

Presented by HealthyWomen

Women & Stroke: Knowing Saves Lives

What is a stroke?

A stroke happens when a blood vessel carrying oxygen and nutrients to the brain is either blocked by a clot (ischemic stroke) or ruptures (hemorrhagic stroke). When this occurs, part of the brain no longer receives the oxygen it needs, and the tissue in that area starts to die. The resulting damage can lead to significant disability including paralysis, speech problems and emotional difficulties.

What are the warning signs?

Warning signs that you could be having a stroke include:

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

Who is at risk?

The older you are, the more at risk you are to experience a stroke, but strokes can happen at any age. Women have a greater lifetime risk of suffering a stroke than men in part because women live longer. But researchers suspect that women, particularly those under the age of 55, are more vulnerable because they are less familiar with the risk factors and the warning signs associated with a stroke.

Although some risk factors, like age and family history, are impossible to change, stroke risk is cumulative. Therefore, addressing or reducing even one risk factor will lower your overall chance of having a stroke.

Quick action can greatly minimize the damage inflicted by a stroke.

Below are the primary risk factors for stroke:

- **Age.** The chance of having a stroke approximately doubles for each decade of life after age 55.
- **Family history.** If a parent, grandparent, sister or brother has had a stroke, you're at increased risk of having one too.
- **Race.** African Americans have stroke earlier in their lives and are twice as likely to die from stroke than Caucasians, according to the National Stroke Association. Hispanic Americans and Native Americans also have increased risk for stroke.
- **Prior stroke or transient ischemic attacks (TIAs).** TIAs consist of stroke-like symptoms that completely resolve shortly after onset and produce no lasting damage.
- **High blood pressure.** High blood pressure is the leading cause of stroke and the most important controllable risk factor.

- **Heart disease or prior heart attack.** Heart disease, including artery disease, coronary heart disease, heart failure and atrial fibrillation can contribute to an increased risk of stroke.
- **Smoking.** Cigarette smoking on its own is a significant risk factor for stroke. When oral contraceptives are used in combination with cigarette smoking, stroke risk is greatly increased.
- **Poor diet.** Diets high in saturated fats, trans fats, cholesterol and sodium can increase risk for stroke. In contrast, a diet containing five or more servings of fruits and vegetables per day may reduce the risk.

What to Do if You Think it's a Stroke

Quick action can greatly minimize the damage inflicted by a stroke. If you think someone may be having a stroke, the National Stroke Association recommends to Act F.A.S.T. with this simple test:

FACE: Ask the person to smile. Does one side of the face droop?

ARMS: Ask the person to raise both arms. Does one arm drift downward?

SPEECH: Ask the person to repeat a simple sentence. Are the words slurred? Can he/she repeat the sentence correctly?

TIME: If the person shows any of these symptoms, time is important. Call 911 or get to the hospital fast. Brain cells are dying.

- **Other risk factors include** diabetes, high cholesterol, drug or alcohol abuse, obesity, physical inactivity and sickle cell anemia.

If you are a woman under the age of 55, there are some additional risk factors to consider:

- **Migraines.** Women who suffer from migraines with visual disturbances can be up to 10 times more likely to suffer a stroke.
- **Oral contraceptives.** Women who take even a low-estrogen birth control pill may be twice as likely to have a stroke.
- **Other risk factors include** autoimmune diseases including type 1 diabetes or lupus, clotting disorders, hormone replacement therapy, increased abdominal weight, multiple miscarriages or pregnancy.

Fast Action is Critical For Stroke

Assessing and treating stroke quickly is critical. Treatment is available, and the sooner you can get to the hospital if you or someone you are with is having a stroke, the better the chances for a positive outcome. Once you arrive at the hospital, it is important to clearly convey your symptoms or the symptoms of the person you're concerned about to the emergency department physician. If speech has been affected, a family member or friend may need to help communicate. Doctors will perform a physical exam and take a medical history. If they suspect a stroke, they may perform some diagnostic tests. These may include blood tests and imaging tests of the heart and brain.

Life after a stroke

The effects of a stroke will vary depending on the part of the brain and the amount of brain tissue involved, but the most common effects include altered speech and communication skills, loss of balance, extremity weakness or paralysis, difficulty swallowing, vision and memory loss, and depression.

Individuals that have experienced a stroke can require extensive rehabilitation in order to resume their daily lives. Depending on a stroke victim's needs, rehabilitation can take place in an acute care and rehabilitation hospital, in a long-term care facility, at home through a home health agency or at an outpatient facility. Your doctor can help you determine the best approach for yourself or a friend or family member.

The most effective rehabilitation programs involve a multidisciplinary approach, incorporating:

- Physical therapy
- Occupational and speech therapy
- Optimal medical care
- Coordination by a physician specializing in neurorehabilitation

The ultimate goal of rehabilitation is for you to achieve the greatest degree of independence possible. You may spend time developing:

- Self-care skills including feeding, grooming, bathing and dressing
- Mobility skills including walking or self-propelling a wheelchair
- Speech and language skills
- Memory or problem-solving skills

Friends and family members play a critical role in recovery. They can

Questions to Ask Your Health Care Provider:

- Am I at risk for having a stroke?
- What can I do to minimize this risk?
- What hospital should I go to in case of a stroke?

Questions for your health care provider after you've had a stroke:

- What kind of rehabilitation will I require?
- How quickly can I expect to improve?
- How fully can I expect to regain the skills I've lost?

encourage you to acknowledge improvement and stick with outpatient therapy and can help to recognize whether you are becoming withdrawn or depressed.

Both stroke victims and their caregivers might also benefit from participating in a stroke support group, which allows members to share feelings, ideas and resources with others whose lives have been affected by stroke. The American Stroke Association Web site (www.strokeassociation.org) can help you to find a local support group.

Resources

American Stroke Association (ASA)
www.strokeassociation.org
 1-800-242-8721

National Stroke Association (NSA)
www.stroke.org
 1-800-787-6537

Centers for Disease Control and Prevention (CDC)
www.cdc.gov/stroke
 1-800-232-4636

National Institute of Neurological Disorders and Stroke (NINDS)
<http://stroke.nih.gov>
 1-800-352-9424

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