

Stroke

Patient Information Booklet



A state of mind

Name:



Contents

1. Introduction.....	3
2. What is a Transient Ischemic Attack (TIA).....	4
3. What is a stroke.....	5
4. Investigations and tests	8
5. Medications	9
6. Hospital care and stroke rehabilitation	10
7. Risk factors for recurrence of stroke	13
7.1 Smoking.....	14
7.2 High blood	15
7.3 Cholesterol	16
7.4 Diabetic control.....	16
7.5 Healthy eating.....	17
7.6 Weight management.....	23
7.7 Alcohol.....	24
7.8 Exercise.....	26
7.9 Making changes.....	27
8. Life after a stroke; preparing for home.....	28
8.1 The first few weeks at home	29
8.2 Driving after a stroke.....	29
8.3 Sex after a stroke.....	31
8.4 Back to work	31
8.5 Going on holiday.....	32
8.6 Emotional changes	33
9. The effects of stroke on family and friends	34
10. Further information	34
11. Glossary of terms often used after a stroke	36
12. Acknowledgements	38



1. Introduction

This booklet has been designed by the stroke rehabilitation team to give you guidance for your stay in hospital and the first few weeks following your discharge home. It should answer many of the questions you may have and reflects the latest evidence available to help you make informed choices about your rehabilitation. There is a lot of information within this booklet, so don't try to read it all at once. You can take this booklet home with you and may need to refer to it over the next few weeks.

Stroke is a medical emergency. People with acute stroke symptoms need to be transferred by ambulance directly to a hospital that is able to provide stroke care. They should then be cared for on a dedicated acute stroke unit.

If you have any questions about your rehabilitation once you are home, you can contact the community stroke nurse who will be happy to discuss your concerns. Their name and contact number will be given to you when you leave the ward.

Useful contact information:

Gloucestershire Royal Hospital	
Stroke Specialist Nurses	0300 422 5151
ACUC/HASU	0300 422 3616
Woodmancote	0300 422 4475

2. What is a Transient Ischaemic Attack (TIA)

A Transient Ischaemic Attack (TIA) is sometimes called a mini stroke or mild stroke. However, unlike an established stroke, symptoms like weakness or paralysis of an arm or leg, difficulty with speech or vision, resolve themselves without obvious lasting injury.

What is the cause of a Transient Ischaemic Attack (TIA)?

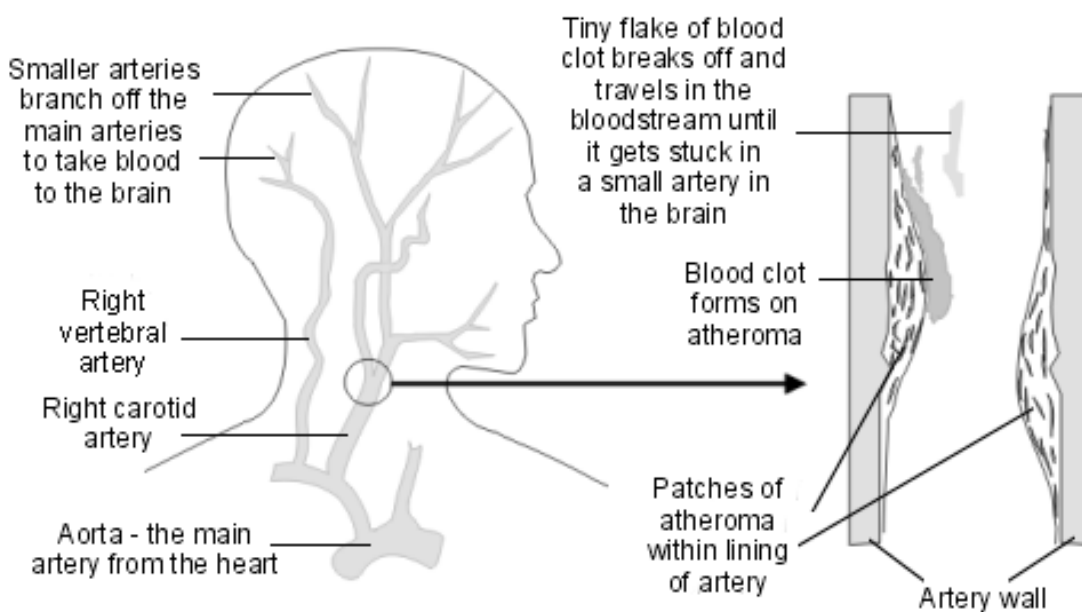
A TIA is usually caused by a tiny blood clot that becomes stuck in a small blood vessel (artery) in the brain. This blocks the blood flow and a part of the brain is starved of oxygen, however, because the blood clots either breaks up quickly or nearby blood vessels are able to compensate, this lasts for just a few minutes. The symptoms experienced will depend upon the part of the brain affected.

A TIA is an important warning of what could become a more serious stroke. People who experience a TIA will need a rapid specialist assessment. This specialist assessment will take place as an inpatient in hospital or at a one-stop outpatient's clinic at Gloucestershire Royal Hospital.

Where does a blood clot come from to cause a TIA?

The common site for a blood clot to form is around a fatty deposit (called an atheroma) attached to the wall of a main blood vessel in the neck. A tiny part of the blood clot may break off and travel up one of the arteries until it becomes stuck in a smaller artery in the brain. In some cases a small clot forms in a heart chamber and is carried in the bloodstream to the brain.

Rarely a TIA may be caused by a small bleed.



A transient ischaemic attack (TIA)

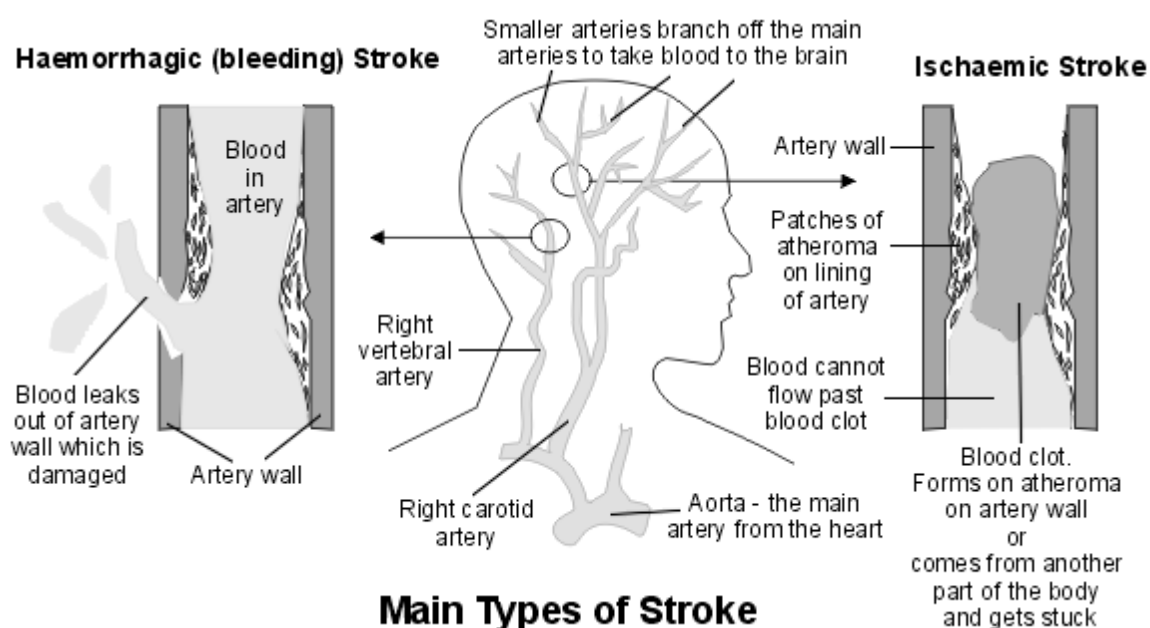


3. What is a stroke?

A stroke is the brain equivalent of a heart attack.

A stroke is caused by a disturbance of the blood supply to the brain. There are two main types of stroke:

- **Ischaemic Stroke:** when a clot either narrows or blocks a blood vessel so that blood cannot reach the brain. This reduced blood flow causes brain cells in the area to die from lack of oxygen. This is the most common cause of a stroke.
- **Haemorrhagic Stroke:** when a blood vessel bursts and blood leaks into the brain, causing damage.



Depending on the part of the brain affected, people may experience a number of different symptoms. These could be:

- Weakness or paralysis (limited movement) of the arm and leg
- Problems with balance
- Problems with vision
- Problems with speech
- Problems with bladder and/or bowel control
- Problems with understanding
- Loss of memory
- Problems with eating and drinking
- Unexpected emotions
- Changes in sensation



FAST: The Face, Arm, Speech Test

The FAST test can help you recognise the symptoms of a stroke

You may have come across the adverts for this on the TV or radio or in your GP surgery.

F A S T

Facial weakness

Can the person smile
has their mouth or
eye drooped?

Arm weakness

Can the person
raise both arms?

Speech problems

Can the person
speak clearly and
understand what
you say?

Time

to call 999

What are the symptoms/signs of a stroke?

- Sudden numbness or weakness in the face, arm or leg, on one side of the body
- Sudden loss or blurring of vision, in one or both eyes
- Sudden difficulty speaking or understanding spoken language
- Sudden confusion
- Sudden or severe headache with no apparent cause
- Dizziness, unsteadiness or a sudden fall, especially with any of the other signs

Why act FAST?

Stroke is a medical emergency. By calling 999 you can help someone reach hospital quickly and receive the early treatment they need. Prompt action can prevent further damage to the brain and improve chances of a fuller recovery. Delay can result in death or major long-term disabilities, such as paralysis, severe memory loss and communication problems. Ambulance crews use FAST and together with hospital staff can act fast to identify and diagnose a stroke quickly.

If you suspect a stroke, act FAST and call 999

There is strong evidence that people with certain types of stroke who receive treatment with clot busting drugs (known as thrombolytic therapy or thrombolysis) can have better outcomes than those who do not. Delivering a thrombolysis service requires a rapid transfer by the ambulance service to an emergency department, an expert assessment, including a brain scan and administration of the thrombolytic drug – all within four and a half hours of the onset of symptoms. Not all stroke patients are able to have this treatment due to medical reasons, but it is vital that all stroke patients are assessed as quickly as possible.



A state of mind



FACE
HAS THEIR FACE FALLEN ON ONE SIDE?
CAN THEY SMILE?



A RMS
CAN THEY RAISE BOTH ARMS AND
KEEP THEM THERE?



S PEECH
IS THEIR SPEECH SLURRED?



TIME TO CALL **999**
IF YOU SEE ANY SINGLE
ONE OF THESE SIGNS

WHEN STROKE STRIKES, ACT F.A.S.T.



4. Investigations and tests

In order to maximise the chances of independent living after a stroke, a number of investigations will be undertaken during your hospital stay which may include some or all of the following:

Blood tests

Blood tests are undertaken on admission to hospital and are likely to include cholesterol, sugar, full blood count (to check for anaemia), and urea and electrolytes (to check kidney function) - these provide the health care team with additional information on the most appropriate treatment.

Blood Pressure

Your blood pressure will be monitored to ensure this is stable and maintained at the appropriate levels to ensure adequate blood flow to the brain (sometimes this is monitored regularly over a 24 hour period).

Temperature, Pulse and Respiration

It is important to monitor temperature as often people develop a high temperature following stroke, this can then be treated appropriately.

The pulse is monitored to determine whether the heart is beating regularly and at the appropriate rate (sometimes an irregular heart beat may be the cause of a Stroke or TIA). (See also ECG)

It is important that the brain receives adequate oxygen and that the levels of oxygen in the blood are maintained appropriately. Respiratory rate will be measured and a device to measure the amount of oxygen in the blood will be used. If extra oxygen is required you will be given this through a mask or nasal prongs.

Computerised Tomography Scan (CT scan)

This is an X-ray of your head, which is done to determine if a stroke has occurred and if so the type such as ischaemic or haemorrhagic. Sometimes ischaemic (clot type strokes) may not be visible on the CT scan but diagnosis can be made on clinical signs.

Magnetic Resonance Imaging (MRI scan)

An MRI scan is another type of brain scan used to detect changes that have occurred in the body and can be used to diagnose stroke.

Electrocardiogram (ECG)

To record an ECG a number of leads will be placed on your chest, which will produce a tracing of the electrical activity of the heart; this will indicate the heart rate and rhythm. Sometimes it is necessary to have this monitored over a 24 or 48 hour, or 7 day period, and this may be done while you are an inpatient or outpatient.



Chest X-ray

This may be undertaken to determine whether there is the presence of infection or other problems within the lungs.

Echocardiography

Echocardiography uses ultrasound to scan your heart and may be undertaken to determine whether the cause of the Stroke or TIA is likely to have come from problems related to the heart.

Carotid Doppler

This is a special ultrasound scan of the arteries on either side of your neck to determine if the blood flow is adequate. For TIA, Carotid Doppler imaging is needed at an initial assessment; to determine whether someone may benefit from an operation to unblock the arteries in their neck, and this can be complemented by CT or MRI scan.

Electroencephalogram Test (EEG)

This is an investigation used to detect any abnormal activity within the brain and may be used to determine the presence of epilepsy.

Surgery

Surgery may be an option to improve blood flow for those patients found to have severe narrowing of the arteries in the neck (see Carotid Doppler above). This is called a **carotid endarterectomy**. The decision to undergo this operation will be made after consultation between the medical/surgical staff and the patient. The procedure will be explained in great detail at that time.

5. Medication

After a stroke, you will be prescribed certain medications. Some of these have been proven to reduce your risk of having another stroke; others will help control any symptoms you may have. Your doctor will decide which tablets are best suited for you as an individual. We have listed the most commonly prescribed ones below. If you are unsure about why you are taking any of your medication please speak to your doctor, nurse or pharmacist.

Antiplatelets – these include Aspirin and Clopidogrel and are used to reduce the possibility of blood clotting. Dipyridamole is another drug used to reduce the possibility of clots and may be used in combination with aspirin (as a separate tablet). Alternatively Asasantin® (a combination of aspirin and dipyridamole in one capsule) may be used.

Anti-coagulants - these are drugs, which reduce the likelihood of blood clotting, but in a different way to those previously described. You may be prescribed one of these if you have atrial fibrillation, (a type of irregular heartbeat). These include the direct oral anti-coagulants such as Dabigatran, Apixaban, Rivaroxaban and Edoxaban or you may be prescribed Warfarin. The dose of Warfarin has to be carefully monitored by regular blood tests - by the hospital during your stay and by your GP once you have returned home. A new type of blood thinning drug may be prescribed instead of Warfarin if appropriate.



A state of mind

Cholesterol lowering drugs – these drugs are known as statins such as Simvastatin, Atorvastatin, Pravastatin and Rosuvastatin. Your blood tests will indicate the level of cholesterol within your blood and these drugs are designed to lower that level. If you have had an ischaemic stroke, you may be started on cholesterol lowering medication even if your cholesterol is not that high, as the medicines have been proven to lower your chance of further strokes even when your cholesterol level is ‘normal’.

Blood pressure lowering drugs – blood pressure lowering tablets such as ACE (Angiotensin Converting Enzyme) inhibitors (e.g. Ramipril or Perindopril), calcium channel blockers (e.g. Amlodipine) and diuretics (e.g. Indapamide or Bendroflumethiazide) can be used after a stroke. Your Stroke Consultant will decide which medication is best suited for you as an individual and when to start treatment. Your GP will continue to monitor your treatment after discharge.

Medication for diabetes – it is important to have control over your blood glucose. This may be achieved through diet, tablets or insulin injections. The medical staff and diabetic specialist nurses will work together with you to make sure that your diabetes is controlled in the best possible way.

At home

You will be provided with a list of your medication to take home and a copy will be sent to your GP.

If you have any questions or concerns regarding your medication, please contact your GP practice or pharmacy.

It is important that medication is not stopped because you are feeling better nor should you take more than has been prescribed.

6. Hospital care and stroke rehabilitation

Stroke care delivered on a stroke unit by a specialist team is the single biggest factor that can improve an individual's outcome following a stroke. Rehabilitation can also limit disability and improve recovery. The stroke team involved in your care includes specialist doctors, nurses, therapists, clinical psychologists and social workers.

We recognise that you, your family or friends may have many questions and we welcome the opportunity to meet with you to discuss your diagnosis. Our stroke specialist nurses are happy to set up a meeting, alternatively your family or friends can contact the consultant's secretary for an appointment.



Goal planning meetings

If you are likely to be in hospital for more than a week, then we will arrange a **goal planning meeting**, where you (and any family or friends) get to meet with the ward therapists to discuss your current condition and abilities.

You will then set goals with the team for your therapy over the coming weeks.

These goals planning sessions may then be repeated for as long as necessary, and can help decide when you will be ready to leave hospital. By working together, we will have worked out an individualised plan of care for you to enable your safe discharge from hospital when the time is right. All necessary arrangements will have been made for your care at home, including links with community resources and any special equipment that may be needed.

Beginning the Recovery Process through Rehabilitation

The goal of stroke rehabilitation is to restore as much independence as possible by improving physical, mental and emotional functions. This will be done in a way that preserves your dignity and helps you to re-learn basic skills that the stroke may have affected, such as eating, dressing and walking.

Once you are medically stable, rehabilitation will start as soon as possible after the stroke; this may be 1 day after the stroke. Rehabilitation will continue throughout your stay in hospital and may continue following your discharge home. Having a stroke is a very stressful event for you and your family. It may have an effect on the things you do and the way you think and feel.

Depending on your needs those involved in your rehabilitation may include:

- Doctors
- Physiotherapist
- Occupational Therapist
- Stroke Specialist Nurses
- Ward Nurses
- Dietician
- Speech and Language Therapist
- Clinical Psychologist
- Social Worker
- Orthoptist
- Pharmacist
- Continence nurses

During your hospital stay, you will be seen regularly by the rehabilitation team. The nursing staff will make sure the continuity of your rehabilitation; for example, by ensuring you move correctly or are sitting in the correct position.



A state of mind

A good assessment process for someone who has just had a stroke will involve a person-centred assessment of the individual's needs, where possible joining health and social care assessments and directing you to other services, such as housing or transport. For those who have had a stroke, with their relatives and carers, the aim is to achieve a good quality of life and to be supported to live as independently as possible. It will be important to bear in mind that those who have had a stroke may need additional communication support to be able to participate in the assessment. Family members or friends who may be taking on a caring role are entitled to an assessment of their needs in their own right.

Health and social care services will work together to make sure that there is a plan for individuals leaving hospital. This will facilitate a smooth transition home and enable people to recover more quickly and reduce the pressure on the individual and their family.

Involving social workers as part of the team at an early stage is an effective way to achieve this. The aim is that individuals feel reassured when they leave hospital and are aware of the arrangements for their ongoing care, support and rehabilitation. At times this may mean that emergency packages of care are put in place while a full assessment is completed.

Following discharge from the acute hospital, rehabilitation may take place in a variety of settings:

- Community Hospital
- Outpatient department
- Early Supported Discharge Team
- Re-ablement team at home (these are teams of therapists that continue your therapy in your own home for a short time after leaving hospital)

These options will depend on a number of factors:

- Your particular needs
- Your ability to tolerate intensity of rehabilitation (hours/stamina)
- Resources available
- Home environment

Rehabilitation is about support to regain your well-being. Rehabilitation does not just have to be provided by rehabilitation professionals. It can also be provided by, for example, a wide range of community-based opportunities offered by statutory and voluntary agencies, such as exercise classes, communication support groups, access to further education, or through self-management activities and self-help groups.

Stroke rehabilitation aims to give you all the information and support you need to make the best possible recovery.

It requires effort and commitment but can result in significant recovery.



7. Risk factors for recurrence of stroke

Risk factors are certain things that we know will make you more likely to have a stroke. Some risk factors cannot be changed. Other risk factors can be reduced by medical intervention. However, there are also risk factors which are related to your lifestyle and are therefore in your control. You can do something about them.

What cannot be changed

- Gender
- Age
- Family history
- Ethnic background

What the doctor can help with

- High blood pressure (hypertension)
- Heart disease and irregular heart beat (atrial fibrillation)
- Diabetes
- Other rare medical conditions, including blood-clotting disorders

What lifestyle change can you make to help yourself?

Look at the risk factors below. You may wish tick those that apply to you:

- Stop smoking
- Improve diet
- Lose weight
- Lower cholesterol levels
- Reduce alcohol
- Increase exercise

If you have any of the risk factors that you cannot change it is even more important to look at the ones that you can.

Having more than 1 risk factor doesn't just double the risk of having another stroke. For example, people who smoke are up to 3 times more likely to have a stroke than those who don't. The more you smoke, the greater the risk. Smoking is particularly dangerous for people with high blood pressure. People with high blood pressure are 5 times more likely to have a stroke than smokers with normal blood pressure, and 25 times more likely to have a stroke than non-smokers with normal blood pressure.



A state of mind

By adopting a healthy lifestyle and reducing your risk factors you can greatly reduce your chances of having another stroke.

Reducing one risk factor can have great benefits. With time, reducing as many risk factors as you can, will give you the best chance of preventing any further problems.

7.1 Smoking

Stopping smoking after your TIA or stroke is the single most important thing you can do to reduce your chances of having another stroke and to increase your chances of making a good recovery.

- People who smoke are 3 times more likely to have a stroke than non-smokers.
- The more you smoke the greater the risk.
- Smoking seems to be a prominent risk factor in men and women under the age of 55.
- Passive smoking: there is evidence to suggest that passive smokers are nearly 2 times as likely to have a stroke as those who don't live or work in a smoky environment.

Smoking interacts with other risk factors for stroke/TIA increasing your risk of a further stroke.

There is no safe level of smoking. Cutting down does not reduce your risk of having another stroke – you must stop completely.

Why is smoking harmful?

Smoking increases the stickiness of blood cells called platelets which increases the risk of blood clots forming in major arteries to the brain and heart. Smoking increases the risk of high blood pressure.

Tobacco smoke contains over 4,000 toxic chemicals, including nicotine, which are deposited in the lungs and carried in the blood stream. Some of these damage blood vessel walls causing atherosclerosis (narrowing and furring of the arteries) which increases the chances of a clot obstructing an artery in the brain.

No matter how long you have been smoking, it is never too late to stop. Stopping smoking completely is the most effective way to stop; we do not suggest that you try to cut down first.

Stopping smoking has immediate benefits.

When you are at home, support is available from your smoking cessation advisor. Please enquire at your GP practice.

You can also contact healthy lifestyles Gloucestershire, the Stop Smoking Service by calling 0800 122 3788 or visit www.hlsnglos.org

7.2 High blood pressure

Hypertension – is the medical term for high blood pressure. A certain pressure is necessary to keep the blood flowing around the arteries of the body, especially the brain. Blood pressure changes throughout the day and in response to what you do. Your blood pressure will be monitored to assess whether it needs to be treated with medication.

What is normal and what is high?

Your blood pressure is recorded as two numbers. The top number (systolic) is the blood pressure in your arteries when your heart is beating. The bottom figure (diastolic) is the pressure in your arteries when your heart is resting between each beat. It is measured in millimetres of mercury (mmHg).

Latest guidelines suggest that your optimal blood pressure is less than 130/80mmhg.

As previously discussed, you may be prescribed medication to help lower your blood pressure. Lifestyle changes are just as important.

You can help to reduce your blood pressure by:

- Stopping smoking
- Losing weight
- Reducing salt intake
- Taking regular exercise
- Managing stress



7.3 Cholesterol

Cholesterol is produced by your liver. High levels of cholesterol can cause narrowing of your arteries. Some people produce too much cholesterol. Eating too much saturated fat in your diet can also raise your cholesterol.

Your cholesterol is carried around your body in your bloodstream by High Density Lipoproteins (HDL) and Low Density Lipoproteins (LDL).

HDL is good for your arteries, as it removes excess cholesterol from the blood stream.

LDL is harmful as it carries cholesterol into the bloodstream and to your tissues where your body can store it. This type of cholesterol can cause plaque build-up, a thick, hard substance that can clog arteries. The plaque can eventually cause arteries to narrow or become blocked completely causing stroke or heart attack.

A small percentage of the population will have a high cholesterol level which runs in their family. This results from a faulty gene rather than unhealthy lifestyle.

After a stroke, your doctor will advise if you need treatment for your cholesterol. If started on treatment with medication your target level will be less than 4.0mmol/l.

It is important that you also follow the healthy eating advice and make lifestyle changes where required i.e. stopping smoking, taking regular exercise and drinking alcohol within sensible limits.

7.4 Diabetic control

People with diabetes are up to 5 times more likely to have a stroke compared with those without diabetes. The reasons are that prolonged, poorly controlled blood glucose levels can affect the lining of the body's arterial walls. This increases the likelihood of the furring up of the vessels, forming a narrowing (atherosclerosis). People with Type 2 diabetes also often have low HDL cholesterol and raised triglyceride levels, which both increase the risk of atherosclerosis.

If you have diabetes, it is particularly important to keep your diabetes well controlled and to reduce any other risk factors you may have. Ask your stroke specialist nurse or your diabetic specialist nurse for more specific advice.



To help reduce your risk

- Lose weight if you are overweight or obese.
- Take your diabetic medication as prescribed by your doctor.
- Try to keep your blood glucose levels well controlled – between 4 to 6mmol/l before meals and less than 10mmol/l 2 hours after.
- Attend your diabetic clinic appointments, which should be at least once a year.

Making changes in your lifestyle can be stressful so, before you make any changes, read the section '**Making changes**' for further advice.

7.5 Healthy eating after a stroke

Eating a healthy diet will reduce the risk of a stroke. Your diet should be high in fruit and vegetables, but low in fat and salt.

Diet and stroke

The food you eat plays an important role in your health as it can influence the risk factors for a stroke. Risk factors that can be affected by diet include high cholesterol levels, high blood pressure, being overweight, drinking excess alcohol and diabetic control.

There are also certain foods which have been shown to protect against a stroke.

It is important that if your appetite is poor whilst in hospital, you may be advised by a dietician on ways to increase your energy and protein intake. This is to ensure you are able to meet your nutritional requirements whilst you recover. In the long term, following the dietary advice below will help to reduce the risk of a further stroke. This information is from the latest government guidelines.

Dietary lifestyle advice following a stroke

The basic principles of the diet follow a Mediterranean approach:

- **Eat at least 5 portions of fruit and vegetables every day.** For more detailed information see the section on fruit and vegetables
- **Eat 2 portions of oily fish a week.** For more detailed information see the section on fish
- **Reduce or replace saturated fats with monounsaturated or polyunsaturated fats** by:
 - using low fat dairy products.
 - replacing butter and lard with products based on vegetable and plant oils.
 - Reducing red meat intake, particularly fatty cuts and processed meats. For an explanation of what this means see the section on fats.



A state of mind

- **Try to lose weight if you have a BMI (Body Mass Index) above 25 or waist circumference greater than 102 cm for men or 88cm for women.** See the section on weight management for more information.
- **Reduce salt intake** by:
 - not adding salt to food.
 - using as little as possible in cooking.
 - choosing lower sodium/salt foods.

This is especially important if your blood pressure is high.

There is no evidence that taking oral vitamin supplements will reduce the risk of stroke or other vascular events.

Fruit and vegetables

Fruits and vegetables contain a variety of components that help to protect your heart. It is recommended that everyone should eat at least 5 portions of fruit and vegetables every day. One portion is 80g (3oz) which is roughly equivalent to a handful:

- 1 medium apple / banana / orange
- 2 medium fruit (such as plums, kiwi fruit, small oranges)
- a slice of melon
- 3 heaped tablespoons of carrots / peas / mixed vegetables
- 2 spears of broccoli / cauliflower
- ½ of 400g tin of baked beans / chick peas / kidney beans
- 1 bowl of vegetable soup
- 1 bowl of salad
- 1 150ml glass fruit juice*

* Grapefruit or grapefruit juice is not recommended when taking certain cholesterol lowering medication known as statins.

- Do not drink grapefruit juice if you're taking Simvastatin. Grapefruit juice increases the level of simvastatin in your blood and makes side effects more likely.
- Atorvastatin interacts with grapefruit juice if you drink large quantities, but an occasional glass is thought to be safe.
- It is safe to drink grapefruit juice and eat grapefruit if you're taking other types of statins (such as Rosuvastatin, Pravastatin etc.).
- Please check with your pharmacist if you are unsure.

Fish

Studies have shown that eating all types of fish help to protect against a stroke. Oily fish are the richest source of long chain omega3 fats. Aim to eat 2 portions of oily fish a week.

Oily fish include herring, salmon, sardines, trout, mackerel, and fresh tuna; not tinned tuna, as it does not contain high levels of omega 3 fish oil.

Oily fish contains the 2 main omega 3 fish oils, EPA (eicosapentaenoic acid) and DHA (docosahexaenoic acid). These help to stop the build-up of plaque within the arteries. One serving of oily fish is 140g (5oz) or, if you are unable to eat oily fish take an omega 3 fish oil



A state of mind

supplement equivalent to 1g of EPA and DHA per day. These can be purchased from chemists, pharmacies, supermarkets or health food shops.

You do not need to have an omega 3 fish oil supplement if you are eating oily fish each week. Having more omega 3 fish oils than recommended will not provide any extra benefit to your health.

Cod liver oil tablets do not generally contain significant amounts of omega 3 fish oils. If you are taking cod liver oil for your joint health, then switching to omega 3 fish oils, if you are unable to eat oily fish, may still give you benefits for your joints.

For information on the safety of eating oily fish and taking omega 3 fish oil supplements, please visit website www.nhs.uk/live-well/eat-well/fish-and-shellfish-nutrition/

White fish includes cod, haddock, plaice, whiting, hake and pollack.

Although white fish generally contain very low levels of omega 3 fish oils, they are still beneficial to your health and provide a good source of lean protein

Fats

The **type** and the **amount** of fat can have an impact on your health, especially with regard to your weight and cholesterol levels. The type of fat you eat can influence the 'unhealthy' cholesterol (known as LDL cholesterol), and 'healthy' cholesterol (known as HDL cholesterol) levels in your blood. The amount of fat eaten can affect body weight as it is high in calories. Eating too much fat can lead to weight gain. Being overweight is a risk factor for having a stroke.

There are several types of fat found in food. These are:

- Saturated fats
- Monounsaturated fats
- Polyunsaturated fats
- Trans fats

Saturated fat

Consuming foods containing a high level of saturated fat is associated with increased levels of 'unhealthy' cholesterol, a risk factor for heart disease.

Aim to avoid or reduce the quantity of these foods that you consume.



A state of mind

Foods containing high levels of saturated fat

Butter, hard margarines, lard, dripping, suet, ghee, cream
Coconut oil, palm oil
Hard cheese (see below) Full fat milk
Fatty meats
Processed meat products such as corned beef, burgers, faggots, sausages, sausage rolls, pies and pastries
Commercial processed products such as biscuits, cakes, crackers
Some ready meals (especially foods in creamy sauces)
Some takeaway and fast foods

As cheese contains significant quantities of saturated fat, you can reduce the amount of hard cheese you use such as cheddar and stilton by eating less. As a guide, a matchbox sized piece of 30g is a portion. You can also grate cheese to make a small portion go further. Cheeses that are lower in saturated fat include cottage cheese, feta, mozzarella and ricotta.

Monounsaturated fat

Including more monounsaturated fats in your diet can help to reduce the level of 'unhealthy' cholesterol whilst maintaining the level of 'healthy' cholesterol in your blood. Foods containing monounsaturated fats are therefore beneficial and should be included regularly in your diet.

Aim to replace saturated fat in your diet with foods containing monounsaturated fats.

Foods containing monounsaturated fat

Olive oil is a key component of the Mediterranean diet. Greater benefits have been shown with extra virgin olive oil in particular. Rapeseed oil and some vegetable oils also have high levels of monounsaturated fat - check the label.

Use these cooking oils in preference to other oils.

Olive oil based spread, vegetable oil based spread.

Use these spreads in preference to other spreads .

Avocado, some nuts and seeds (almonds, cashews, hazelnuts, peanuts, pistachios).

Consider the portion sizes of all of the above as they contribute a significant amount of calories and could cause weight gain.

Polyunsaturated fats

Polyunsaturated fats in the diet are found in oily fish (omega 3 fish oils), margarines and cooking oils other than those based on olive oil or rapeseed oil. Your polyunsaturated fat intake should come from two portions of oily fish containing omega 3 fish oils each week.

Polyunsaturated fat

Corn oil, Sunflower oil, Soya oil.

Some nuts and seeds such as walnuts, pine nuts, sesame seeds, sunflower seeds.

Some margarines made from polyunsaturated fats.

Use these spreads or cooking oils in preference to saturated fats.

Trans fats

Trans fats are found in processed food and takeaways are associated with an increased risk of heart disease. Avoid foods that have hydrogenated or partially hydrogenated oils/fats in the ingredient's list.

To sum up about fats

You should try as much as possible to reduce or replace saturated fats with monounsaturated or polyunsaturated fats by:

- Using low fat dairy products.
- Replacing butter and lard with products based on vegetable and plant oils.
- Reducing red and processed meat intake.
- Cut any visible fat off meat and remove the skin from chicken and turkey.
- Trying to reduce frying and roasting of foods.
- Using healthy cooking methods by steaming, microwaving, grilling, poaching, boiling or baking foods.
- Trying to avoid adding extra fat to foods.

Salt

The recommended intake of salt in this country is less than 6g a day. However, our average daily salt intake is around 12g a day. Reducing salt intake can lead to beneficial reductions in blood pressure. A simple way of cutting down on the amount of salt that you eat is by adding less when cooking and to try to stop adding salt at the table. You may find the following suggestions useful:

- Try your food before adding salt at the table; you may find that it is not necessary.
- Add herbs and spices, vinegar, mustard or fruit juice to food instead of salt for a variety of different tastes.
- It may be useful to cut down on the amount of salt that you use over a number of weeks so that you don't notice a big difference in taste.



A state of mind

Salt replacement products like LoSalt® and So-Lo® are low in sodium, the part of the salt which affects blood pressure, but are very high in potassium. This can also be harmful to your heart in large amounts, so these products are not recommended.

The vast majority of salt that we eat comes from processed foods. It is therefore worth looking at the nutritional information on food labels to identify how much salt you could be eating from processed foods. As sodium can be found in processed foods as well as salt, food labels sometimes provide the sodium content of foods instead of, or as well as the salt content. When looking at the 'nutrition information' table, use the 'per serving' column for foods that you would eat in a large amount (such as a ready meal or portion of soup). For items that you would eat less of (such as crisps, pickles or breakfast cereals) use the 'per 100g' column.

There is a lot of salt in processed foods. Look at the nutritional information on food labels. If you can only see the sodium content, multiply it by 2.5 to calculate the amount of salt.

High salt	is over 1.5g per 100g
Medium salt	is between 0.3g and 1.5g per 100g
Low salt	is 0.3g per 100g and below

Choose the majority of processed foods eaten from the low salt category and avoid foods as much as possible from the high category. Remember that the amount you eat of a particular food affects how much salt you will get from it. The following suggestions may also help to reduce salt intake:

- Where possible, try to make meals or snacks from fresh foods rather than using processed foods such as ready meals, jars, packet or tinned foods.
- Try buying the unsalted variety of foods e.g. nuts or crisps.
- If you buy vegetables in a tin, try to buy those canned in water, not in brine, as brine is high in salt.
- Try to buy tinned fish canned in water or oil instead of brine. If you buy fish in oil then it can be drained away.
- Foods such as breakfast cereals, tinned soups, packet soups and sauces can also be high in salt. Try checking the labels using the table above to find lower salt alternatives.



A state of mind

Food labels

Look at the nutritional content table on a product and look at the column that records 'per 100g' to allow you to compare the nutritional levels of fats, salt and sugar. Many manufacturers and retailers now offer an 'At a glance' information label. A traffic light coloured system is in use and shows you if a food has a high (red), medium (amber) or a low (green) amounts of sugar, fat, saturated fats and salt per 100g of the food.



7.6 Weight management

Being overweight is a risk factor for having a stroke. It is associated with high cholesterol, high blood pressure and diabetes. A modest weight loss (10% of your total body weight) has been shown to lower these risk factors; you do not need to aim for your 'ideal weight'. A 10% weight loss for someone who weighs 15 stone (st) or 95kg would equal 1.5st or 9.5kg. A good steady rate of weight loss is 0.5 to 1kg (1 to 2lbs) per week.

There is now clear evidence that traditional approaches to losing weight such as going on a 'diet', or making drastic changes to your eating do not work in the long term. Following these diets may result in a weight loss initially, however when people begin to eat normally again, they return to their old eating habits and the weight is usually regained. This is because diets only offer a short term solution as people cannot follow them forever.

To make sure that weight loss is sustained, gradual changes will need to be made to usual eating and physical activity patterns. Changes can then be maintained and followed for life.

Learning how to manage weight will take time and effort. To be successful you will need to be ready to commit the time and effort required. It is also imperative that you have your own very clear personal reasons for wanting to lose weight; these need to be things that are important to you, not what other people want or what you think you 'should' do. To put in the time and effort needed, you need to think about whether losing weight is really a high priority for you right now. If you have lots of other issues to deal with then you need to make a decision about what is the priority.

Losing weight - are you ready?

If you are not sure whether you are ready to start learning how to control your weight then the questions below might help you to make a decision. List your reasons for and against losing weight at this moment in time: you will need to think about how **you** feel and not what others think you ought to do.

When you feel ready

Support and information on weight management can be provided through your local GP surgery. If you have already received this support, but weight management has not resulted in realistic weight loss, your GP practice nurse or stroke nurse can refer you to a registered dietician.

If losing weight is simply not a priority for you at the moment or, if there are too many things going on in your life right now, then this is probably not the time to attempt to lose weight. You might decide to do some 'damage limitation' in the meantime e.g. make **one** change to your eating or physical activity patterns, or simply check your weight once a week to ensure that it is not increasing.

Successful weight control involves:

- Moving away from making short-term drastic changes such as 'dieting' approaches.
- Making small, gradual but **lasting** changes to your eating patterns (refer to the section on 'healthy eating').
- Making small, gradual but **lasting** improvements in your amount of physical activity.
- Being realistic such as not expecting too much too quickly and not putting pressure on yourself to make big sweeping changes, or to change things overnight.

During your hospital stay, you may be referred to the dietician for advice on cholesterol and/or weight management. You may wish to ask for advice if you are not formally referred. You may be seen as an in or outpatient.

7.7 Alcohol

Research has shown that drinking large amounts of alcohol significantly increases the chance of a stroke. This increased risk is associated with alcohol's link to other stroke risk factors such as:

High blood pressure is the biggest risk factor, contributing to over 50% of all strokes in the UK and alcohol is known to raise your blood pressure.

Diabetes can double your risk of having a stroke. Alcohol changes the way your body reacts to Insulin and this can increase your chances of developing type 2 diabetes.

Obesity increases your risk of suffering a stroke. Alcoholic drinks tend to be high in calories and have no nutritional value, as a result of this drinking alcohol will make it difficult to achieve and maintain a healthy weight.

Atrial Fibrillation (irregular Heartbeat) increases your risk of a stroke by 5 times. Drinking excessive amounts of alcohol can trigger atrial fibrillation.

Guidelines for sensible drinking

The UK's chief medical examiners recommendations for alcohol consumption have been changed recently and are recommended to keep the health risks associated with alcohol to a low level, the recommendations state both men and women should:

- Not drink more than 14 units per week.
- If you drink 14 units per week these should be spread evenly throughout the week ensuring that you have 2 alcohol free days.
- Avoid binge drinking, which is defined as drinking more than 3 units of alcohol over a 1 to 2 hour period.

Recommended alcohol consumption for men and women

14 units of alcohol a week, which is:



6 pints of beer (4% strength) OR



7 glasses of wine (11.5% strength, 175ml) OR



14 single shots of spirits (40% strength)

Source: Chief Medical Officers

BBC

If you want to cut down but feel it may be difficult, please speak to a member of the stroke rehabilitation team or your GP who will be able to advise you further.

Alcohol in moderation should not interfere with medications you take for your stroke. If you are in any doubt, please speak to your pharmacist.

7.8 Exercise

Why physical activity?

- Regular physical activity reduces the risk of stroke.
- Those who are physically inactive have three times the risk of a stroke.
- Research on middle-aged men found that moderate levels of physical activity such as walking, plus a recreational or sporting activity once a week, had a significant benefit on their risk of stroke and heart disease.
- Findings also indicate that women who are physically active are at lower risk of stroke. They eat better diets and are also less likely to smoke.
- Physical activity helps reduce high blood pressure and stress. Physical activity enhances mood and lifts depression.
- As people age, keeping active will help to maintain strength, co-ordination, cognitive function and balance.
- Moderate activity helps to burn calories and therefore reduces the risk of obesity.
- Regular exercise can help improve your cholesterol by raising the level of HDL (good cholesterol) in relation to the level of LDL (bad cholesterol).

How often should I exercise?

The recommended weekly amount of exercise is 30 minutes, 5 times per week.

However, you do not have to do 30 minutes of exercise all at once. You can spread the time spent exercising throughout the day, for example, 10 minutes 3 times per day.

It is recommended that after exercising you should feel slightly out of breath but not gasping. **If you start to feel dizzy, have chest pain or feel unwell, do not continue with the exercises and seek medical advice.**

What type of exercise should I do?

Before starting any type of exercise, you should consult your physiotherapist or GP to discuss appropriate forms of exercise.

Exercise does not have to be done at the gym or an exercise class. It can be done at home.

Examples include:

- Walking around the house/garden
- Going up and down the stairs
- Chair exercises
- Stretches - please consult your physiotherapist for appropriate stretches

It is important that you warm up and cool down before and after exercising, this can be a combination of chair exercises and stretches.

You can vary the exercises you do throughout the day depending on where you are and the support you need.

Most importantly exercising should be fun and enjoyable!

7.9 Making changes

Decide what you want to change: this could be giving up smoking, reducing fat in your diet, taking more exercise etc.

Prioritise: one thing at a time. The easiest one could give you confidence to tackle other things. Some people may prefer to tackle things with obvious results like losing weight. Different things work for different people.

Set goals: make sure they are achievable, for example 'I want to lose half a stone in weight over the next 2 months'.

Keep a diary: before you make any changes, get to know more about your behaviour by writing down as much as you can about how you are feeling, who you are with, where you are etc.

Think of ways of doing things differently

If you are feeling fed up, rather than heading for the biscuits, go for a walk, share your feelings with your partner or give someone a ring and have a chat.

Taking the next step

Having decided **what** you want to change, the next step is **how** to change. One way is by focusing on **1** of the following:

Frequency: For example, if you go to the pub 4 times a week, you might reduce this to



3 times a week. You may decide to have cheese twice a week instead of 3 times.

Intensity: For example you might still go to the pub 4 times a week, but have a shandy or halves instead of full pints. You could have half the amount of cheese, but still have it on 3 occasions a week.

Time: For example you could still go to the pub 4 times a week and drink pints of bitter, but instead you could go later in the evening, so that you would drink less.

What to do when you have a set back

Very few things ever go completely to plan. Set backs are bound to happen when making changes. Try to anticipate potential setbacks and plan how you're going to cope with them.

When you have decided what behaviour you want to change, keep a diary and see if you can identify anything that relates to that behaviour that could help you to change. Remember to start with just one area of change such as smoking. **Good luck** with making changes to your lifestyle!

8. Life after stroke; preparing for home

In preparation for your return home there will be an assessment of your needs by the team. This may include support, equipment or home adaptations. Some equipment may be supplied and minor adaptations made free of charge such as a commode, perching stool or rails. All major home adaptations are negotiated with support from Social Services and through means testing you may be asked to contribute to a portion or whole of the cost. This process will take place after discharge from the hospital.

Goal planning

An important step in your rehabilitation is the planning of goals. You may have identified your personal goals and together with the ward team reached an agreement on what you will aim to achieve.

The community rehabilitation teams will continue your therapy and rehabilitation in your own home to maximise your potential for recovery, if it is necessary and identified as appropriate.



8.1 The first few weeks at home

For the first few days at home you should take things easy, doing not much more than you were doing in hospital. You can introduce light activities such as washing up and preparing light meals, as you are able.

You may feel tired at this stage, so set time aside each day to rest or sleep.

Remember your ability to return to these activities increases over time as you regain your fitness. When you do return to these activities remember to pace yourself.

8.2 Driving after stroke

Returning to driving after a stroke can be an important part of recovery. However there are several reasons why someone may not be able to drive after a stroke. These include problems with vision, concentration or mobility.

For safety reasons the Driver and Vehicle Licensing Agency (DVLA) has **strict guidelines** about who may and who may not drive.

**You are not allowed to drive for at least one month after a stroke or TIA.
You must check with your GP or consultant before resuming driving.
You should let your motor insurance company know that you have had a stroke or TIA.**

Provided that your recovery has been uncomplicated, and you feel able, your GP will give permission for you to restart driving after this time if appropriate. You do not need to notify the DVLA unless your motor insurance company requests that you do.

However, if your doctor feels unable to pass you as **fit to drive**, you **must** then **inform the DVLA** and your **insurance company** about your situation. **You are still not allowed to drive.**

If you have had **frequent TIA's**, you will be advised not to drive until you have had at least a **3 month period free from attacks.**

You must stop driving immediately and inform the DVLA if you have sudden disabling episodes of dizziness, falling, fainting, confusion, or loss of awareness.

You are legally required to inform the DVLA if at any time your condition deteriorates.

If you are in any doubt about your suitability to drive, please discuss this with your GP. When you do return to driving, remember to pace yourself. Start with a short, familiar journey, at a time when the roads are quiet.

The hospital based stroke specialist nurse or the community stroke nurse will be happy to talk to you about driving after a stroke. They will also have access to written information that they can give to you for future reference.

Please note that **different regulations** apply to drivers with **Group 2 licences** such as Large Goods Vehicles (LGV) or Passenger Carrying Vehicles (PCV) licences. The rules for these licences are **stricter**. LGV and PCV licences are revoked or refused for at least one year after stroke or TIA. **You must inform the DVLA**. It is possible to regain your licence but this is subject to strict regulations. **Different regulations** also apply if you have had a **seizure** following your stroke. Please discuss your individual situation with your community stroke nurse, GP and employer.



8.3 Sex after a stroke

Sex can be an important and normal part of life. There is no reason why it should not continue to be so after a stroke. Having a stroke is a very stressful event for you and your partner. Resuming sexual activity may be the last thing on your mind or it may be very important for you. It is natural to have concerns and important for you and your partner to discuss your feelings and to share any worries you may have.

During sexual intercourse your heart rate and blood pressure rise, as they do with any other form of exercise. The rise in blood pressure and heart rate during sexual intercourse with your usual partner is roughly equivalent to that experienced when climbing two flights of stairs! Treat your return to sexual activity the same as any other exercise and pace yourself.

Remember there are other ways of being close. Regain your confidence and closeness by kissing, and caressing, and progress from there when you feel ready. Some points to consider when resuming sexual activity:

- Make sure you feel relaxed beforehand but not too tired.
- Familiar surroundings may help you to feel more relaxed.
- Make sure your bedroom is not much colder than the rest of the house.
- Avoid sexual activity immediately after a heavy meal or after drinking more than a couple of units of alcohol.

Be aware that the stroke may affect your sensations and sexual function. If you have any queries or concerns, please discuss with your stroke nurse and/or GP. Please ask and don't be embarrassed.

8.4 Back to work

After your stroke, many factors will determine how soon you return to work. These include the type of job you do, the hours you work, your physical and psychological recovery. The 'right' time to return to work is very individual and you should be honest with yourself and your employers about how you are recovering.

For those able to return to work, as with everything else it is advisable to pace yourself where possible. One example is to return to work for a couple of days a week at first, or to work shorter days for the first couple of weeks. You will obviously have to negotiate this with your employer. If your job is physically demanding, you can use your time off work to increase your activity and exercise levels gradually, to help prepare for your return to work. Remember that pacing is the key to a successful return to work. Even a less physically demanding job can be tiring and stressful.

Should you have any issues or concerns support will be available from the Occupational Therapist. A disability re-enablement officer, (based at your local job centre) will be able to offer support and advice.



Financial Advice

Should you need advice regarding finances while you are off work please contact the agencies below:

Benefit Advice

Website: www.gov.uk/browse/benefits

Adult Social Care enquiries

Tel: 01452 426 868

8.5 Going on holiday

There is no reason why you shouldn't fly after a stroke. Most airlines advise you to wait at least a few weeks, please check with your individual airline and travel insurance company.

Here are a few general tips if you are travelling:

- Discuss pre-existing medical conditions with your GP.
- Make sure your insurance company knows you have had a stroke.
- Leave plenty of time to get to the airport.
- Have your passport, money and ticket ready.
- Have enough medication to last the whole holiday and keep them with you in your hand luggage if flying. Keep a list of what you are taking and how much. You can usually get a printed list from your chemist.
- Travel light, to avoid carrying heavy cases or use trolleys and porter services.
- If flying, walk around regularly and circle your ankles and stretch your calf muscles while you are sitting. Stockings are available to reduce the risk of clotting problems in your legs.
- If travelling to Europe apply for a European Health Insurance Card (EHIC). This lets you get state healthcare at a reduced cost or sometimes for free. The EHIC replaced the old E111 in 2006. It is valid in all European Economic Area (EAA) countries, including Switzerland. You can apply for a free EHIC online (www.ehic.org.uk) or Tel 0300 330 1350.

It can sometimes prove difficult to find good, reasonably priced insurance after your stroke and you may need to shop around. Your stroke nurse or practice nurse should be able to advise you further if you have specific queries.

8.6 Emotional changes

A stroke is a significant life event that requires a period of recovery and possible readjustment. Understandably it is associated with feelings of sadness, anger, frustration and worry. Experiencing these are completely normal and not a reflection on your ability to cope with adversity. The frequency and intensity of these feelings will vary from person to person. However, it is common for people to experience some, if not all, of the following:

- Loss of interest in things that were once enjoyable
- Tearfulness
- Periods of sadness
- Changes in appetite
- Disturbed sleep
- No energy for doing things
- Loss of interest in appearance
- Persistent worrying thoughts
- Physical symptoms of anxiety, including palpitations, muscle tension, dizziness and sweating

These symptoms are unpleasant, but can ease with time. However, if they interfere with, or take over your life, you may find the following helpful:

- Remind yourself that changes in emotions are normal.
- Be patient with yourself- do not push yourself to feel 'better' too soon.
- Talking about your feelings with those around you, including family members, friends or carers.
- Joining a support group for people who have had a stroke – it can be helpful to talk to people who have experienced similar difficulties.
- Rest when you are tired. Feeling tired is very common after a stroke and people's emotions can be more problematic when they are tired.
- Try spending time doing the things you enjoy even if it is difficult to motivate yourself.
- Discuss your feelings with your Community Stroke Specialist Nurse or your GP for their advice.

Emotional changes are normal after a stroke, give yourself time to recover. If emotional difficulties continue, seek support – you don't have to manage it on your own.



9. The effects of a stroke on family and friends

A stroke may also have an effect on family and friends. They may feel sad for their loved ones and worried about the future. They may have to take over tasks such as cooking, housework or managing money because the person they care for can no longer do them.

They will have individual ways of coping with their emotions and they themselves may find themselves feeling low. It is important that friends and family think carefully about taking care of their own health and continue with their own hobbies and interests where possible. It may also be helpful for friends and family to seek additional support if they are struggling to cope with the changes in their lives.

Recovery can vary from patient to patient, some people will regain their independence, and others will have more disability and need care. This may be provided at home, in a residential or nursing home. All options and planning for the future will be discussed with you and the stroke team.

10. Further information

Gloucestershire Carers Hub

Giving expert advice, information and support

Conway House
31 Worcester Street
Gloucester
GL1 3AJ

Tel 0300 111 9000

Email: carers@peopleplus.co.uk

Website: <https://gloucestershirecarershub.co.uk/>

Creative Sustainability - Reconnect and befriending

Offers peer support for people living with stroke, dementia, aphasia and other long term health conditions.

Befrienders share their experiences of living with a long-term disability and can offer to support and help build confidence.

This service can be offered through one to one visits at home or in a group setting.

Tel: 07734 086879

Email: anna@cscic.org

Website: www.cscic.org/infor/contact/



The Stroke Association

This is the UK's Stroke charity. They support stroke survivors, families and carers.

The Stroke Association

Stroke House

240 City Road

London, EC1V 2PR

Website: www.stroke.org.uk

Email: helpline@stroke.org.uk

Helpline: 0303 3033 100

Text phone: 18001 0303 3033 100

Information in other languages is available from The Stroke Association and through community services.

Contact details of local support groups for people with stroke can be obtained from the stroke nurses and The Stroke Association.

AGE UK

Age Concern and Help the Aged are now Age UK. They provide information and advice for the older people.

Freephone information line Tel: 0800 6781174

Website: www.ageuk.org.uk

Village Agents

Providing older people, in Gloucestershire's rural communities with easier access to information and services.

Tel: 01452 528 491

Your Circle

Provides information on a wide variety of services, such as housing advice, work learning and volunteering, care and support services, financial advice and local leisure activities.

Website: <https://yourcircle.org.uk/>



11. Glossary of terms often used after a stroke

Advocacy	When someone helps a person with a stroke to have their say.
Aphasia	A word used to describe language problems caused by stroke, sometimes called dysphasia. It is a language disorder and is an inability to express or understand the spoken or written word.
Cognition	Processes of knowing, understanding, awareness, judgement and decision-making.
Contracture	Shortening of muscle tissue producing deformity.
Consultation	Asking people what they think about our ideas.
CT Scan	A picture of the brain that shows whether a stroke has been caused by a blood clot or by bleeding.
Dysfunction	Impairment of function.
Dysarthria	A motor speech disorder, difficulty in co-ordinating the muscles of articulation so that speech is distorted, weak, slurred, laboured or explosive.
Dysphagia	Difficulty in swallowing.
Dysphasia	A language disorder, difficulty in speaking and/or understanding the spoken or written word. Expressive: Inability to express oneself in words. Receptive: Inability to comprehend the spoken word. Jargon: Production of meaningless and unintelligible words.
Dyspraxia	The partial loss of the ability to co-ordinate and perform skilled, purposeful movements and gestures with normal accuracy. Dyspraxia of speech happens when you cannot move muscles in the correct order and sequence to make the sounds needed for clear speech.
Emotional Lability	Emotional instability, a condition in which the mood can swing from one state to another, often resulting in inappropriate crying or laughing.
Figure Ground Discrimination	The ability to distinguish the foreground from the background.
Hemianopia	Blindness in one vertical half of the vision in one or both eyes.



Homonymous Hemianopia	Blindness of the right or left side of vision in both eyes.
Hemiparesis	Slight paralysis or weakness in one half of the face or body.
Hemiplegia	Complete paralysis of one side of the body.
MRI SCAN	Magnetic Resonance Imaging – a more detailed brain scan.
Networks	A group of health and care professionals (doctors, nurses, social workers etc) who work together.
Perception	Ability to interpret sensory messages from the environment such that sensation has meaning.
Primary care	Health care given outside a hospital, by a GP or practice nurse for example.
Problem solving	Involves the integration of attention to task, access to information, organisation, planning and judgement, the ability to modify, transform and organise information to generate a solution.
Rehabilitation	Help with mobility, daily activities and communication to support people to lead as full a life as possible.
Reflex	An action that occurs involuntarily as a result of a stimulus.
Right/Left Discrimination	A deficit in understanding and using the concepts of right and left.
Unilateral Neglect	Inability to integrate and use perceptions from the affected side of the body or that side of the environment. Usually affects left side.
Visual Neglect	Neglect of a portion of the visual field with or without partial loss of vision.



A state of mind

12. Acknowledgements

This booklet has been produced with help and assistance from the following departments within Gloucestershire Hospitals NHS Trust:

Stroke Specialist Nurses and Doctors at Gloucestershire Royal Hospital and Cheltenham General Hospital

Department of Nutrition and Dietetics

Speech and Language Therapy

Physiotherapy Department

Occupational Therapy Service

Clinical Psychology

Stroke Wards 6A,6B and 8A Gloucestershire Royal Hospital

Modern Matron Stroke, Neurology and General and Old Age Medicine

Community Stroke Nurses

Content reviewed: December 2021


**cheltenham
and gloucester
hospitals charity**
at the heart of our community
Reg. charity no. 1051606

Help provide extra care & equipment on the ward
of your choice by sending a donation payable to
'Chelt & Glos Hospitals Charity' to the Charity
Office, Cheltenham General Hospital, GL53 7AN
Tel: 0300 422 3231
www.gloshospitals.nhs.uk/charity

GHP11225_12_21
Department: Stroke
Review due: December 2024
www.gloshospitals.nhs.uk