severe cases, this loss of sensation can result in complete neglect of one side of your body. This sensory disturbance can also lead to difficulties with you knowing right from left and your judgement of depth and distance.

Loss of vision. This affects half of your field of vision – nothing can be seen to one side of a central vertical line. If you have a weakness of the left side of your body you may find it difficult to see objects on the left side of the visual field. Often you can be unaware of this visual problem and may be surprised to keep bumping into furniture and door frames on the affected side.

Difficulties communicating.

The two major problems are:

1. Not being able to express words
2. Not being able to understand the spoken word

Some people after a stroke have difficulty expressing words or may even lose the ability to speak completely, while at the same time still being able to understand what is being said to them. Never assume that because the person cannot speak that they cannot understand.

Others after a stroke may have difficulty understanding what is being said to them almost as though everyone else is using a foreign language. After a stroke, a person may still be able to speak, but what they say will not always make sense. Reading and writing abilities may also be affected in a person with speech difficulties.

Swallowing difficulties can follow a stroke. Liquids are more difficult to swallow than solid food. This difficulty may cause fits of choking and coughing when you try to drink liquids. If you find it difficult to swallow, you will be placed on a drip and given nothing to eat or drink during the early stages of the stroke. As the swallowing mechanism recovers you will be advised on special textures of diet by the speech and language therapist.

Loss of intellectual or thinking ability. Loss of intellectual or thinking ability may follow a stroke and the person may have difficulty with attention, concentration, working out problems and grasping new information. If the person complains of memory difficulties it is usually for day to day events rather than long-term memory.

Emotional changes. Experiencing a stroke can be very distressing and the person may experience a range of emotional changes and reactions. These emotional changes are often an expected response to a significant and upsetting life event. Sometimes emotional changes in the person are due to changes in the brain as a result of the stroke. These can lead to the person experiencing little or no control over their emotional responses. For example the person may laugh or cry out of context and for no apparent reason. This is often described as pathological laughter or crying. This can be very distressing for the person and their carers but fortunately this can usually be helped with medication.

The role of the rehabilitation team

Hospital doctor

When you go into hospital you will be examined by a doctor and come under the care of a specialist doctor, the consultant. The consultant has overall charge of your care while you are in hospital and works with both non-consultant hospital doctors and the other members of the multi-disciplinary team. As the leader of the care process, you will need to establish your own relationship with the specialist and their team. Special investigations are needed to rule out any other illnesses, which may have similar symptoms to a stroke. The doctor will be better able to answer your questions when the examination and investigations are complete. You, and your family if you wish, can and should discuss your diagnosis and treatment plan with the consultant or a member of the medical team.

Hospital nurse

Nurses have an important role to play as they are with you 24 hours a day. They will act as a key link, helping to plan and co-ordinate the various parts of your care. The nurse will assess you and talk to your family, relative, friend or carer. This is to give the medical team a clear understanding of what your lifestyle was like before your stroke. The nurse will work closely with the other members of the team and encourage you to practise any exercises or tasks your therapists have recommended. They will also help to coordinate the advice that you have received from your therapists on how to manage your daily activities like washing and dressing, eating and drinking and moving about. An individual plan will be drawn up that will include oral hygiene, eye care and skin care. The nurse can also provide support and education for you and your carer.

Bladder and bowel control. It is quite common to find that you cannot control your bladder or bowel movements after a stroke. The nurse will assess your incontinence and form a plan just for you to help you regain your continence. Most people become fully in control again in a few weeks.

Preventing complications. If you have been severely affected by the stroke, you may need:

- Elastic stockings to prevent deep vein thrombosis
- Special equipment such as a hoist to make sure you are moved safely
- A special mattress designed to prevent pressure sores
- An assessment of your seating needs

Finally, the nurse will help to plan your discharge together with you, your family, carers and the multidisciplinary team.

When you leave hospital, the public health nurse will assess you in your own home. This initial assessment will see how often you need visits by the public health nurse and arrangements can be made to refer you to day centres or activity centres if needed.

Physiotherapist

The physiotherapist helps you with your physical recovery. The ultimate goal is for you to achieve the fullest movement. However, how much you achieve depends on many issues such as the location of the stroke in your brain and the severity of damage it caused. From the start of your stroke, the affected side, including your trunk (chest, stomach and back) can be weak and heavy, and you may not be able to move these areas. Assessment and treatment planning is vital. The physiotherapist will set realistic goals with you as success depends on your efforts as well as those of the physiotherapist, and your family. The physiotherapist will review and reset your goals if this is necessary. Getting into good positions is important (in lying and sitting) to support the weak side and to reduce as far as possible the changes in muscle caused by inactivity and altered muscle tone. The physiotherapist can show you the correct positions to use to support the weak limbs and trunk.

The diagrams that follow provide details of the correct positions to use when sitting and lying down.

SITTING



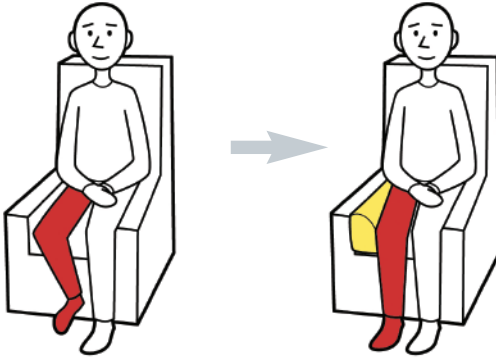
LUMBAR (BACK) SUPPORT

To help with maintaining upright posture, use a pillow or roll for back support to help maintain a good sitting position.



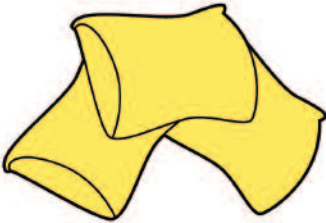
PILLOW SUPPORTING WEAK ARM

Place a pillow underneath your weak arm as near to your shoulder as possible to give support. Pillows may be placed under both arms if it is more comfortable or supportive.

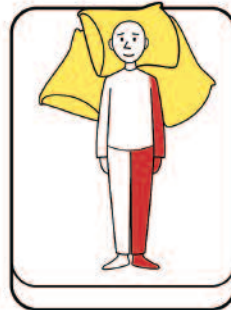


If your weak leg is falling sideways and your foot is not flat on the floor, placing a folded pillow or towel inside the armrest of the chair will keep your weak leg in a neutral position and your weak foot flat on the floor.

LYING



Three pillows crossed supporting your head and shoulders down to your waist.



Lying on your back, pillows crossed as shown. Pillows should support your shoulders and down to your waist. Head in mid-line position.



Lying on your unaffected side, with your weak arm as straight as possible on the pillow, arm supported from shoulder to hand, fingers and thumb as straight as possible. Weak leg supported on a pillow with your knee slightly bent, do not place anything against the sole of your foot.

At first, the physiotherapist will concentrate on achieving sitting and standing balance. After a stroke your weak side is floppy and then can become stiff which makes the muscles short and inflexible. Early treatment aims to make your muscle tone normal and works towards achieving normal movement in sitting and standing, working on both sides of your body. Two physiotherapists may work together to help you to stand at first. This can help both sides of your body to work better and so improve your balance. When one side of your body is weak, the other side may become overactive. This over-activity often blocks movement of the weak side and movement of your trunk. Balance involves both sides of your body. If the (so-called) good side is working too much, it blocks the weak side from working. This is often a big problem when working on balance.

Good balance is the ability to transfer weight from one side of your body to the other side in sitting and standing. You may begin walking when you have some standing balance and movement in your weak leg. You may use

a walking stick or frame at the appropriate time to help you walk. The ability to walk is complicated and may be difficult to achieve. As a result you need to be aware of this and try not to get too frustrated. A walking stick or frame does not compensate for standing balance but it takes some weight off your weak limb, which makes it easier to walk. You may get an individual exercise programme to help your muscles work as well as possible.

The physiotherapist always includes family members in the treatment programme and advises on caring for your weak shoulder.

If shoulder pain occurs in your weak arm, you should seek advice from your physiotherapist as soon as possible.

The physiotherapist will also show your carer and family member how to move you to avoid anybody getting hurt (for example, the carer getting back pain or you damaging your weak shoulder).

When you leave hospital, physiotherapy may continue either at home or at the hospital as outpatient physiotherapy or in a day hospital. All members of the multidisciplinary team work together during the rehabilitation phase.

General advice

- Moving about should not be uncomfortable for you or the person helping you.
- Your weak shoulder is prone to injury if it is pulled strongly and should be supported by pillows when you are sitting and sometimes when you are lying down.
- Regular exercise as recommended by the physiotherapist, is essential to maintain good movement in your joints and muscles.
- The physiotherapist can give your carers advice about helping you.

For more information, see the Irish Chartered Physiotherapists leaflet, ***Physiotherapy following a stroke.***

Occupational therapist (OT)

The occupational therapist works to help you become as independent as possible in your activities of daily life, leisure activities, working, driving and socialising to the best level possible.

A stroke may affect people in different ways depending on the area of the brain involved. It can affect you not just physically but also your speech, your concentration, your ability to judge or reason things, or it may affect the way you make sense of the information you receive from your senses.

At first the occupational therapist may start by assessing your activities of daily living, such as washing and dressing, physical abilities and your cognition - concentration, memory, or judgment and reasoning skills.

Cognition involves the ability to organise objects and events. It also includes the ability to use information with your memory and stored knowledge, to try and correct actions and behaviour in response to changes in the environment.

Following a stroke you may (but not always) have difficulties with your attention or your ability to remember information. Or you may have problems learning how to do things, making decisions, following instructions or finding the solutions to problems.

Perception involves the ability to process information from the senses, being able to organise this information in association with past or present experiences. Following a stroke there are a number of perceptual problems that can happen. Some are more common than others. For example after a stroke you may appear to forget or not pay attention to things on your left-hand side, or mix up how to put clothes on or how to do other everyday things.

If you are having difficulties in any of these areas, the occupational therapist will put together a treatment programme to look into ways in which any of these difficulties may be preventing you resuming the life you led before the stroke.

The treatment programme aims to work on the difficulties you are having as identified from the OT's assessments. Before you can resume your daily living activities such as showering, dressing, washing your hair, or making your meals, you not only need the physical abilities such as adequate balance, and being able to reach or get things, but you also need to keep your attention, to remember how to use or hold things and make sense of the information you are receiving from your eyes, ears and touch.

The occupational therapist will often work closely with other therapists and members of the team to work on any difficulties you are having. This may involve working with the physiotherapist or the speech and language therapist to help you to resume your life again as much as possible.

You should ask how you can continue practising these techniques or for ways of carrying out daily living activities at weekends or in the evenings.

Sometimes, due to the severity of the stroke and the areas of your brain affected, you may need to use adaptive devices to help you eat, wash yourself, prepare food or dress. Examples of adaptive devices are shower seats, velcro clothes and shoe fasteners and adhesive table mats to hold your plate in place. The occupational therapist will assess what adaptive devices you need and provide them.

Before you leave hospital, the hospital or community occupational therapist and often another member of the team (physiotherapist or medical social worker) may visit your home. The purpose of this visit is to assess what equipment or alterations to your home might help you resume your daily life as safely and independently as possible. It can also give the team information on the correct timing of when you go home or your ability to return home at weekends.

These alterations can involve adjusting the height of armchairs or providing a second rail on the stairs, a handrail beside the toilet or bath or shower. The hospital-based occupational therapist will often then work with their colleague in the community, the community occupational therapist, who will arrange for you to get this equipment and for the alterations to take place.

Sometimes after a stroke people experience difficulties reading, this can happen for a number of reasons and it is important to contact your occupational therapist if you think this is happening.

- Family members and carers form an important part of the team. So if you have any questions about any of the items mentioned, please contact your occupational therapist.
- Take time with the person to allow them time to make decisions.
- Also encourage them to make decisions for themselves for example, what clothes to wear and what they want to do.



Speech and language therapist (SLT)

The speech and language therapist has two roles in caring for you. They assess, diagnose and treat swallowing difficulties and assess, diagnose and treat communication difficulties.

Dysphagia

Dysphagia is the medical term for difficulty swallowing. Due to brain damage caused by a stroke, eating and drinking may be difficult, as the muscles of chewing and swallowing are weakened especially in the early days after the stroke. It is common to have a feeding tube in the early stages either through your nose - naso-gastric tube (NG tube) or through your abdomen - percutaneous endoscopic gastrostomy (PEG tube). These tubes can be easily removed, if or when the dysphagia resolves. The SLT may x-ray your throat to see what your swallowing difficulties are and what types of food and drink are safe for you to eat. This x-ray is called a videofluoroscopy. The SLT may also give special swallowing therapy to help you swallow safely.

Communication difficulties

There are a number of ways in which your communication may be affected after a stroke. How severe these disorders are vary from person to person and may change over time. It is also possible to have more than one of these communication disorders at the same time. A sudden change in your ability to communicate can be extremely distressing, especially at a time when communication seems so important, for example, asking questions, taking in information, expressing fears and anxieties. Try to be patient and work with the SLT on how best to help with communication.

We have listed some of the terms used by the speech and language therapist to describe communication difficulties after stroke.

Aphasia

Aphasia (also referred to as dysphasia) is a disorder that affects your ability to understand and use language. People with aphasia can think clearly, but

they have difficulty getting their message in and out. Aphasia takes many different forms. It may be characterised by total or partial loss of understanding of words, speaking, reading or writing. There are a wide variety of symptoms of aphasia which vary from person to person. Some common features include:

- Mixing up yes and no.
- Saying one word while meaning another for example, 'brother' for 'sister'.
- Getting stuck on one word or phrase over and over again.
- Understanding only headlines in the newspaper.
- Following only parts of conversations.
- Being easily distracted by noise, and other people's conversation.
- Automatic swearing.
- Slow responses, taking time to process what you hear.
- Being able to recite the days of the week but being unable to say what day today is.
- Words on the tip of your tongue.
- Speaking fluently but not making much sense (jargon) or using words that sound foreign or nonsensical.

Problems with understanding words and sentences

Although you can hear words, you may have difficulty making sense of them. It can seem as if everyone is speaking a foreign language that you cannot understand. This can vary from not understanding any spoken words to having difficulty if someone is speaking too quickly, is using complicated instructions or if there is background noise.

Problems with expressing thoughts and ideas in words and sentences

Here you may have some degree of difficulty putting what you want to say into words. You may have problems putting a complete sentence together or be unable to find the right words. Some people produce 'jargon', which is fluent but empty or meaningless speech.

Problems with reading or writing

You may have difficulties recognising written words or understanding the meaning of what you have read. You may also have trouble with spelling or putting words together to write a complete sentence.

Dysarthria

This is the name given to a group of disorders, which affect movement of the muscles involved in producing speech including your lips, tongue, soft palate, and vocal folds. Weakness, slowness, or poor co-ordination of movements will result in slow, slurred or nasal - sounding speech, which may be difficult to understand. It is often accompanied by difficulties with swallowing.

Apraxia of speech

Apraxia is a disorder which results in difficulties putting speech sounds together correctly. Its severity varies from being unable to put any meaningful words together to slightly 'foreign' sounding speech. It rarely happens on its own; there is usually an element of aphasia.

Right-hemisphere damage

Certain communication problems may arise following a stroke to the right side of the brain. Some of these may include difficulty understanding what people mean by what they say, in other words, understanding the intention behind a conversation for example, understanding sarcasm, humour and irony. People with right-hemisphere communication problems may have difficulty following conversational rules for example, they may 'butt in' and interrupt inappropriately when someone else is speaking. They may also have problems changing their voice to match their emotions.

Things that help with communication - tips for the communication partner

- Use all types of communication, such as speech, writing, drawing, gesture and pointing.
- Allow plenty of time for a response.
- Keep talking naturally as you would to any other person.
- Reduce as far as possible, background noise such as television or radio.
- Keep your sentences short and uncomplicated.
- Repeat important words and write them down to clarify meaning.
- Introduce one idea at a time, using short straightforward sentences.

Communication devices

In some cases communication aids can be helpful. These can be as low tech as a picture or alphabet chart or as high-tech as a computer. How useful these aids are will depend on your needs and abilities as determined by the SLT.

Therapy

Speech and language therapy may take many different forms at different stages in the rehabilitation process. The amount of speech and language therapy you receive will depend on many factors, for example, the services offered by the clinic or hospital and transport options. Generally when you are still in hospital you may be seen more often than when you have returned home. More therapy does not always mean more improvement. Speak to your SLT if you have any concerns about this.

Very often people know what they want to say but just can't say it correctly.

Illustration 1: A man's thought bubble says "I am going on holiday to Spain next week." His speech bubble says "Week...after this holiday sun".

Illustration 2: A man's thought bubble says "I've missed my doctor's appointment". His speech bubble says "Today, today, ehm, today".

Illustration 3: A woman's thought bubble says "I need new shoes". Her speech bubble says "I deed due dues sues shoes".

Illustration 4: A woman asks "How are you?". A man's thought bubble says "Fine thanks". His speech bubble says "A du du du du".

Clinical nutritionist and dietitian

The nutritionist or dietitian will assess your nutritional status. They will make sure that your dietary needs are met by assessing your nutritional requirements, monitoring what food you eat and educating you on the type of food and drink most appropriate for your needs. Where necessary, they will advise you on how to correct or prevent dietary problems. Their aim is to promote and maintain your health through accurate and practical advice and written information.

The role of the dietitian can be divided into three areas:

1. Preventing disease

As mentioned previously, certain conditions will increase your risk of developing a stroke. Many of these are diet-related. The dietitian will give you advice on how to manage these conditions. They will also give you practical tips on maintaining a healthy lifestyle.

2. Management of nutrition after stroke

Your weight can often change after a stroke. It is crucial to monitor this and to be a healthy weight. Some people gain a lot of weight because they are not as active as they would like to be, or tend to eat more. Other people lose a lot of weight because they eat a lot less. This can be due to not being able to eat enough at mealtimes, poor appetite or low mood and taste changes. It is important to deal with these problems quickly to speed up your recovery and help to build up your immune system.

Eating enough calories and protein is important to make sure that your weight is stable and to prevent pressure sores. You may need to add energy to your meals or take extra snacks and drinks. Sometimes, the dietitian will recommend special supplementary drinks and puddings for you to make sure you are having enough calories.

Swallowing problems are very common after a stroke. Your speech and language therapist will have recommended a specific type of diet for you, usually altering the consistency of your food and drink. The dietitian will make sure that what you are taking is enough to meet your nutritional needs.

Sometimes you may not be able to swallow safely. You may need to receive some or all of your nutrition through a feeding tube. You may still be able to eat and drink certain foods and liquid in the normal way, while you have a feeding tube, if your speech and language therapist feels it is safe to do so. Most people only need a feeding tube for a short length of time.

3. Management of your nutrition when you leave hospital

Looking after what you eat when you leave hospital is vital. A healthy balanced eating plan may help to prevent you from having another stroke. If you have diabetes, high cholesterol or high blood pressure, remember to follow your eating plan. If you have lost a lot of weight, it is important to reach a healthy stable weight.

Practical tips

- Be a healthy weight.
- Eat a balanced diet with a variety of foods.
- Prevent constipation. Eat plenty of fibre-rich foods. Most of these will suit all texture needs. Go for cereals like Weetabix and porridge. Fruit and vegetables will also add variety, colour and taste to meals.
- Drinking enough is important. If you don't like water, juice or milk, remember that jelly, soup and sauces count as fluid too.
- If you are watching your weight, choose low-fat foods, such as lean meat and low-fat milk, cheese and yoghurt. Low-fat spreads have less fat than butter or margarine.
- If you need to gain weight, add butter to potatoes, vegetables, sauces and savoury food. It is high in calories but won't fill you up. Grated cheese will add extra flavour as well as energy. Add sugar, honey or jam to desserts and porridge.
- If you have to change the texture of foods you eat, add extra calories and protein. Cream and milk in soups, sauces, porridge and mashed potatoes are good suggestions for extra calories.
- If you need more advice on your diet, ask your GP or hospital consultant to refer you to a dietitian.

If you need more advice on your diet, ask your GP or hospital consultant to refer you to a dietitian.



Medical social worker

The medical social worker helps you and your family with the psychological and emotional aspects of illness. After your stroke, the aims of social work are to:

- Support you and your family.
- Provide counselling to you and your family to deal with the emotional implications of the stroke.
- Provide a link between you, your family and the multidisciplinary team.
- Help with family meetings.
- Help with all aspects of future planning.
- Provide the practical advice and help you need in areas such as finances, employment, housing and care of other family members.
- Help with appropriate referrals to community services.

Clinical psychologist

Psychology is the study of behaviour. Clinical psychology is the study of people's behaviour following a clinical event, like a stroke. For people who have had a stroke, the clinical psychologist is mainly interested in two areas:

1. How you are functioning in relation to your thinking (cognitive) skills, for example, attention, memory and reasoning.
2. How you are adjusting to a significant change in your day to day and future life.

If you are referred to a clinical psychologist, they will investigate specific aspects of your cognitive functioning. By understanding what the precise nature of the problem is, it may be possible to develop a strategy to reduce the effect of the problem. Clinical psychologists are also asked to see people following a stroke because you or your carers may be distressed by the changes that result from the stroke.

The assessment carried out by clinical psychologists usually involves interviews with you and others who can provide relevant information. Psychological tests can provide helpful information on the nature of the problems you may have after a stroke. These findings are usually discussed with other members of the multidisciplinary team in order to have a full picture of the changes you are experiencing following the stroke.

Unfortunately there are currently very few clinical psychologists dedicated to the speciality of stroke care. However, we hope that this will improve in the future and as a priority at least be available in stroke units and services and all specialised services caring for people who have had a stroke.

Role of relatives

People who have suffered a severe stroke can make a significant recovery. Family and friends play a crucial role in supporting and encouraging the person during the different stages of recovery. The natural response for many carers and relatives is to be protective, but sometimes this can interfere with the person having the opportunity to practise their skills as prescribed by the clinical team. The role of relatives and carers is to strike a balance between being protective and encouraging independence – the best way to achieve this is by continuous communication with the person and with the stroke and the clinical teams.

Allowing the person to do things for themselves may take longer and require patience. However, it is time well spent as it will help to rebuild the person's self-confidence – a vital factor in the rehabilitation process.

Even a person who has experienced a severe stroke can continue to lead a satisfying life provided that they learn to adapt to their new physical limitations. Here the role of family and friends is of vital importance in coping with the months and years ahead.

Support services in the community

General practitioner (GP)

Your family doctor (GP) should be aware of all the services that are available to people who have had strokes and their families. You can use these services immediately if you do not go into hospital. Or, they can be arranged beforehand when you are due to leave hospital. The following are some of the services available:

Public health nurse (PHN)

The public health nurse provides a range of services to do with every aspect and stage of life. They will provide useful advice on managing difficulties that can arise in caring for you when you go home after a stroke. When you are ready to leave hospital, the liaison nurse will act as a link between the hospital and community nursing service. You or your carer may contact the local health centre. The public health nurse will assess your needs so they can provide appropriate support services. The public health nurse is part of the community care team. They can refer you to the occupational therapist, speech and language therapist, physiotherapist, community welfare officer, social worker, chiropodist, home-help service and community dietitian. They can also provide or advise on practical aids such as suitable beds, backrests, cushions, incontinence wear and commodes. They will provide or arrange personal care or nursing care if you need it. They can answer questions like 'How can I make life easier from day to day around the house?'

Talking to your public health nurse can prevent a worry from becoming a problem.

Community therapists

Access to community physiotherapists and occupational therapists for treatment at home is limited, particularly outside towns and built up areas. In some areas private therapists are available. Speech therapy is currently

not available in the home. In general, the availability of social services in the community for people with stroke and their families has been limited. The development of community care teams in some towns is a welcome initiative.

The community care team

The community care team is made up of a number of professionals including a nurse, care assistant, physiotherapist and occupational therapist, and in some areas a speech and language therapist. The hospital or family doctor may ask the team to provide a limited period (usually 12 weeks) of intensive care within your home. The aim of the community care team is to provide as much help as possible in the first few weeks after you have had the stroke or left hospital.

At the end of this time, the community care team will finish their work with you, and you and your family will be expected to have reached a level of independence and to be able to provide care without a great deal of outside help. However, the services of the public health nurse will continue to be available. For some people, a day hospital may be a more suitable alternative to the community care team.

Day hospital

Day hospitals are usually in the grounds of a general hospital. They are under the supervision of consultant doctors who specialise in caring for older people.

Day hospitals provide services for people who are well enough to live at home but who continue to need either regular medical supervision or the services of the hospital physiotherapist or occupational therapist. A social worker is also available for advice at the day hospital. Most day hospitals provide transport to and from the hospital with a minibus or ambulance collecting you and bringing you home.

When you leave hospital, arrangements may be made for you to go to the day hospital if this is necessary. If you are at home, the family doctor can arrange for the local consultant to assess you to decide whether you would benefit from going to the day hospital. This assessment is usually carried out in the outpatient department of the hospital.

You will normally go to the day hospital for a limited period of rehabilitation. A day hospital is not the same as a day centre.

Day centre

Day centres do not provide medical care and they usually do not offer rehabilitation services. However, they provide important social care such as bingo and dances. There are day centres in many community centres. Your GP, public health nurse or social worker will be able to make arrangements for you to go to the day centre. Some centres provide transport if necessary.

Stroke support groups

Stroke support groups are a great way to meet others and share information. They provide a meeting place for people affected by stroke and their carers to come together and share their experiences. People in the group can discuss problems they may have had and how they overcame them, giving other people a chance to use the same techniques to overcome their problem. The groups provide information, raise awareness and offer support and advice on stroke. Some also offer activity programmes and services.

If you are interested in attending a stroke support group in your area please, visit www.stroke.ie for information on one in your area. Alternatively, the Irish Heart Foundation's National Heart and Stroke Helpline can also give you more information on support and services in your area, call Locall 1890 432 787, 10am to 5pm, Monday to Friday.

Emotional issues after a stroke

How any of us cope with major life events is complex, very individual and dependent on a number of variables, in particular how we previously coped with stress and the quality of the supports available to us for example, emotional, financial and social supports. Following a stroke, you may have a considerable range of feelings such as, a sense of loss and redundancy, rejection, self-doubt and anger. It takes time, information about the nature and prognosis of the stroke and the support of loved ones, to begin to grapple with the longer-term effects of the stroke and how they might affect your day to day life and the ability to interact as you did before the stroke. Similar to other significant life events, a stroke can herald a time for personal reflection and re-evaluation. This can certainly be a very constructive time allowing you and your carers to look at the priorities in your life and your goals for the future.

With some kinds of stroke the particular part of the brain that is affected may interfere with your ability to recognise your problems, for example you may not 'see' that you have problems with thinking or perception. This lack of recognition is not a deliberate action to deny or repress problems but is a sign of specific cognitive changes in the brain that interfere with your ability to identify and evaluate your difficulties. Fortunately this problem usually resolves over time.

Knowing how best to support loved ones who are experiencing emotional problems following their stroke requires careful consideration of each person's particular needs as well as time, communication and liaison with the clinical team. A good understanding of the nature of the stroke and its likely prognosis can help allay fears and uncertainties about the future. Trying to help the person resume as many activities as they had prior to the stroke can be reassuring and if adaptations need to be made, making sure these happen in a timely and efficient way. A helpful psychological approach is to work with people's strengths and to minimise any weaknesses. If this is undertaken in a context of support and encouragement, feelings of anxiety and depression are less likely to escalate. Opportunities for respite should be encouraged because living with longer-term illness can be very debilitating for all concerned – acknowledging this is central to effective coping.

Emotional lability

Following a stroke many people cry very easily, often without feeling particularly sad. This inappropriate emotional response is a sign of injury to brain function. It can be distressing for you as well as for your carer. It helps if the cause is explained.

Drawing the person's attention elsewhere often helps to stop the display of emotion.

Sex after a stroke

Sex is an important and very normal part of the lives of most people of all ages. It involves both physical and emotional feelings, sexual attitudes, sexual behaviour and emotional intimacy. It is a personal issue that will mean different things to different people. As individuals we vary widely in terms of how we express our sexuality and the kind of sexual relationships we have. In close relationships, sex can be very positive, giving physical satisfaction and promoting emotional closeness and self esteem.

Sex is a sensitive subject and one that is often difficult to talk to others about. Following a stroke it is normal to have questions about the possible effect on sexual relationships.

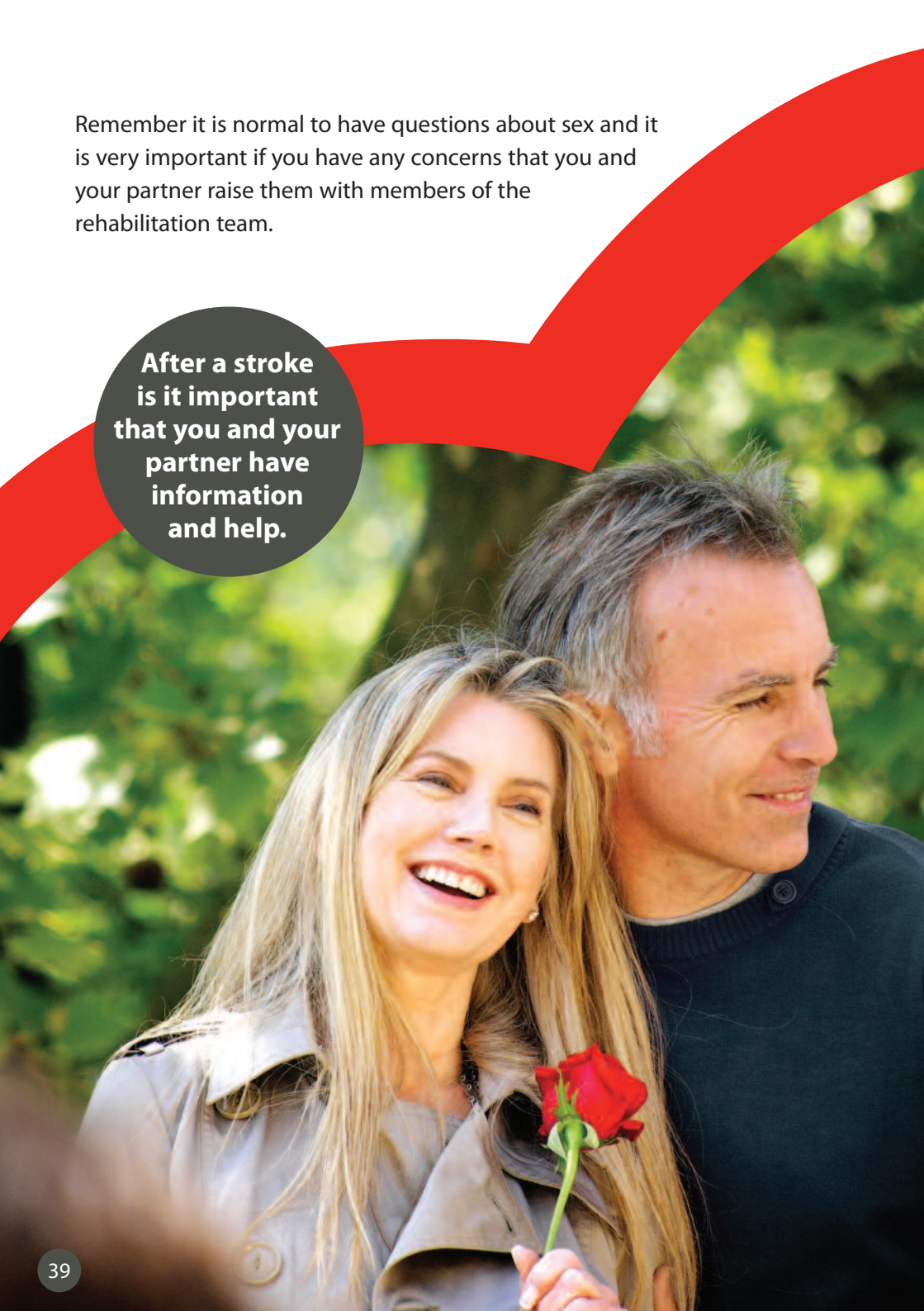
As the person who has suffered a stroke you may worry that changes in feeling or movement on one side of your body will affect your ability to enjoy sex. You may be worried that your appearance has changed and that you are less attractive to your partner. You may have difficulty speaking which is affecting communication and closeness with your partner. You might feel generally low and not be really interested in sex at all. You or your partner might be worried that having sex might be harmful or cause another stroke. You might be embarrassed to discuss your feelings with your partner or health professionals and avoid sex altogether.

The good news is that the ability to have sex is rarely damaged by a stroke and it is unlikely that having sex will cause another stroke. However, returning to a satisfying sexual relationship may take time and involve some changes, depending on how severe your stroke was.

After a stroke it is important that you and your partner have information and help. The rehabilitation team will hopefully give you or your partner opportunities to talk about any possible effects your stroke may have on your sexual relationships. This may include discussing the medications that you are now taking and if they are likely to affect your sexual ability and desire.

Remember it is normal to have questions about sex and it is very important if you have any concerns that you and your partner raise them with members of the rehabilitation team.

After a stroke is it important that you and your partner have information and help.



Practical aspects of care after stroke

Eating

At home, non-slip mats or plates with suction pads are available which stop your plate from slipping and make eating with one hand easier. Utensils with thick handles are often easier to use.

Cut meat and other foods into bite-sized pieces before you serve it to the person. Cutting up food, when the plate is at the table can make the person feel like a child.

Dressing

It is very important to give yourself plenty of time to get dressed. If you need help, ask a family member or carer to arrange your clothes on the bed for you with those to be put on first on top. The occupational therapist will give you advice on simple procedures that can make dressing easier, for example, when dressing, put your weak arm or leg into the clothes first. When undressing take your good arm or leg out of the clothes first.

At the beginning, loose clothes are excellent, especially tracksuits with wide neck openings. Elasticated waistbands mean that you don't have to fasten any buttons. Zips are easier to manage than buttons. Velcro is the easiest option and can be put into the clothing instead of buttons or zips.

Slip-on shoes, with good grip and support at the back, put on with the aid of a long shoehorn are better than laced-up shoes. However, by the time you return home, hopefully you will be able to wear your own clothes.

Washing and bathing

Sitting at a table with a basin of water on a non-slip mat is easier to manage than trying to wash while standing at a sink. You need a good mirror. Electric razors make it easier to shave with one hand.

A free-standing shower is easier to use than a bath. You can sit on a chair in the shower. Special showers are available that allow wheelchair access and you can get financial help from the local authority to have one fitted. If necessary, the occupational therapist in hospital will tell you about the wide range of bath aids that are available.

Transfers

This refers to your ability to get in and out of chairs and on and off the bed. Transfers can be difficult, even for someone who can walk. Many beds and chairs are too low and too soft to allow you to push off them. The occupational therapist will advise you on suitable chairs and beds. The physiotherapist will advise on the correct transfer technique to help you move. Most importantly, do not let anyone pull your weak arm in case they hurt you, or even dislocate your shoulder.

Standing and walking

Shoes should be comfortable and firm and provide good support. If you need to use a walking frame, your carer may need to rearrange the furniture. If you can walk about the house but cannot do longer distances, you can use a wheelchair for trips outside, for example, to the shops or bank. Again, the occupational therapist will advise you on the correct use and care of a wheelchair.

Stairs can be a big problem, especially if you want to continue to sleep upstairs. A second railing fixed along the wall gives a handhold on both sides. The occupational therapist can arrange for this to be fitted. In the meantime, you may manage by going up and down the stairs sitting on your bottom. For short flights of stairs, for example at the front door, an outdoor rail or ramp might be fitted. The housing authority can help with this.

As your mobility improves you may need advice from the physiotherapist on: whether it is safe to attempt walking with support from another person,

or whether you might benefit from using a mobility aid such as a walking frame, stick or foot support.

The physiotherapist will show you how to use these mobility aids. Talk to the physiotherapist if you are considering changing your mobility aid as safety is very important.

Going to the toilet

If your toilet is inaccessible, for example, upstairs, you may need a commode. The public health nurse should be able to provide this. You may have to consider having a toilet downstairs with a wide front-door frame, to allow wheelchair access. You should be able to get money for this from your local authority. Ask your social worker who will advise you. Rails around the toilet and a raised toilet seat can be helpful. The occupational therapist can arrange these for you if you need them. The toilet paper should be within easy reach of your good hand. Sheets of paper are easier to manage than rolls. Easily managed clothing helps a lot.

Bladder function

Some people after a stroke cannot control their bladder. Go to the toilet regularly, for example every two hours or use a urinal (bottle) regularly. Try to pass urine even if you do not have an urge to. This will help to keep your bladder empty and to keep you dry. Disposable pads which fit neatly and discreetly inside underwear are very useful. Your public health nurse will supply them. More absorbent pads are available for night-time. It is very rare that you will need a tube (catheter) permanently in your bladder. While you have the catheter, your urine will drain directly into a plastic bag. If your urine starts to smell unpleasant or if you have pain when you pass urine, tell your doctor as you may have a urine infection. It is important to change your pads regularly and to keep dry to reduce the risk of getting pressure sores.

Bowel function

Constipation is a common problem after a stroke and it is uncomfortable. To avoid constipation, drink plenty of fluids and eat foods containing fibre, for example whole wheat cereals, brown bread, fresh fruit and vegetables. A tablespoon of bran added to soups and stews can be helpful. Don't use laxatives unless your GP or public health nurse tells you to.

Driving after a stroke

About one third of stroke survivors used to drive before their stroke. Some do not want to continue to drive afterwards but about half of those who are discharged from hospital after a stroke should be able to get back to driving. Tell the motor vehicle licensing authority and your insurance company that you have had a stroke. These authorities will need a medical report from a doctor familiar with you and the details of the disability that the stroke has caused.

There are some situations where the doctor will not allow you to return to driving. One of these is if you have convulsions after a stroke. You may not drive for one year after a seizure, or if you have a particular type of loss of sight called a hemianopia. If you or your family have concerns that your stroke has affected your ability to drive, discuss this with a member of the rehabilitation team. An on-road driving assessment may be arranged for you as a part of this assessment.

If you drive a commercial or public-service vehicle, current Irish regulations are very restrictive for driving after a stroke. Only in exceptional circumstances will you be able to resume commercial or public-service driving, even if you recover enough to start driving a private car. Discuss this with your specialist and team and you may need help in exploring other employment possibilities with your employer.

Stressful aspects of caring

After the initial sudden stress of the acute stroke, there is a phase of recovery where there may be rapid improvement. In some cases, the realisation dawns that while you have partly recovered, you may never recover fully. Your husband, wife, partner and the family face the task of coping with a chronic disabling illness.

The major task of providing the physical care, the emotional comfort and moral support needed for recovery usually falls to the spouse, partner or other close family member. The carer's responsibility is a heavy one and nobody should be expected to carry this level of responsibility alone without help or advice.

The stressful aspects of caring can lead to feelings of resentment towards the person with stroke, even anger and then guilt about having these quite natural feelings in these circumstances. Chronic stress can lead to physical symptoms of fatigue (extreme tiredness) and insomnia (not being able to sleep). You should not ignore these signs, as this type of chronic stress can lead to further problems.

It is important you take steps to ease the stress of caring. It is particularly important that you have some time to yourself each week away from the person with stroke. During this time physical activity such as walking or gardening can help relieve stress. All measures to reduce stress will benefit the carer and the person with stroke, as the carer will be able to continue to care more successfully when they feel refreshed.

If other family members are not able or not willing to give you a break, it can be helpful to contact the voluntary or statutory agencies to ask for the help of a 'sitter' for a few hours each week. The person with stroke may be able to go to a local day centre regularly. Many of these centres offer social activities but also exercise classes, recreational activities and advice on living with disability.

For longer breaks, for example, during the summer holiday season, your GP or social worker will be able to arrange a period of respite care for a week or more in a local hospital or nursing home.

Respite care

Respite care refers to a prearranged stay in a hospital or nursing home. It is usually for a week or two weeks, often during the summer or around Christmas. Some people need regular respite care every few months. Respite care can be arranged by your GP or Public Health Nurse. It is usually planned some weeks in advance, but sometimes emergency respite can be arranged if, for example, your main carer falls ill or needs to go into hospital themselves.

Respite care is an important service and is designed to give the carer a break from the physical and emotional stress of caring.

You can get help, advice, and support from the organisations listed at the back of this guide.

Getting back to work - vocational rehabilitation

Getting back to work is another goal of your rehabilitation but you may find it difficult to access such services without talking to an occupational therapist. A vocational assessment service is available in the National Rehabilitation Hospital, Dublin to people under age 65 who have had a stroke. The aim of this service is to consider vocational options, working with you, to pinpoint your strengths and weaknesses, skills and experience. Keeping in mind your goals and ambitions, this service explores your options for returning to work, alternative employment options, possible retraining or activity which includes leisure or social activity. Your occupational therapist will deal with any questions you may have about this service.

An alternative route is by way of referral to outside services such as FÁS who offer employment support schemes, workplace and adaptation grants and community employment schemes, or to other training agencies such as the National Training and Development Institute, a branch of the Rehab Group.

Together with the rehabilitation team you can discuss the best way to approach your employer about returning to work, possibly in a phased way. You may need to make some adaptations or changes if your stroke has affected your ability to manage computers or machinery that is relevant to your job. Many workplaces will have an occupational health service which is meant to help you and your workplace to adapt to your present condition. Your family doctor, or the consultant involved with your care, may need to give a report on your current condition, and your likely level of recovery, to the doctor who provides the occupational health service to your employer.

An explanation of medical terms

Agnosia

An inability to recognise familiar objects using a given sense, however, there is no damage to the corresponding sense organ. For example, someone with visual agnosia may not recognise a hairbrush using their sight only but may identify it correctly through touch.

Aphasia

Aphasia is a difficulty with language caused when areas of your brain that control language become damaged. Aphasia can affect the ability to talk or understand what is said, as well as the ability to read and write or spell, or understand spoken or written language. A person with aphasia may also have trouble with numbers or facial expression and gesture. Aphasia varies in type and severity. It does not affect your intelligence and can change over time.

Apraxia of speech

An inability to coordinate movements, because of damage to the brain, even though there is no damage to the muscles needed for the movement.

Aspiration

When food or drink go into the larynx and enter the airway causing choking.

Associated reactions

This is a reaction of muscles not under voluntary control. It happens when a person tries a difficult task or is upset. For example, when dressing your upper body your lower leg may straighten out.

Ataxia

A tremor when a person tries to move his or her affected limbs. It may involve the trunk causing unsteadiness when standing and walking.

Dysarthria

A motor speech disorder than happens because of problems with the muscles you need to talk. Weakness or in-coordination of the muscles involved in speech make it difficult to pronounce words.

Dyslexia

A problem with your ability to read.

Dysgraphia

A problem with your ability to spell.

Dysphagia

The medical term for difficulty swallowing.

Dyspraxia and Apraxia

An inability to coordinate movements, because of damage to the brain, even though there is no damage to the muscles needed for the movement.

Figure ground perception problems

Difficulty telling the difference between the foreground and the background – for example, finding your toothbrush among all the items in the background in your wash bag.

Flaccid

Reduced tone. A very limp and heavy arm is known as flaccid, the arm will not move.

Form constancy

Difficulty recognising everyday objects when viewed from unusual angles, in unusual positions or when they are of different sizes but of similar design.

Hemianopia

This is a loss of some of your visual field, normally on the same side as the affected limbs. Part of what your eyes see is lost. Functional difficulties are often related to safety concerns such as crossing the road and negotiating stairs.

Hemiplegia

A one-sided paralysis - the paralysis is usually on the side of the body opposite the side of the brain damaged by the stroke. Your face, arm, leg or the entire side of your body may be affected.

Hemiparesis

A one-sided weakness - it can be your leg, arm, face or the entire side of your body.

Labile

Showing uncharacteristic emotion, for example, crying or laughing at inappropriate times.

Muscle tone

Normal muscle tone allows freedom of movement without having to think about it. Tone needs to be high enough to support your body and allow it to move. If tone becomes too high, it can affect your movement. Emotion, pain and effort and also different postures and positions can affect tone.

Neglect

Hemi-neglect is a lack or decrease of attention to stimuli and events on the left hand side of your body following a right sided stroke.

Parasthaesia

Pain, numbness or odd sensations of tingling or prickling in paralysed or weakened limbs.

Perception

The process by which we make sense of what we see (visual perception), what we hear (auditory perception), and what we touch (tactile perception). If you have perception problems after stroke, the messages from your senses, such as your eyes, going back to your brain are not dealt with in the normal way.

Proprioception

Sensory awareness of the position of your body in a space - in other words where your arms and legs are as you move and rest.

Videofluoroscopy

A radiographic study performed by the speech and language therapist to view the motor sequence of swallowing with precision and accuracy.

More information - useful addresses and websites

National Heart and Stroke Helpline

Phone: Locall 1890 432 787
Email: info@irishheart.ie

Irish Heart Foundation (IHF) and the IHF Council on Stroke

50 Ringsend Road,
Dublin 4
Phone: +353 1 668 5001
Fax: + 353 1 668 5896
Web: www.stroke.ie and
www.irishheart.ie
email: info@irishheart.ie

Health Service Executive (HSE)

Oak House,
Millennium Park,
Naas, Co Kildare
Phone: + 353 1 45 880 400
Fax: 1890 200 857
Web: www.hse.ie
email: infoline1@hse.ie

Department of Health and Children

Department of Health
Hawkins House
Hawkins Street, Dublin 2

Phone: + 353 1 635 4000
Fax: + 353 1 635 4001
Web: www.dohc.ie

Acquired Brain Injury Ireland

43 Northumberland Avenue
Dun Laoghaire, Co Dublin
Phone: + 353 1 280 4164
Fax: +353 1 230 4630
Web: www.abiireland.ie
email: info@abiireland.ie

Age Action Ireland

30/31 Lower Camden Street
Dublin 2
Phone: +353 1 475 6989
Fax: +353 1 475 6011
Web: www.ageaction.ie
email: info@ageaction.ie

Association of Occupational Therapists of Ireland (AOTI)

Suite 2.20,
Smithfield Business Centre,
The Distiller's Building
Smithfield, Dublin 7
Phone: + 353 1 878 0247
Web: www.aoti.ie
email: info@aoti.ie

BRÍ

Independent Brain Injury Support
and Advocacy,
c/o The National Rehabilitation
Hospital,
Rochestown Avenue,
Dun Laoghaire, Co Dublin
Phone: + 353 1 235 5501
Web: www.briireland.ie
email: info@briireland.ie

CARE (care, advice, resources at end of life)

Irish Hospice Foundation,
Morrison Chambers,
32 Nassau Street, Dublin 2
Phone: + 353 1 679 3188
Web: www.carers.ie

Care Alliance Ireland

Coleraine House,
Coleraine Street,
Dublin 7
Phone: + 353 1 874 7776
Web: www.carealliance.ie
email: info@carealliance.ie

Carers Association

Market Square
Tullamore, Co Offaly
Phone: +353 57 932 2920
Fax: +353 57 932 3623
Web: www.carersireland.com
email: info@carersireland.com

Citizens' Information Board

Ground Floor,
George's Quay House,
43 Townsend Street,
Dublin 2
Phone: +353 1 761 07 4000
Web: www.citizensinformation.ie
email: info@ciboard.ie

Disability Federation of Ireland

Fumbally Court,
Fumbally Lane, Dublin 8
Phone: + 353 1 454 7978
Fax: + 353 1 454 7981
Web: www.dfi.ie
email: info@disability-federation.ie

Headway

Headway has offices in Dublin,
Cork, Kerry and Limerick.
Helpline: Locall 1890 200 278
Web: www.headwayireland.ie
email: helpline@headway.ie

Irish Association of Social Workers

114 - 116 Pearse St,
Dublin 2
Phone: + 353 1 677 4838
Web: www.iasw.ie
email: office@iasw.ie

Irish Association of Speech and Language Therapists (IASLT)

Block 4, Harcourt Centre,
Harcourt Road, Dublin 2
Phone: + 353 85 706 8707
Web: www.iaslt.com
email: info@iaslt.com

Irish Nutrition and Dietetic Institute (INDI)

Ashgrove House, Kill Avenue
Dun Laoghaire, Co Dublin
Phone: + 353 1 280 4839
Fax: + 353 1 289 2353
Website: www.indi.ie
email: info@indi.ie

Irish Society of Chartered Physiotherapists (ISCP)

Royal College of Surgeons in Ireland,
121 St Stephen's Green, Dublin 2
Phone: + 353 1 402 2148
Fax: + 353 1 402 2160
Web: www.iscp.ie
email: info@iscp.ie

Irish Wheelchair Association (IWA)

National Headquarters,
Blackheath Drive,
Clontarf, Dublin 3

Phone: + 353 1 818 6400
Fax: + 353 1 833 3873
Web: www.iwa.ie
email: info@iwa.ie

National Disability Authority (NDA)

25 Clyde Road,
Ballsbridge, Dublin 4
Phone: + 353 1 608 0400
Fax: + 353 1 660 9935
Web: www.nda.ie
email: nda@nda.ie

National Rehabilitation Hospital

Rochestown Avenue
Dun Laoghaire, Co Dublin
Phone: +1 235 5000
Fax: + 353 1 285 1053
Web: www.nrh.ie
email: enquiries@nrh.ie

Neurological Alliance of Ireland

Coleraine House,
Coleraine Street, Dublin 7
Phone: +353 1 872 4120
Fax: +353 1 873 5283
Web: www.nai.ie
email: naiireland@eircom.net

Neuronetwork

Web: www.neuronetwork.ie

Rehab Group

Roslyn Park,
Sandymount, Dublin 4
Phone: + 353 1 205 7200
Fax: +353 1 205 7211
Web: www.rehab.ie
email: info@rehab.ie

Volunteer Stroke Scheme (VSS)

249 Crumlin Road, Dublin 12
Phone: + 3531 455 9036
Fax: +353 1 455 7013
Web: www.strokescheme.ie
email: info@strokescheme.ie

Other useful websites:

European Stroke Council

www.eurostrokecouncil.org

American Stroke Association

www.strokeassociation.org

The Stroke Association (UK)

www.stroke.org.uk

Different Strokes

www.differentstrokes.co.uk

Internet Stroke Centre at Washington University St Louis

www.strokecenter.org

British Association of Stroke Physicians

www.basp.ac.uk

Aphasia websites:

Aphasia Help UK

www.aphasiahelp.org

Speakability UK

www.speakability.org.uk

Connect UK

www.ukconnect.org

Queensland University Aphasia Groups Australia

www.shrs.uq.edu.au/cdaru/aphasiagroups/index.html

More information

Useful websites:

www.irisheart.ie

www.stroke.ie

www.hse.ie

Other Irish Heart Foundation publications:

Step by step through Angina

Step by step through heart surgery

Step by step through heart medicines

Step by step through inherited heart disease, familial hypercholesterolaemia

Step by step through heart failure

Step by step through cardiac catheterization

AF and you, information for people living with atrial fibrillation

Step by step through heart attack

Manage your stress

All about your heart and stroke

Time to cut down on salt

Manage your blood pressure

A healthy cholesterol

Healthy eating

Be active

Quit smoking

Lose weight

Heart and Stroke Helpline:

Locall 1890 432 787

Monday to Friday 10am to 5pm

www.irisheart.ie

www.stroke.ie

Please make a donation today

The Irish Heart Foundation is Ireland's national charity dedicated to the reduction of death and disability from heart disease and stroke. Over 90% of our funding comes from public and business donations. We depend on your goodwill and generosity to continue our work.

If you found this booklet useful, please help our charity to continue to provide heart & stroke information by donating today.

You can make your donation today:

By post: Irish Heart Foundation, 50 Ringsend Road, Dublin 4

Online: www.irishheart.ie

By phone: 01 6685001

Personal Details

Name: _____

Address: _____

Email: _____

Phone: _____ Mobile: _____

Credit or debit card (one off donation)

Amount: €250* €100 €50 €25 Other € _____

Card Number:

Exp Date: / Security Code**:

Signature: _____ Date: ____ / ____ / ____

* If you donate €250 in one year (or €21 per month) we can claim tax back at no cost to you.

** Last 3 digits on the signature strip on the reverse of your card.

The Irish Heart Foundation is committed to best practice in fundraising and adheres to the **statement of guiding principles for fundraising** promoting transparency, honesty and accountability. Any personal information you provide will be held in accordance with the Data Protection Acts 1988 and 2003.

SEPA Direct Debit Mandate

Unique Mandate Reference:

Creditor Identifier: IE02ZZZ306322

By signing this mandate form, you authorise (A) the Irish Heart Foundation to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from the Irish Heart Foundation.

As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which you account was debited. Your rights are explained in a statement that you can obtain from your bank.

Please complete all the fields below marked*

*Bank Name: _____

*Address: _____

*Account number (IBAN): _____

* Swift BIC: _____

Creditor Name: **IRISH HEART FOUNDATION**

Creditor Address: **50 RINGSEND ROAD, DUBLIN 4, IRELAND**

*Type of Payment: Recurrent (Monthly) One-off Payment

* Signature: _____ *Date Signed: _____

Please return completed form to the Irish Heart Foundation.

My monthly instalment amount is: €21* €18 €15 €10
 Other € _____ per month

*A regular gift of €21 per month could be worth an additional €9 from the Revenue Commissioners per month at no extra cost to you.

Your first contribution will be taken on either the 2nd or the 20th of the next available month. Please select which date you prefer. 2nd 20th

You will be notified in writing ten days in advance of your first direct debit. If you wish to cancel within 7 days of a direct debit payment please contact your own bank.

Preferences

I would like to hear about other IHF events, activities, awareness campaigns and appeals.

Yes

Do you need a postal receipt: Yes No

The Irish Heart
Foundation is the
national charity
fighting heart
disease and
stroke.





**IRISH HEART
FOUNDATION**
Fighting Heart Disease & Stroke

Irish Heart Foundation,
50 Ringsend Road,
Dublin 4

T: +353 1 668 5001

F: +353 1 668 5896

Email: info@irishheart.ie

Heart and Stroke Helpline:

Locall 1890 432 787

Monday to Friday 10am to 5pm

Web:

www.irishheart.ie

www.stroke.ie

Registered Charity
Number CHY 5507

2013



The information provided in this booklet was correct and accurate at the time of publication to the best of the Irish Heart Foundation's knowledge.