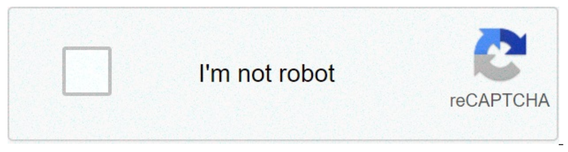

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Treatment for paralysis after stroke

My friend has been to more doctors than you can shake a stick at since June of this year. He has paralysis, drop foot, anemia, had a stroke, coded in ICU, MRI showed a lump. Pre diabetic. Blood pressure went over 200 in ICU. Lyme ruled out. Vasculitis. They don’t know where to turn. @johnbishop, @colleenyoung, @lisalucier ...c you help?Thank you,Mamacita 2020 Hypertension Control Championsexternal icon Million Hearts® recognized 15 health care practices and systems as 2020 Champions for their efforts to achieve blood pressure control for at least 80% of their adult patients with hypertension. Stroke Communications Kit Health professionals can share these social media messages, graphics, and resources to educate their audiences about the importance of stroke prevention. Vital Signs: Preventing 1 Million Heart Attacks and Strokes Heart disease and stroke are preventable, yet they remain leading causes of death, disability, and health care spending in the United States. Alarmingly, in 2016, more than 800,000 of these life-changing cardiovascular events happened to adults ages 35–64. The CDC Vital Signs highlights how Million Hearts® is focusing national efforts on preventing 1 million heart attacks and strokes by 2022. Learn how health systems and communities can keep people healthy, optimize care, and improve outcomes for priority populations. DHDSP Recognizes Stroke Survivors In observance of National Stroke Awareness Month this May, the Division for Heart Disease and Stroke Prevention (DHDSP) is spotlighting stroke survivors and the importance of stroke awareness. Visit our Survivor Stories webpage to learn more about stroke and how it can happen to anyone, even fitness enthusiasts and new moms. Kochanek KD, Xu JQ, Murphy SL, Arias E. Mortality in the United States, 2013. NCHS Data Brief, No. 178. Hyattsville, MD: National Center for Health Statistics, Centers for Disease Control and Prevention, Department of Health and Human Services; 2014. Mozzafarian D, Benjamin EJ, Go AS, Arnett DK, Blaha MJ, Cushman M, et al., on behalf of the American Heart Association Statistics Committee and Stroke Statistics Subcommittee. Heart disease and stroke statistics—2016 update: a report from the American Heart Association. Circulation 2016;133(4):e38–360. A stroke happens when the blood supply to part of your brain is suddenly interrupted. Then brain tissue is damaged. Most strokes happen because a blood clot blocks a blood vessel in the brain or neck. A stroke can cause movement problems, pain, numbness and problems with thinking, remembering or speaking. Some people also have emotional problems, such as depression, after a stroke. What does diabetes have to do with strokes? If you have diabetes, your chances of having a stroke are 1.5 times higher than in people who don't have diabetes. But you can lower your risk by taking care of your health. How do I know whether I'm at high risk for a stroke? Having diabetes raises your risk for stroke. But your risk is even greater if: you’re over age 55 your family background is African American you’ve already had a stroke or a transient ischemic (ih-SKEE-mik) attack (also called a TIA or a mini-stroke) you have a family history of stroke or TIAs you have heart disease you have high blood pressure you’re overweight you have high LDL (bad) cholesterol and low HDL (good) cholesterol levels you are not physically active you smoke You can't change some of these risk factors. But you can lower your chances of having a stroke by taking care of your diabetes and tackling some of the other risk factors, such as losing weight if you're overweight. It's up to you. How can I lower my risk of having a stroke? Lower your risk by keeping your blood glucose (blood sugar), blood pressure and cholesterol on target with healthy eating, physical activity, and, if needed, medicine. And if you smoke, quit. Every step you take will help. The closer your numbers are to your targets, the better your chances of preventing a stroke. What are the warning signs of a stroke? Typical warning signs of a stroke develop suddenly and can include: weakness or numbness on one side of the body sudden confusion or trouble understanding trouble talking dizziness, loss of balance, or trouble walking trouble seeing out of one or both eyes double vision severe headache If you have warning signs of a stroke, call 9-1-1 right away. Getting treatment as soon as possible after a stroke can help prevent permanent damage to your brain. Review the symptoms of a stroke with your family and friends. Make sure they know about the importance of calling 9-1-1. If the blood flow to your brain is blocked for a short time, you might have one or more of the warning signs temporarily, meaning you've had a TIA (mini-stroke). TIAs put you at risk for a stroke in the future. How is a stroke diagnosed? A number of tests may be done if a stroke is suspected: Your health care provider will check for changes in how your body is working. For example, your provider will check your ability to move your arms and legs. Your health care provider also can check brain functions such as your ability to read or to describe a picture. CT and MRI tests use special scans to provide images of the brain. An ECG (electrocardiogram) provides information on heart rate and rhythm. An ultrasound examination can show problems in the carotid (kuh-ROT-ihd) arteries, which carry blood from the heart to the brain. In a cerebral (seh-REEB-rahl) arteriogram (ar-TEER-ee-oh-gram), a small tube is inserted into an artery and positioned in the neck. The health care provider injects dye into the artery. Then the provider takes X-rays to look for narrowed or blocked arteries. What are the treatments for stroke? Treatment you need right away "Clot-busting" drugs must be given within hours after a stroke to minimize damage. That's why it's important to call 9-1-1 if you're having symptoms. Surgical treatments you may need Several options for surgical treatment of blocked blood vessels are available. These include: Carotid artery surgery, also called carotid endarterectomy (en-dar-tuh-REK-tuh-mee) removes buildups of fatinside the artery and restores blood flow to the brain. Carotid stenting can remove a blockage in a blood vessel to the brain. A small tube with a balloon attached is threaded into the narrowed or blocked blood vessel. Then the balloon is inflated, opening the narrowed artery. A wire tube, or stent, may be left in place to help keep the artery open. Other treatments The way you are cared for following a stroke includes treatments and exercises to restore function or help people relearn skills. Physical, occupational and speech therapy may be included, as well as psychological counseling. Steps to prevent future problems should include quitting smoking, healthy eating, physical activity, to manage blood sugar, blood pressure and cholesterol levels. Learn More about heart disease and stroke from the Reducing Cardiometabolic Risk Toolkit or by visiting KnowDiabetesbyHeart.org. A stroke, sometimes called a brain attack, can kill brain cells within just minutes, after decreased blood flow to the brain starves them of oxygen. People having a stroke require immediate medical attention. Acting quickly can limit brain damage or prevent death. Strokes are a leading cause of death in the United States and their prevention is a key component of cardiovascular health. Strokes can cause temporary or permanent disabilities depending on how long the blood flow to the brain is interrupted. These may include paralysis or lack of muscle control, difficulty talking and swallowing, memory loss, pain, and changes in behavior or the ability to take care of oneself. Controlling your risk factors for stroke and knowing what to do in the event of a stroke are the two best ways to avoid or survive a stroke. There are three types of stroke – ischemic, intracerebral hemorrhagic and subarachnoid hemorrhagic – as well as a similar condition often referred to as a “mini-stroke.” Ischemic strokes happen when a blood clot blocks a blood vessel in the brain. This is the most common type of stroke, responsible for about 80 percent of all strokes, according to the National Institutes of Health. Fatty deposits lining the walls of arteries are responsible for the blood clots that cause most ischemic strokes. Types of obstructions in ischemic strokes include: Cerebral thrombosis A blood clot that develops at the fatty plaque inside a blood vessel at the site of the stroke Cerebral embolism A blood clot that forms in some other part of the body before breaking loose and traveling to the brain’s blood vessels. Atrial fibrillation is a primary cause of cerebral embolism, causing the formation of blood clots in the heart that dislodge and travel to the brain Source: American Stroke Association Intracerebral Hemorrhage Stroke Intracerebral hemorrhages occur when a blood vessel in the brain bursts, allowing blood to leak into the brain. The sudden buildup of pressure from the leaking blood can cause unconsciousness or death in a short amount of time. This type of hemorrhagic stroke is responsible for about 10 to 15 percent of all strokes. The one-year mortality rate for people who have this type of stroke is between 51 and 65 percent, according to a 2011 review published in the Journal of the Missouri State Medical Association. Subarachnoid Hemorrhage Stroke Subarachnoid hemorrhages happen when a burst blood vessel in the head causes bleeding in the space between the brain and the membrane that surrounds it. It may sometimes be caused by trauma or abnormal blood vessel formations. The main symptom is a sudden, severe headache that is sometimes accompanied by nausea, vomiting and brief unconsciousness. It can result in permanent brain damage or death without medical attention. What Is a ‘Mini-Stroke?’ Mini-strokes are not technically strokes but a condition similar to them. The medical term for a mini-stroke is a transient ischemic attack, or TIA. TIAs happen when the brain’s blood supply is temporarily blocked for a very short time, sometimes as little as five minutes. TIA’s don’t cause permanent brain damage, but they are an indication of an increased risk of an actual stroke. The symptoms may be similar to a stroke, but they go away quickly. You should seek medical attention if you think you have suffered a mini-stroke to reduce your risk of a stroke in the future. Your body can provide you and those around you with warning signs that you are having a stroke. These are the result of your brain being starved of its oxygen supply. If you notice any of these signs, you should call 911 immediately. The 5 warning signs of a stroke include: Sudden confusion – May also include trouble talking or understanding what others are saying Sudden numbness or weakness – Especially apparent on one side of your body or in the face, arms or legs Sudden severe headache – Especially if there’s no known or obvious cause Sudden vision problems – May be trouble seeing with one or both eyes or double vision Sudden trouble walking – May include dizziness or loss of balance and coordination Source: National Institute of Neurological Disorders and Stroke In some cases, people having a stroke may also experience drowsiness, nausea or vomiting. Warning signs of a stroke may last for only a few moments before disappearing. These are indications of mini-strokes. Because they are so short-lived and appear to have no lasting effects, many people ignore them. But they can be an important warning sign of a serious underlying condition that requires medical attention. Fast action is key to surviving a stroke. Patients who are diagnosed and can begin treatments within three hours of their first symptoms have the best chance of recovery. The letters F, A, S and T are key reminders on what to do if you think someone is having a stroke. Think FAST, Act FAST F for Face: Ask the person to smile. If one side of the face droops, it’s a sign of stroke. A for Arms: Ask the person to raise both their arms. If one drifts down, it’s a sign of stroke. S for Speech: Ask the person to repeat a simple phrase. If the speech is slurred, slow or unusual, it’s a sign of a stroke. T for Time: If you see any one of these signs, don’t waste time – call 911 immediately. Several factors play into a person’s risk for stroke including lifestyle, underlying medical conditions and even a person’s age, race and sex. Medical conditions that increase stroke risk include: High blood pressure – This is the leading risk factor for stroke Diabetes – Extra sugar in the blood can increase fatty deposits on the artery walls, raising the chances of blood clots Heart disease – Atrial fibrillation can cause blood clots leading to stroke. Heart failure, defects or infection can also be risk factors High cholesterol – This creates fatty deposits inside blood vessels that can lead to blockages Sleep apnea and a family history of stroke, heart attack or TIA are also medical factors that increase the risk of stroke. Lifestyle choices that increase stroke risk include: Smoking or secondhand smoke exposure Physical inactivity Excessive drinking Obesity or being overweight Illegal drug use Unhealthy diet Other factors of increased stroke risk include age, race and sex. People 55 and older are at a higher risk than younger people. African Americans have a higher risk of stroke than people of other races. Men have a higher risk than women. Women are generally older when they do have strokes, but are more likely to die of a stroke than men are. Recent studies have associated e-cigarette use with stroke and heart attack risks. Learn more about the side effects of vaping. View Side Effects Though side effects involving stroke are rare, some medications may increase the risk of stroke in certain cases. Medications that may increase the risk of stroke include: Alemtuzumab – Lemtrada, used to treat relapsing forms of multiple sclerosis, has a black box warning on its label warning of increased stroke risk Estrogen – Birth control pills or hormone therapies that include estrogen have been linked to increased risk of stroke Testosterone – In 2015, the U.S. Food and Drug Administration ordered makers of testosterone replacement therapies, such as AndroGel and Testim, to add a warning of increased stroke risks to the drugs’ labels Preventing a stroke requires that you follow healthy living habits and control your other medical conditions. Healthy lifestyle choices to prevent stroke: Stick to a healthy diet, low in fats and cholesterol and salt Get to a healthy weight where you are not overweight or obese Quit smoking Limit alcohol use Source: U.S. Centers for Disease Control and Prevention Controlling other health conditions can increase your chances of preventing stroke. Following your doctor’s or other health care provider’s recommendations for controlling any or all of those conditions can also reduce your risk of having a stroke. Medications Used for Preventing Strokes Doctors may place people who have experienced a TIA or mini-stroke on medications to reduce their risk for a full-blown stroke. The drugs fall into one of two classes: antiplatelet drugs and anticoagulants. Platelets are the cells in the blood that form clots. Antiplatelet drugs make the cells less sticky and therefore less likely to form a clot. The most common antiplatelet drug is aspirin. A doctor may prescribe Plavix (clopidogrel), another antiplatelet drug, to take along with aspirin for a short time. Or they may prescribe Plavix alone if a person can’t take aspirin. Anticoagulants are commonly referred to as blood thinners and prevent blood from clotting. Doctors may prescribe different anticoagulant drugs depending on how serious a person’s stroke risk may be. Anticoagulants prescribed to prevent stroke include Health care providers have to act quickly to diagnose and treat strokes. The longer treatment is delayed, the more serious the consequences may become. Diagnosis involves a physical examination and a selection of blood tests and imaging. Doctors may use CT or MRI scans to view the brain. A carotid ultrasound can provide images of blockages in the neck’s carotid arteries. An echocardiogram, using soundwaves to create images, can paint a picture of the patient’s heart to look for blood clots that may have broken loose. These different tests can help medical teams determine what kind of stroke they are dealing with. Treating Ischemic Strokes In the event of an ischemic stroke, health care professionals may use intravenous medications called tissue plasminogen activators, also known as tPAs or clot busting drugs. These drugs break up clots, but this has to be accomplished within four and a half hours of the first symptoms. Clot busting drugs might not work for everyone. If a patient doesn’t respond to the drug or cannot use it for any reason, doctors may treat the blockage by directly going into the artery to clear out the clot. This is called endovascular therapy. These procedures involve using long, thin tubes called catheters to deliver medications directly to the brain or to insert a device into the artery to remove the clot. Treating Hemorrhagic Strokes Health care professionals focus on quickly controlling the bleeding and reducing pressure on the brain in cases of hemorrhagic strokes. Treatment may involve efforts to get the blood to clot to stop the bleeding into the brain. It may also include surgery to remove the blood and pressure on the brain or to clip the artery and stop the bleeding. Rehabilitation Following Stroke Most people will require rehabilitation to fully recover from a stroke. Rehabilitation programs will vary from person-to-person. Any program will take into account the patient’s age, health and the particular disabilities arising from the stroke. Patients should work with their doctor and other health care professionals on a plan that’s right for them. Mechanical Thrombectomy A mechanical thrombectomy is a type of endovascular therapy that involves using a catheter to enter a blood vessel and remove clots. Doctors insert a thin, flexible catheter into the artery in the groin. Then they use a continuous x-ray called fluoroscopy to guide the catheter through the artery to the clot. Depending on the type of device used, the doctor can capture the clot with a stent and pull it out or they can vacuum it out through the catheter. Vacuuming out a clot is called a direct aspiration mechanical thrombectomy. One type of device used to vacuum out clots is the Penumbra Jet 7 Reperfusion Catheter with Xtra Flex Technology — also known as the Jet 7 Xtra Flex. Studies have shown that patients who have mechanical thrombectomies in addition to tPAs have a higher quality of life and recover faster than people who use tPAs alone, according to the University of Virginia. Risks Risks of mechanical thrombectomy include blood vessel damage, vessel blockage, hemorrhage, infection and reactions to x-ray contrast media. Rarely, a device may malfunction. For example, Penumbra issued a recall for its Jet 7 Xtra Flex Catheter in December 2020 after reports that the device tip could break during use. This resulted in injury and death in some patients. Some injured patients filed lawsuits against Penumbra. Having a stroke can impact life expectancy, mental health and mobility. Stroke recovery may seem overwhelming, but the key to maximum recovery is rehabilitation. Recovery time can range from weeks to years, and some patients may have lifelong disabilities. Stroke recovery requires adjusting all aspects of life. How well a patient recovers depends on the severity of the stroke, age when the stroke occurred, general health, a support system and motivation to recover. The risk of death following a stroke at 28 days, one year and five years was 28 percent, 41 percent and 60 percent respectively, according to Drs. Henrik Brønnum-Hansen, Michael Davidsen and Per Thorvaldsen’s study in Stroke. Facts About Stroke Recovery 10 percent of people have almost completely recovery 10 percent of people need long-term care 15 percent of people die a short time after the stroke 25 percent of people recover with slight impairments 40 percent of people have moderate-to-severe impairment and need special care Source: Northwestern Medicine Mental Health After A Stroke It’s common for stroke survivors to develop depression, anxiety or other mood disorders. In fact, studies suggest depression affects up to two-thirds of survivors and anxiety affects about 20 percent of survivors, according to the American Stroke Association. Stroke survivors may also suffer from a disorder called pseudobulbar affect, or PBA. PBA causes people to cry, laugh or express other emotions involuntarily. Six months following a stroke about one in five survivors suffers from PBA. After six months the number drops to one in eight, according to David C. Gillespie and colleagues in their 2019 study published in the Journal of Stroke and Cerebrovascular Diseases. Treatment options for mental health disorders, including PBA, include talk therapy and medications such as antidepressants.

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