Health

Stroke: manage the risk and act fast

The effects of a stroke are life changing. It's one of our biggest killers and a leading cause of disability. In Australia one stroke occurs every nine minutes, but it's estimated that more than 80 per cent could be prevented by managing risk factors and living a healthy lifestyle.

Liz Denniston, occupational therapist and member of the neurological team at Castlemaine Health works with a wide range of specialists and clinicians to meet the needs of people who had a stroke. She sees the direct impact on individuals and families every day.

"People are never the same after a stroke," says Liz.

"Many go from being able-bodied, going to work every day and living a normal life to suddenly having severe mobility and communication problems."

"We would certainly much rather help people prevent a stroke than adapt to life after one."

A stroke occurs when the supply of oxygenated blood to the brain is interrupted. This can either be caused by a blockage in one of the blood vessels that feeds the brain, or a rupture, where blood goes out the side of the vessel and into the brain tissue instead of where it's supposed to go.

The brain is very active and uses a lot of oxygen and nutrients. The longer it's without oxygen the more likely a person is to suffer permanent damage.

It's not possible to manage all the risk factors for stroke. Some, including age, family history and a prior stroke, cannot be controlled. However many are lifestyle related and well within most people's ability to manage, simply by taking charge of their health.

Eating well, keeping active, avoiding smoking and heavy consumption of alco-



Q: Do I need treatment after a TIA?

A: Yes. A TIA may not show up on a CT scan and you may feel ok afterwards but it's a serious warning bell that you may have a stroke. Speak to your GP and connect with a service like ours. We can do a needs assessment and work with you to manage your risk.

Q: Will I get better after my stroke? A: Every stroke is different; just as every person before his or her stroke

every person before his or her stroke was different. You can get a good indication as early as three days after a stroke as to whether there will be long-term impairment. Sometimes, even after therapy, the damage is so severe that some things just will not get better. But there may be new ways of doing things, or people and aids to help. Our focus is on getting on with life, but the adjustment can be huge. hol will all help reduce the risk of a stroke. So will visiting your GP to talk about strategies to manage blood pressure, type 2 diabetes and atrial fibrillation (irregular heart beat).

"People can also experience a TIA or transient ischemic attack, often called a mini-stroke," says Liz. "During a TIA the blood supply to the

"During a TIA the blood supply to the brain is blocked temporarily. The signs are the same as for a stroke, but they disappear quickly, sometimes within a few minutes."

"A TIA is a warning that you may have a stroke. It's also an opportunity to engage with your GP and services like ours to prevent this from happening."

According to speech pathologist Emma McLaughlin, who also sits on the neurological team, there's more we can do when a stroke occurs too. New medical treatments can clear or dissolve blockages and restore blood flow but if the stroke has happened more than a few hours ago administering them can be too dangerous.

"We now understand that one of the most effective treatments for stroke is to get into hospital quickly, within a couple of hours if possible." says Emma.

hours if possible," says Emma. "We've seen some remarkable recoveries, where people have arrived in hospital unconscious, unable to move, or talk, and they walk out pretty much back to their normal selves," says Emma.

"If you even think someone might be having a stroke, ring triple zero," she says. "And make sure you tell the ambulance that's what you believe has happened."

After a stroke the neurological team at Castlemaine Health steps in, drawing on the resources of speech pathologists and occupational therapists, along with physiotherapists, dietitians, podiatrists, continence nurses and social workers to help people set goals for their recovery and integrate back into home life and their community.

"In terms of reducing the risk of another stroke, connecting with community is huge," says Emma.

"Even mild problems with speech or mobility can cause people to withdraw," she says. "And that sense of isolation and loneliness correlates with overall poorer health."

The team visits clients in their environment, whether that's at home, in the garden, down at the bowls club, or at the local shops.

The team also work with families to provide support and can help arrange respite when it's needed.

"It is definitely not just the person who has had the stroke who feels the impact," says Liz.

"It also changes their relationships with

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the people around them. Partners become carers and everyone has to navigate a strange new landscape of specialists and systems."

"We work with people who have just been discharged from hospital but we can also support someone who may be many years into their recovery and wants to see how they're tracking or if there's more they could be doing," she says.

"Situations change. People get older or they might develop other conditions. There's no time limit on our service and people always have the option to reengage."

If you or someone you know would like to meet with the neurological team speak to your GP about a referral.



Castlemaine Health occupational therapist Liz Denniston and speech pathologist Dr Emma McLaughlin.



Send us your questions or tips about health and wellbeing

Write to us to have your question or tip featured here.

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