

Caring for Yourself or a Family Member

# Learning About Stroke







**The journey to recovery for each survivor is different. The support of family, friends and a rehabilitation network is a great help in recovery.**

# Introduction

This guide was created for adults who have had a stroke or warning signs of a stroke. We wish you success in recovering from stroke and hope that you will find this guide helpful through your journey to healing. Any words in italics in this guide are in the glossary on page 60 and 61 where you will find their meaning.

## What You Need to Know About Stroke:

- Every stroke is different.
- Two people with similar strokes may be affected in different ways.
- No one knows how long it’s going to take, what lies ahead or how much the survivor will recover.
- Life will be changed forever in some way for the stroke survivor and those closest to him or her.

You are not alone: according to the National Stroke Association, stroke is the number one cause of adult disability in the United States.

## The most important things to learn about stroke are:

- How to recognize the symptoms and when to seek medical attention quickly.
- How to reduce your risk for stroke and prevent another stroke.
- How to manage and adapt to problems or disability after a stroke.

Making changes in your daily habits can reduce your risk of another stroke.

This guide will tell you how to adapt to life

after stroke and to reduce your risk for another stroke. It is based on the most up-to-date national recommendations of the American Heart Association, the American Stroke Association, the National Stroke Association and experienced health care providers in Maine.

Rehabilitation programs help people to recover and maintain a healthy lifestyle through exercise, education and emotional support. Please check with your health care provider to see what program is right for you. Also, please check your insurance plan to see what is covered.

We hope you will find this guide helpful in understanding your stroke and what you can do about it.





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# What Is Stroke?

# 1

A stroke is a brain injury that happens when a blood vessel in the brain is blocked or bursts. Without blood and the oxygen it carries, part of the brain starts to die. The part of the body controlled by the damaged area of the brain does not work properly.

Brain damage can begin within minutes, so it is important to know the signs and act FAST. Quick treatment can help limit damage to the brain and improve the chance of recovery. **Time lost is brain lost!**



## Warning Signs of Stroke act now!

If you notice one or more of these signs in yourself or someone else, don't wait!

**Stroke is a medical emergency. Call 9-1-1 immediately!**

Look for these signs of stroke (BEFAST)

- B:** Balance — sudden loss of balance
- E:** Eyes — sudden loss or change in vision
- F:** Face — sudden droop of one side of face
- A:** Arm — sudden weakness of arms or legs
- S:** Speech — sudden change in speech
- T:** Time — call 9-1-1, Do not delay



**Stroke symptoms are usually sudden.**

- Do not ignore symptoms even if they go away.
- Call 9-1-1. Care can begin as soon as the ambulance arrives.
- Do NOT drive yourself unless it is the only option.
- Check the time so you'll know when the stroke started.
- At the hospital, say "I think I'm having a stroke." This will help in getting fast treatment.

**Quick medical attention is important.**

*Adapted from the American Stroke Association.*

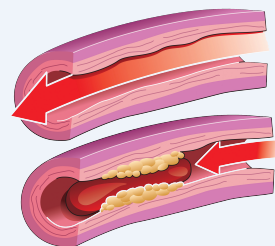


# Kinds of Stroke

There are two major kinds of stroke: *ischemic* (*i-skee-mik*) stroke and *hemorrhagic* (*hem-or-ab-jik*) stroke

## Ischemic Stroke

In an *ischemic stroke*, a blood clot blocks a blood vessel in the brain. The clot may form in the blood vessel or travel from somewhere else in the bloodstream. This stops oxygen and nutrients from getting to your brain, and cells begin to die within minutes. Most strokes are ischemic.

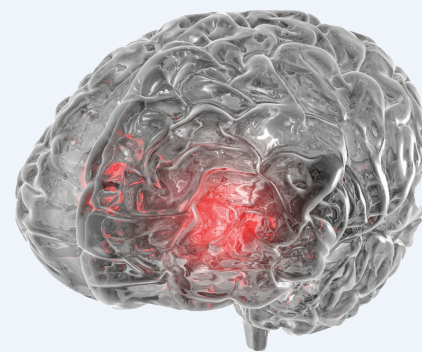


Treatment for ischemic stroke works to restore blood flow to the brain. If less than 3-4.5 hours have passed since your symptoms began, health care providers may use a medicine that breaks up blood clots. Some patients with specific strokes may be eligible for clot removal if symptoms began in the past 24 hours, but you should never wait to receive stroke care. Stroke outcomes may improve with faster care.

## Hemorrhagic Stroke

In a *hemorrhagic stroke*, there is bleeding into or around the brain. These strokes are less common but more deadly than ischemic strokes.

A bleed in the brain



Treatment for hemorrhagic stroke is more difficult. Surgery or other treatments to stop bleeding or lower pressure in the brain may be an option. Medicines may be used to control blood pressure, brain swelling and other problems.

## What is a mini-stroke?

A mini-stroke is a warning sign. This is also called a *transient ischemic attack*, or *TIA*. TIAs usually don't cause damage, but they can be a serious warning sign that you are at risk

of having a stroke. To prevent a stroke, make changes to lower your risk and get early treatment for a TIA.

# Changes to Your Body After Stroke

The location of the stroke in your brain determines what bodily functions will be affected. Here are some things that may change:

## Communication

This can include problems with:

- Talking and understanding what people say.
- Writing and understanding written words.
- Being able to name things or find the right words.
- Slurring speech.

## Sight

This can mean:

- Seeing less on one side or the other.
- Seeing less in one eye or both eyes, or double vision.
- Not being able to tell how far away things are.
- Not being able to tell whether things are above or below, in front or behind other things.

## Ability to Move

This may include weakness, loss of feeling or difficulty with:

- Moving parts of the body, including the mouth, arms or legs.
- Swallowing and eating.
- Controlling the bladder and bowels.
- Knowing parts of your own body and where they are.
- Coordinating movements and keeping your balance.





## Changes to Your Body After Stroke *(cont.)*

### Feelings and Depression

Many people who have had a stroke feel sad, helpless and frustrated at times. Recovering from a stroke is a big challenge. It is important to watch for signs of depression and get help.

### Learning and Memory

This can include trouble with:

- Learning and remembering new information.
- Following directions.
- Paying attention.

### Behavior

People sometimes act differently than before their stroke.

They may:

- Talk more than normal.
- Seem more nervous or cautious.
- Cry or laugh for no reason.
- Feel tired or fatigued.

### Judgment and Thinking

Problems some people face include:

- Acting differently than usual or acting without thinking.
- Being moody and feeling sadder than usual.
- Not caring about things.
- Having trouble understanding time.
- Having difficulty with math.
- Having trouble organizing things or understanding how things work.

### Learn More

Emotional Changes, pages 47-49

# Hospital and Rehabilitation

Stroke care begins as soon as you call 9-1-1 or enter the emergency department. The next steps may include a hospital stay and rehabilitation care. Recovery from stroke involves working to regain abilities, stay healthy and prevent another stroke.





# Stroke Care at the Hospital

## Emergency Department (ED)

The health care providers may take these steps in the emergency department:

- Ask for your medical history.
- Ask what time you started feeling that something was wrong.
- Do a physical exam to check for weakness and brain or nerve problems.
- Order lab tests and a scan of the brain. (*CT scan* or *MRI*)

The health care provider may also:

- Monitor your heart, blood pressure and pulse.
- Provide oxygen.
- Give you blood pressure medicine.

## Treatment

Quick medical attention is important. The team may include other health care providers who specialize in care of the brain such as a neurologist and a neurosurgeon.

If a stroke happened within in the past 3-4.5 hours, a health care provider may be able to use a medicine called t-PA (alteplase), which can break up clots and restore blood flow. This may decrease the damage from stroke and lead to a better recovery. This medicine is not safe for everyone and cannot be used with a hemorrhagic stroke or with other bleeding problems. Some patients are eligible for clot removal procedures.

## Admission to the Hospital

After emergency care, you will be admitted to the hospital so your health care providers can continue your care. If t-PA was given, you will receive care in the hospital's critical care unit for at least 24 hours or until you are stable. Some people, including those with a hemorrhage, may stay in the critical care unit.

## Care After Admission to the Hospital

Care in the hospital may include:

- Heart monitoring for 24 hours or longer.
- No food or drink by mouth until your health care providers are sure you can swallow properly.
- IV fluids.
- Bed rest for the first day then out-of-bed activities.
- Medicines and devices to prevent blood clots.
- Aspirin or other blood-thinning medicines (not for hemorrhagic strokes).

You will receive:

- Occupational and physical therapy.
- Speech therapy.
- Education and counseling about your stroke.
- Help with planning your move from the hospital to a rehabilitation facility or home.

# Rehabilitation

## Recovery from your stroke can begin right away.

In rehabilitation (or “rehab”), people undergo therapy to help them regain control of their bodies through exercise, education and emotional support.

## It is important to remember

- People who have had a stroke often recover at a faster rate in the first 3 months and may continue to improve for years.
- Daily rehabilitation exercises should continue when the person returns home.
- Take prescribed medicines and make lifestyle changes to prevent another stroke.

## How long does rehabilitation take?

For many people, rehabilitation is an ongoing process. The road to recovery can be long and frustrating. The support of family and friends is also important.

Tips for successful recovery:

- Be involved as much as possible in your care.
- Participate in a stroke rehabilitation program as soon as possible.
- Have at least one family member go to therapy sessions with you when possible.
- Ask for help if you are feeling sad, depressed or helpless.



“My husband made much greater progress because I learned what he needed, and how I could help, and I was able to work with him over and over and over. It’s very important that a member of the family be directly involved in therapy visits.”

— Beverly, Biddeford



Keeping a positive outlook is important.

# The Rehabilitation Team

The rehabilitation team includes staff with many different skills working together to help you.

Type of Rehabilitation Specialist	Goal of Therapy
Physiatrist (Rehab Physician)	<ul style="list-style-type: none"><li>Goal is to assist you and the rehabilitation team to maximize your independence, functional ability and quality of life.</li></ul>
Dietitian	<ul style="list-style-type: none"><li>Plan a healthy diet.</li></ul>
Occupational Therapist (OT)	<ul style="list-style-type: none"><li>Relearn eating, drinking, dressing, bathing, cooking, reading, writing, toileting.</li><li>Reeducate muscles, and learn to care for arms, hands and fingers.</li><li>Improve vision and thinking.</li></ul>
Physical Therapist (PT)	<ul style="list-style-type: none"><li>Relearn movement to sit, stand, walk; improve strength, balance and coordination.</li></ul>
Psychological/Psychiatric Therapist	<ul style="list-style-type: none"><li>Reduce some mental and emotional problems.</li></ul>
Recreational Therapist (RT)	<ul style="list-style-type: none"><li>Help patient return to activities.</li></ul>
Speech Therapist (SLP/ST)	<ul style="list-style-type: none"><li>Relearn language and talking skills and swallowing.</li><li>Learn ways to improve memory and cope with reduced memory.</li></ul>
Vocational Counselor	<ul style="list-style-type: none"><li>Return to work.</li></ul>



“We were having trouble fitting in all the exercises our therapists told us to do for Helen. Our health care provider and therapist gave us advice on which exercises are most important and good ideas on how to fit them into our daily routine.”

– Nathan and Helen, Gorham

## Where does stroke rehabilitation take place?

Rehabilitation will begin while you are still in the hospital. Many of the rehabilitation specialists will support you during this time

### Acute Rehabilitation

Most people can benefit from a stay in a rehabilitation hospital that offers:

- 24-hour nursing visits.
- Daily physician care.
- Three hours of physical therapy a day (on average).

Early therapy means a better chance to recover more functions.

### Skilled Nursing Facility

Rehabilitation can take place in nursing facilities that have small rehabilitation units. This less intense rehabilitation is for people who:

- Need nursing care.
- Do not require daily physician visits.
- Cannot tolerate 3 hours of therapy a day.

### Home Health Therapy

Some people may benefit from nursing and therapy services within their own home. Usually this takes place a few days a week and can help them return to a more normal life.

Home health therapy includes:

- Exercises people do on their own and with a caregiver.
- Family member or other caregiver who can help the patient at home if possible.
- Nursing.
- Skilled therapy in the home setting.

### Outpatient Therapy

To receive outpatient therapy, you must be able to be transported to a clinic.

### During therapy people may work to improve or regain their ability to:

- Do community activities.
- Do recreational activities.
- Return to driving and work.

### Beyond Therapy

Recovery will continue beyond these services. At the out-patient stroke rehabilitation clinic you will work with physiatrist and others to coordinate and maximize your care. Community resources can also help by providing recreation, exercise and socialization.

## Learn More

Find local exercise groups in your community.  
See Local Resources section, pages 56-57.



# Going Home

Most stroke survivors are able to go home from the hospital or rehabilitation facility and do many of the activities they did before the stroke.

## Key Factors

Going home depends on your ability:

1. To move around and communicate needs.
2. To follow medical advice.
3. To care for yourself.
4. To have someone who is available to help when needed.

## Changes in Your Home

You will need to think about making changes in your home to meet your needs.

- **Safety** – you may need to remove throw rugs or clutter from the floor, install grab bars and take other safety measures.
- **Accessibility to the house** – you may need to install railings on steps or a ramp.
- **Adaptive equipment** – you may need devices to help with moving around, eating, cooking, cleaning, dressing and going to the bathroom so you can be more independent.

If being home is not safe for you, your health care provider may recommend a more supportive place.

### These facilities include:

- **Nursing facility:** usually for people who need ongoing medical attention.
- **Assisted living facility:** for people who need assistance with taking medicines, making meals and housekeeping but can live independently.

Railings or a ramp may be needed. (Accessibility solutions can be found in the Stroke Resources section).





Remember, each stroke is different, depending on the part of the brain that has been injured.

## Complications from Stroke

Now that you have had a stroke, it is important to prevent complications and to prevent another stroke.

### Common Problems

Talk with your health care providers if you have any of these or other problems. They can help you find ways to prevent or lessen them.

- **Fatigue** – most patients have fatigue. Rest, take breaks and be mindful that your brain is still healing.
- **Blood clots** – these can be prevented through blood thinning medicines, compression devices and exercise.
- **Depression** – treating depression can improve your recovery (see Emotional Changes section, pages 47-49).
- **Muscle tightness** – getting less exercise and moving less can lead to muscle tightness. Daily exercises can help.
- **Pain** – shoulder and other pain can often be reduced through medicines and other therapies. Inform your health care provider if you experience pain.
- **Seizures** – changes in the brain can cause convulsions. These can be treated with medicine. Inform your health care provider if you experience any abnormal movements.
- **Urinary tract infection** – this can often be prevented or treated successfully with medicine.
- **Aspiration pneumonia** – this happens sometimes with swallowing problems. Therapy can often improve your ability to swallow properly.
- **Bedsore and skin breakdown** – you can prevent skin sores caused by decreased ability to move.



## Communication Difficulties

After a stroke, you may have a harder time talking and understanding what others are saying. This can be very frustrating.

### What you can do:

- Have a card handy to let other people know you have had a stroke and have difficulty talking.
- Do the speech exercises that your therapist teaches you.
- Try using a word or picture book or board.
- Use gestures and point to help get your message across.
- You may notice worsening speech difficulties when you are tired. Be sure to get the rest you need, and tell your health care provider if this persists.

### How can caregivers help?

- Find a quiet place when talking with a person who has had a stroke.
- Ask only one person to talk at a time.
- Speak slowly and clearly.
- Use your normal voice.
- Avoid finishing sentences, interrupting or correcting.
- Be patient – give the person time.
- Pay close attention to gestures and facial expressions.





# Medicines and Stroke

After your stroke, your health care provider may prescribe medicines that you have to take regularly.

**It is important that you and your family understand each of these medicines.**

**Ask your health care provider:**

- What is it for?
- When and how often should I take it?
- How much should I take each time?
- What kinds of side effects could it cause?
- What should I do if I have a problem taking the medicines?

Bring this information with you when you go to your appointment.

**There are several places you can go for answers to your questions.**

1. Ask your health care provider at your next visit.
2. Call your health care provider's office. You may need to leave a message, but someone will call you back.
3. Ask your pharmacist, or read the information sheet that he or she gives you with the prescription.

Some people find that it helps to keep a card in their wallet or purse with all their medicines and doses listed. If you have to take several medicines, it may help to keep track of them with a chart like the one on page 53.

"I had a stroke 2 years ago and have been making steady progress. I am committed to exercising three times a week, eating healthy and taking my medications as prescribed."

— Larry Greene, age 49

## Medicines to Prevent Clotting

- Aspirin.
- Heparin (e.g., Calciparine).
- Warfarin (e.g., Coumadin).
- Clopidogrel (e.g., Plavix).
- Pradaxa (e.g., Dabigatran).
- Dipyridamole and aspirin combination (Aggrenox).

## Medicines to Reduce Cholesterol

- Bile acid binders.  
(e.g., cholestyramine, cholestipol)
- Fenofibrate.
- Gemfibrozil and others.
- HMG-CoA reductase inhibitors  
(e.g., Lovastatin, Pravastatin, Simvastatin, Rosuvastatin, Atorvastatin).
- Niacin.

## Medicines to Reduce High Blood Pressure

- Beta blockers (reduce the heart rate and lower blood pressure).
- Diuretics (rid the body of excess water).
- Vasodilators, ACE inhibitors, and calcium channel blockers (relax and open narrowed blood vessels to lower blood pressure).



## remember

### Tips for Remembering to Take Your Medicines

- Take medicines at the same time each day (when eating or when brushing your teeth or doing other daily activities).
- Use a weekly pill box (separate compartments for each day or time of day).
- Use a calendar or reminder chart.
- Wear a wristwatch with an alarm.
- Leave notes for yourself.
- Try an email reminder or beeper service.
- Have a family member or friend remind you.



People who have had a stroke can recover to lead a fulfilling life.

# Tips for Caregivers

## Caregivers Need Care, Too

A stroke changes the lives of those who care for the person, too. Caring for someone who has had a stroke is rewarding and very important. It can also be stressful, frustrating, tiring and difficult. As a caregiver, remember to take care of yourself, too.

## Expect Emotional Challenges

As a caregiver, you may have many of the emotional changes that the person who had the stroke does.

## Stay Positive

Your loved one is counting on you. Your positive attitude makes a big difference.

## Take Care of Yourself

- Join a support group (see Local Resources section, pages 56-57).
- Get help from family and friends.
- Talk with a religious or spiritual leader.
- Take time to enjoy things you like to do.
- Realize that it is ok to feel angry, sad or frustrated.

## Learn More

See Emotional Changes section, pages 47-49.

Take time to enjoy things you like to do.



# Preventing Stroke

# 4

Making changes in your daily lifestyle will reduce your chances of having another stroke.





You can reduce your risk of a stroke regardless of your age or family history.

# Lower Your Risk of Stroke

There are some risk factors for stroke you can't change and some you can change.

## Risk Factors You Can't Change

- Age.
- Family history of cardiovascular disease or sickle cell disease.
- Ethnicity: being African-American, Native American and Alaskan Native .
- Higher risk due to a previous stroke, TIA or heart attack .

## Risk Factors You Can Change

- Tobacco use or smoke exposure.
- Blood pressure.
- High cholesterol.
- Weight and healthy eating.
- Physical activity.
- Blood sugar (diabetes).
- Stress.
- Excess alcohol.
- Use of drugs or medications not ordered by your health care provider.
- Sleep disturbances such as apnea.

To reduce your risk, it's important to make changes for each risk factor you have. You can make changes gradually, one at a time, but making them is very important. This section explains how to reduce your risk of stroke.

# Quit Tobacco and Avoid Secondhand Smoke

**The Goal:** Be tobacco-free. This means no smoking or chewing tobacco and no exposure to secondhand smoke.

## Why is this important?

- Quitting tobacco decreases your chance of stroke.
- Tobacco users are up to six times more likely to suffer a heart attack than nontobacco users.
- Tobacco use puts stress on the heart in many ways. The chemicals in cigarettes narrow the coronary arteries, raise blood pressure and make the heart work harder.
- Tobacco use shortens the user's life span.

## Benefits

Quitting smoking directly increases the body's ability to recover from a stroke by increasing the flow of oxygen to the muscles, brain and body tissues. This allows the body's systems to work properly and maintain function.

## Improvements After Quitting

- **20 minutes:** Your heart rate and blood pressure drop.
- **48 hours:** Your ability to smell and taste improves.
- **1 to 9 months:** Coughing and shortness of breath decrease; your lungs are better able to filter and handle mucus, reducing the risk of infection.
- **5 years:** Your stroke risk is reduced to that of a nonsmoker 5 to 15 years after quitting.
- **10 years:** The lung cancer death rate is about half that of a continuing smoker. The risk of cancer of the mouth, throat, esophagus, bladder, cervix and pancreas decreases.
- **15 years:** The risk of coronary heart disease is that of a nonsmoker.





If you smoke, quitting tobacco is the number one thing you can do to improve your health.

## Taking Action

### Action Plan

**Develop your own Action Plan** – see page 42. You can quit tobacco. Decide to quit. Set a quit date, and mark it on your calendar. Then follow these steps to success.

### Get Ready

- Write down all your reasons for quitting.
- Tell friends and family about your plan to quit so they can support you.
- Pay attention to when and why you smoke.
- Try new ways to relax.
- Take up a hobby to keep your hands busy.

### Get Set

- Make an appointment with your health care provider to ask about medicines to help you quit. Nicotine patches and nicotine gum are now available without a prescription (be sure to follow directions carefully).
- Call the Maine Tobacco HelpLine (800-207-1230). HelpLine counselors have helped thousands of Maine residents to quit smoking.

### Quit

- Go to places where people don't smoke.
- Remind yourself of all the good reasons why you are quitting.
- Stay positive. You can make it.
- Stay healthy.
- If you slip, try again. You learn something new every time you quit. It takes some people many times to be successful.

**Call the Maine Tobacco Helpline toll-free (800-207-1230) for free counseling.**

### Maine Tobacco HelpLine Patient Comments

"It's nice to talk to someone and have them say, 'You can do this!'"  
– Tony, age 30, Pittsfield

"Very beneficial. Nicotine is so addictive, but this call has got my mind more focused on quitting."  
– Tom, age 44, York



## Manage Atrial Fibrillation

**The Goal:** To control an irregular heart beat and to prevent blood clots.

### Why is this important?

- Managing *atrial fibrillation* can decrease your chance of blood clots and stroke.
- *Atrial fibrillation* is a heart rhythm problem: The heart quivers and does not beat as it should.
- The heart beat is too fast and irregular and may cause blood to pool in the heart and form clots.
- Clots can then travel in the bloodstream and clog a blood vessel that leads to the brain, causing a stroke.

### Benefits

Controlling *atrial fibrillation* can reduce your risk for stroke and help you avoid other heart problems and fatigue.





## Taking Action

Keep regular scheduled check-ups if you have this problem.

- Your health care provider may give you medicines such as aspirin or warfarin to stop clots from forming.
- Your health care provider may need to do special procedures to stop the irregular heart beat.

Know symptoms of *atrial fibrillation*:

- Heart fluttering or pounding.
- Fainting or dizziness.
- Shortness of breath.
- Fatigue.
- Symptoms may not be obvious.

Contact your health care provider even if these symptoms go away.

**Ask your health care provider how to take your pulse.**

**Follow your health care provider's instructions on how to take your medicines.**



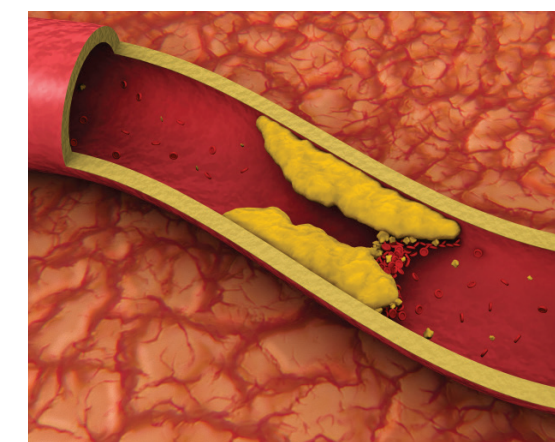
## Lower Your Cholesterol

**The Goal: Maintain the following numbers:**

- Total cholesterol at or less than 200 mg/dL
- **HDL** (“good” cholesterol) at least 40 mg/dL, and over 60 mg/dL is even better
- **LDL** (“bad” cholesterol) at or less than 70 mg/dL (fasting) for those who have had a stroke
- **Triglycerides** at or less than 150 mg/dL (fasting)

**Why is this important?**

- Your body makes enough cholesterol to work normally, but cholesterol from foods is harmful. Extra cholesterol and fat circulating in the blood build up in the walls of the arteries. This buildup, called plaque, allows less blood to get through and blood clots can form.
- Buildup of plaque creates narrowing (*stenosis*) of blood vessels that decreases blood flow (e.g. *carotid stenosis*, *vertebral artery stenosis*).
- HDL, the “good” cholesterol, helps remove cholesterol from the blood, preventing it from building up in your arteries.
- LDL, the “bad” cholesterol, carries most of the cholesterol in the blood. If your level of LDL is too high, it can lead to blockage in your arteries.
- Triglycerides are a kind of fat carried through the bloodstream that contribute to heart disease.



Blocked Artery – Plaque builds up and less blood gets through.

**Benefits**

- Lowering high levels of LDL cholesterol and/or triglycerides can reduce your risk of stroke.



# Taking Action

## Action Plan

Develop your own Action Plan – see page 42.

### Here are some tips to help you lower your cholesterol:

- Ask your health care provider what is a healthy weight for you, and aim for that weight.
- Work with a registered dietitian to develop a healthy eating plan.
- Learn to use substitutes in your recipes, or use a different cooking method to help you maintain a healthy weight.
- Get regular moderate-intensity physical activity. Moderate intensity would be walking with a friend at a pace where you can talk without being short of breath.
- Take your medicines as prescribed. If you have questions about your medicines or have side effects, talk with your health care provider.
- Quit tobacco and drink only a moderate amount of alcohol. This will help to raise your HDL (see Tobacco and Alcohol sections, pages 23, 24 and 38).

See the healthy food section, page 43.

“I’ve always considered myself to be a very healthy person. I don’t smoke and I’m not overweight. So when I found out that I have high cholesterol, it came as a surprise. After my appointment, I wanted to learn as much as I could about high cholesterol. I learned that it puts me at risk for stroke and heart disease, so I’ve started making changes. Now I avoid foods with lots of saturated fat and cholesterol, and I eat less red meat and more fish.”

– Julie, South Paris



# Manage Your Diabetes

**The Goal:** Prevent or delay the onset of diabetes. Manage diabetes if you have it.

## Why is this important?

- Managing and preventing diabetes reduces your chance of stroke and heart disease.
- People with diabetes have at least twice the risk of stroke and heart disease as patients without diabetes.
- Over many years, high levels of blood sugar can damage your body. This can cause heart and circulatory issues as well as other problems.

## Benefits

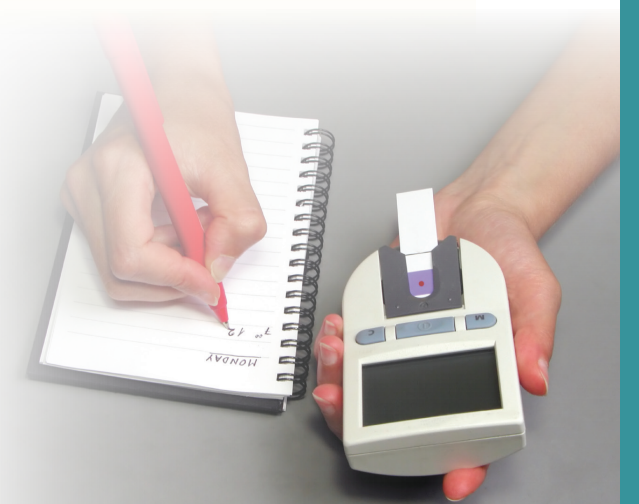
- If you have diabetes and control your blood sugar, you have a lower risk of heart attack and stroke than people whose blood sugar is not under control.
- If you have pre-diabetes, you can prevent diabetes by changing your lifestyle, losing weight, getting regular exercise and eating a healthy diet.
- If you have diabetes or pre-diabetes and you take positive steps to control your blood sugar, you will feel better.

## Types of Diabetes

**Pre-diabetes** is when a person’s blood sugar levels are higher than normal but not high enough for a diagnosis of diabetes. Having pre-diabetes means you are likely to develop diabetes.

**Type 1 diabetes** is when your body stops making insulin. You need to take shots of insulin so your body will be able to carry sugar to your cells.

**Type 2 diabetes** is when your body does not make enough insulin OR it is not able to use the insulin it does make. This causes a buildup of sugar in your bloodstream. This is the most common type of diabetes.





# Taking Action

## Action Plan

Develop your own Action Plan – see page 42.

## Risk Factors for Type 2 Diabetes

- Increasing in age.
- Being overweight, especially having extra weight around the waist.
- Being physically inactive.
- Having a family history of diabetes.
- Giving birth to a baby weighing more than 9 pounds.

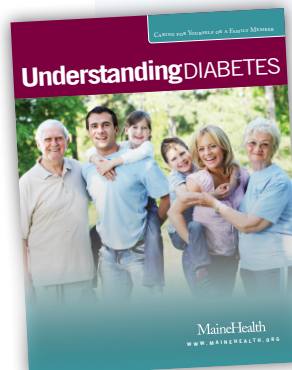
## Learn More

### Pre-Diabetes

Call the Learning Resource Center  
1-866-609-5183

### Diabetes

MaineHealth Target Diabetes  
[www.mainehealth.org/diabetes](http://www.mainehealth.org/diabetes)  
207- 662-0766



Get a copy of the  
**Understanding  
Diabetes Guide**

1-866-609-5183

[www.mainehealth.org/diabetes](http://www.mainehealth.org/diabetes)

## Important to Know: Fasting Blood Glucose (Blood Sugar)

- **What is a fasting blood glucose?** This is a blood test that is used to diagnose diabetes after fasting overnight.
- **Why do I need this test?** This test shows if you have diabetes or are likely to develop the disease.
  - Fasting blood glucose levels of 126 mg/dL or higher mean you have diabetes.
  - Levels between 100 and 125 mg/dL mean that you have pre-diabetes and an increased risk of developing diabetes.

## How often do I need this test?

- Every 3 years, beginning at age 45 (especially if you are overweight or obese).
- More often and at a younger age if you have risk factors for diabetes.

See the healthy foods section, page 43.



# Lower Your Blood Pressure

**The Goal:** Maintain a blood pressure less than 120 (top number) and less than 80 (bottom number).

## Why is this important?

- Lowering your blood pressure decreases your chances for stroke, heart attack and other blood vessel disease.
- One in three U.S. adults has high blood pressure, but because there are no symptoms, nearly one-third of these people don't know they have it.
- High blood pressure is often called the silent killer because it doesn't cause symptoms. As a result, many people pay little attention to their blood pressure until they are sick.

## Benefits

Having a normal blood pressure and keeping it low means you are less likely to have:

- Stroke.
- Heart failure.
- Heart attack.
- Sudden death.

See page 52 for help understanding your numbers.





Today, nearly two-thirds of American adults are overweight or obese.

# Taking Action

## Action Plan

Develop your own Action Plan – see page 42.

### Here are some tips to help you lower your blood pressure:

- Know your numbers – have your blood pressure checked regularly.
- Keep a healthy weight – you can lower your blood pressure without the use of medicine through weight loss and exercise.
- Consider going to a registered dietitian to learn how to prevent or manage high blood pressure through healthy eating (foods to eat, foods to avoid).
- The Dietary Approach to Stop *Hypertension* (DASH) diet can help you lower your blood pressure by eating fruits, vegetables, whole-grain foods and low-fat milk products and limiting your salt intake.

- Get at least 30 minutes of moderate-intensity physical activity most days of the week.
- Be tobacco-free, which means no tobacco use or exposure to secondhand smoke.
- If your blood pressure remains high even after you make lifestyle changes, your health care provider will probably prescribe medicine.
- Take your medicine as prescribed.

See the healthy foods section, page 43.

### Ask your health care provider:

- What is my blood pressure?
- What does it mean for me, and what do I need to do about it?
- What is my blood pressure goal?

## Learn More

### DASH Diet

Call the Learning Resource Center  
866-609-5183 for a copy

### Quitting Tobacco

Maine Tobacco HelpLine 800-207-1230



# Keep a Healthy Weight

The Goal: Get to and keep a healthy weight.

## Why is this important?

- Keeping a healthy weight decreases your risk of many diseases, including stroke.
- The more overweight you are, the greater your risk of stroke and heart disease.

## Benefits

- Losing weight can improve your health in many ways. Just losing 5 to 10 percent of your current weight (10 to 20 pounds for someone at 200 pounds) can make a difference in the way you feel on a daily basis.



## Additional Benefits

Here are some other ways losing weight will benefit your health:

- Raise your energy level.
- Lower your cholesterol levels.
- Lower your blood pressure.
- Put less strain on your joints, particularly your knees and hips.
- Lower your risk of sudden death from heart disease or stroke.
- Prevent Type 2 diabetes.
- Improve your blood sugar levels.

See the healthy foods section, page 43.

## Learn More

### Weight Loss

Join a weight loss program and follow a heart healthy diet.



# Taking Action

## Action Plan

**Develop your own Action Plan** – see page 42. Talk with your health care provider about whether you should lose weight.

- Talk to a dietitian or your health care provider to develop a weight-loss or weight maintenance program that works well for you.
- Check with your insurance plan to see if nutrition counseling is covered.
- Get more physical activity every day. Talk with your health care provider before starting a physical activity program.

See the healthy foods section, page 43.

“Don’t wait until it is too late to eat right, exercise, keep your weight down and have regular physicals. This could save your life.”

– Al, age 55, Westbrook

# Be Physically Active

**The Goal:** Get at least 30 minutes of physical activity on most days of the week. Talk about this with your health care provider. Your goal should depend on your overall condition and diagnosis.

## Why is this important?

- Being physically active decreases your risk for stroke and for developing high blood pressure, diabetes and obesity.
- Being physically active may also help you to avoid health care provider visits, hospitalizations and medicines.

## Benefits

- Regular physical activity for 30 minutes or more most days of the week helps to lower your risk of heart disease, stroke, high blood pressure, diabetes and even other medical problems, such as colon cancer and osteoporosis.

## Additional Benefits

### Regular exercise can:

- Lower tension, stress, depression and anxiety.
- Improve self-image and well-being.
- Lower or maintain body weight and possibly lower cholesterol.
- Build and maintain healthy muscles, bones and joints.

## Learn More

Maine walking routes  
[www.healthymainewalks.org](http://www.healthymainewalks.org)

Maine bike trails  
[www.exploremaine.org/bike](http://www.exploremaine.org/bike)

Healthy lifestyles  
[www.letsgo.org/Guide](http://www.letsgo.org/Guide)





Start with what you can do, and build from there.  
Just walking each day can greatly improve your health.

# Taking Action

### Action Plan

Develop your own Action Plan – see page 42.

- Talk with your health care provider before starting a physical activity program.
- Enroll in a physical activity program in your local community.
- Choose an activity that you like to do. Some people join a gym; for others brisk walking or household chores (washing the car, gardening, raking leaves, etc.) work best.
- It may help to divide your activity into shorter periods of time over the day.
- Try to exercise most days of the week. Some exercise most days is better than a lot of exercise only once a week.

If you have peripheral vascular disease (PVD), walking is very important to maintain adequate blood flow to your legs. You may not be able to walk very far at first. If you get leg pain, rest until it goes away, and then try walking some more. Talk to your health care provider.

### Additional Benefits

#### Activity Calories Burned per Hour\*

■ Bicycling 6 mph.....	240
■ Bicycling 12 mph.....	410
■ Cleaning .....	240
■ Cross-country skiing.....	700
■ Dancing .....	370
■ Gardening.....	324
■ Hiking .....	408
■ Jogging 5.5 mph .....	740
■ Playing with kids .....	216
■ Swimming 25 yards per minute .....	275
■ Playing tennis (singles) .....	400
■ Walking 3 mph .....	320

*\*For a healthy 150-pound person. A lighter person burns fewer calories; a heavier person burns more. If you are trying to lose weight, you will be more successful if you boost your activity level beyond 30 minutes most days of the week.*

# Reduce Stress

The Goal: Manage your stress in a healthy way.

### Why is this important?

Reducing stress can lower your risk of heart attack and stroke.

### Learn More

For ways to cope with stress and emotional changes, see pages 47-49.

# Taking Action

### Action Plan

Develop your own Action Plan – see page 42.

- Enjoy the benefits of healthy habits as they can protect your health.
- Consider regular physical activity, which can relieve stress and lower your risk of stroke.
- Consider stress management programs to help you find new ways of handling your stress.
- Share your feelings and concerns with family and friends as it can help you to be happier and live longer. Good relationships play an important role!





## Limit Alcohol Use

**The Goal:** If you drink, drink only a moderate amount of alcohol.

### What is moderate drinking?

Moderate drinking is defined as no more than one drink per day for women and no more than two drinks per day for men. Count one drink\* as:



12 ounces  
of beer



5 ounces  
of wine



1½ ounces  
of 80-proof  
hard liquor

*\*Based on the U.S. Dietary Guidelines for Americans, U.S. Department of Health and Human Services, 2005.*

## Taking Action

### Action Plan

**Develop your own Action Plan** – see page 42.

- If you are a nondrinker, this is not a suggestion to start using alcohol.
- If you have another health condition that could make alcohol use harmful, you should not drink alcohol.
- If you are more than a moderate drinker, be aware that this increases your risk of stroke. Talk to your health care provider about cutting back.

**Limit your alcohol use.**

## Hormone Replacement Therapy (HRT)

**The Goal:** If you are thinking about taking hormone replacement therapy (estrogen or estrogen plus progesterone), talk with your health care provider. If you are already taking HRT, stay informed of the risks and benefits of this treatment.

### Why is this important?

In the past, HRT was thought to help protect women against stroke and heart disease.

Recent findings show that routine use of oral HRT may increase the risk of cardiovascular disease in women.

- Studies have shown that taking HRT can increase a woman's risk of stroke, blood clots and heart attack. Because of this, HRT is NOT routinely recommended.
- For some women, using HRT for short-term relief of menopausal symptoms may outweigh the increased risk of stroke and heart disease.
- Recent findings suggest that taking HRT in a patch form may be safer than taking it by mouth.
- If you and your health care provider decide that you will use HRT, it is recommended that HRT be used for as short a time period as possible.

## Taking Action

### Action Plan

**Develop your own Action Plan** – see page 42.

### Helpful Hint

**Talk with your health care provider to learn more about you and HRT.**



# Regaining Your Life

Many people are able to live a fulfilling life after stroke. Much depends on your taking an active role to improve your health.

# 5

## Take Charge – An Action Plan for Health

Changing your daily habits is important.

**Here are some hints to make the process easier:**

- Change only one habit at a time.
- Set realistic goals.

**Remember, nobody's perfect.**

- Nobody always eats the ideal diet or gets just the right amount of physical activity.
- Follow a plan that will work for you and will lower your risk of stroke and heart disease.
- Remember to keep at it. Work with your health care provider. Ask family members and friends for support. If you slip, try again.

**Health is a family affair**

When it comes to healthy living, what's good for you is good for your whole family. If your family members make healthy lifestyle changes together, your chances of success are better.

Taking care of your heart and blood vessels is one of the most important things you can do for your health and well-being.





# My Action Plan

Name \_\_\_\_\_ Date \_\_\_\_\_

- I have worked with another health care provider to set a goal.

# 1

## What I Will Do

### Choose one goal:

I will \_\_\_\_\_.

(Examples: increase my physical activity; take my medicines; make healthier food choices; reduce my stress; reduce my tobacco use)

### Choose one action:

I will \_\_\_\_\_.

(Examples: walk more; eat more fruits and vegetables)

# 2

## How Much/How Often

How much: \_\_\_\_\_

(Example: 20 minutes)

How often: \_\_\_\_\_

(Example: three times a week on Monday, Wednesday, Friday)

# 3

## Confidence Level

Circle a number to show how sure you are about doing the activity.

Try to choose an activity that you score a 7 or above.

1 2 3 4 5 6 7 8 9 10

Not sure at all      Somewhat sure      Very sure

My signature \_\_\_\_\_

Health care provider signature \_\_\_\_\_

# Choose Healthy Foods

You can maintain a healthy weight by keeping a balance between the calories you eat and the calories you burn. If you need to lose weight, you will need to eat fewer calories than you burn. Your body burns calories by being physically active.

## Healthy Hints

- Eat a variety of grains daily; half of your daily grains should come from whole grains.
- Eat a variety of fruits and vegetables daily.
- Eat a diet that is low in saturated fat, trans fat and cholesterol.

## Remember:

- Choose foods and beverages that are low in added sugar.
- Choose and prepare foods with little or no salt.
- If you drink alcoholic beverages, do so in moderation. See Alcohol section, page 38.
- Keep foods safe to eat (correct refrigeration, good hand-washing practices).

## Learn More

### Healthy eating and portions

*The Foods You Choose*

Call 866-609-5183 to get a copy

[www.choosemyplate.gov](http://www.choosemyplate.gov)



Exercise: see page 35.

Cholesterol: see pages 27-28.



“The health care provider sent me to a dietitian. She is the one who taught me the things that I had to do in order to eat right. It was hard at the beginning because once you have bad habits, they are hard to break. But once I realized it was for my own good and no one was going to take care of me except me, I decided to start eating better.”

— Jose, age 54, Portland



## Nutrition Tips

### Lowering Your Total Cholesterol

Total cholesterol is the main cause of the buildup of fat (plaque) deposits on your artery walls (*atherosclerosis*). This buildup causes a higher risk of stroke and heart disease.

#### Choose these more often:

- Fish.
- Chicken (without the bones or skin).
- Skim or 1 percent milk and other low-fat dairy products.
- Egg whites.
- Fruits.
- Vegetables.

#### Choose these less often:

- Whole milk and other fatty dairy products.
- Butter.
- Red meat, sausage, bacon.
- Fried foods .



Have fun cooking healthy meals.

### Increasing Your High-Density Lipoprotein (HDL)

Increase HDL (the “good” cholesterol) as much as possible. This helps clear your arteries and *veins* of the fat that can cause clogging, which lowers your risk of heart attack and stroke.

- Increase omega-3 fatty acids, found in deepsea fish (bluefish, herring, mackerel, salmon, swordfish, trout, tuna – albacore or bluefin); eat at least two servings per week.
- Use natural foods such as hickory nuts, soybean kernels, soybeans (green, raw, soybean nuts) and flaxseed.
- Increase monounsaturated fats found in food items such as olive oil, canola oil, peanut oil, nuts, natural peanut butter, olives and avocados.

### What is trans fat?

Trans fats or trans fatty acids are types of dietary fat that raise your “bad” cholesterol (LDL). Read food labels and buy fewer products that list “hydrogenated oil” or “partially hydrogenated oil” as an ingredient such as:

- Margarine or shortening.
- Store-bought cookies, cakes, pies, snack food.
- Fried foods.

## Sexual Activity

Many people who have had a stroke or other serious conditions wonder if they can still have sex. The answer is yes. Check with your health care provider before leaving the hospital to find out when you can safely resume sexual activity.

### To increase your ability to enjoy sex, try the following:

- Talk openly with your partner about your sexual needs and concerns.
- Pick a time for sex when you feel rested and comfortable.
- Avoid sex after eating a big meal or drinking alcohol.
- Have sex in a comfortable room that is not too hot or too cold.
- Have sex in less strenuous positions such as lying on the bottom or lying side by side with your partner.

Many people find ways of being physically close.

**If intercourse is difficult for you, find other ways of being physically close and intimate.**

#### For example:

- Find other ways to show affection.
- Try mutual forms of sexual stimulation other than intercourse.
- Increase nonsexual affection and communication with your spouse or partner.

### Certain medicines may cause problems with sex, including:

- Decreased sex drive, problems with ejaculation, impotence or inability to have an orgasm or climax.

**If you are having sexual difficulties, discuss these issues with your health care provider.**





Going to the places you want and doing the things you enjoy will help in your recovery.

## Driving

Getting out of the house can give you a sense of freedom, control and independence.

Driving uses many skills that can be affected by stroke.

### Remember:

- Driving is often a major concern after stroke. Getting around after a stroke is important-but safety is even more important.
- Talk with your health care provider and therapists about returning to driving.
- Contact the Department of Motor Vehicles for the laws regarding driving after stroke.

Your health care provider may order an evaluation by a driver rehabilitation specialist (DRS). The evaluation will include a vision exam and a test to see if you can react in ways to keep you safe on the road.

The DRS may offer tips to improve your driving skills and can train you on equipment that will make driving easier and safer.



### Unable to Drive?

You may not be able to drive after a stroke. There are ways to help maintain your independence and get to the places you want:

- Ride with family and friends.
- Take an Uber, Lyft, taxi, shuttle bus or van.
- Use public transportation such as buses, trains and subways.
- Walk.

Contact your state Department of Motor Vehicles-Office of Driver Safety.

### Helpful Hint

To find a DRS in your area, contact: Association of Driver Educators for the Disabled (ADED). Call 877-529-1830.

## Emotional Changes

### Managing Stress

Stress is your body's response to change and what is happening around you. It is natural. When stress gets in the way of your ability to think clearly or to get things done or it does not go away, it is time to act.

As a stroke survivor, it is very important for you to manage your stress. Too much stress for long periods can be harmful and raises your risk for heart attack and another stroke.

### Signs of Stress

- Emotionally, stress can make you feel afraid, angry, helpless or excited.
- Physically, stress can make you feel sweaty or short of breath or make your heart race or give you a headache.

### Consult your health care team

After a stroke, you may have changes in the way you feel, act and think.

- These changes may be short or long-lasting.
- Some people may not have any of these changes, while others may have a lot of these changes.
- Ask your health care provider about how to deal with these changes.

Dealing with a flood of emotions can be difficult for anybody to manage.

**Remember: Stroke survivors often have many different feelings.**

- Some emotions are normal responses to the changes in your life after a stroke.
- Not all emotions are a normal part of recovery.
- Some emotions are caused by brain injury.
- You should get help dealing with these emotions if they get in the way of your ability to get things done or they do not go away.



Stay active – this can help reduce stress.



**Grieving for what you have lost is an important part of the recovery process.**

### Depression

Depression is the most common emotional change experienced by people who have had a stroke. But when sadness turns into depression, it is time to act.

#### Symptoms of depression are:

- Crying all the time.
- Difficulty concentrating.
- Feeling easily agitated.
- Feeling fatigue or “slowed down.”
- Feeling sad or “empty” most of the time.
- Feeling worthless or helpless.
- Losing your appetite or gaining weight.
- Losing interest or pleasure in ordinary activities.
- Having ongoing thoughts of death or suicide.
- Oversleeping or having trouble sleeping.

**When sadness turns into depression, it is time to act.**

If you or someone you know may be having thoughts of suicide, contact the Maine Suicide and Crisis Hotline at 888-568-1112.

### Anxiety (Extreme Worry)

Often stroke survivors have both depression and anxiety.

#### Symptoms of anxiety are:

- Feeling panicky and out of breath.
- Feeling sick to your stomach.
- Having headaches.
- Having low energy.
- Having muscle tension.
- Experiencing worry, fear, restlessness and irritability that do not seem to let up.
- Having poor concentration.
- Having a rapid heart beat.
- Shaking.

### Severe Emotional Changes

Dramatic changes in emotions over short periods and uncontrolled emotions can be sudden and intense.

Someone who has had a stroke may laugh or cry at the wrong times, like laughing at a funeral, crying at a comedy club or even crying uncontrollably for little or no reason. If you experience this, you are not alone.

## Ways to Cope with Stress and Emotional Changes

### Focus on You

- **Eat healthy foods.** Get enough sleep. Try to walk or get some type of physical activity every day, especially outdoors.
- **Prepare for those things you know will be stressful.** Planning for them can help you manage them.
- **Take time every day to do something that you truly enjoy.** People who have had a stroke often find that they discover new interests like drawing or listening to music.

### Accept and Celebrate

- **Tell your story.** Find a friend or family member who is a good listener to share your experiences. Talking about and sharing your feelings are good ways of dealing with them.
- **Accept your feelings.** Fear, sadness and anger are natural, common responses to a diagnosis of stroke. Accept your emotions as part of your recovery.

### Get Support

- Connect with others going through similar experiences.
- Consider joining a support group in your area, and invite a friend or family member to go with you (see Local Resources section, pages 56-57).
- **Seek professional counseling.** Sometimes additional support and guidance are needed. Your health care provider can help you find a counselor.
- **Talk with a spiritual leader.** Being in touch with your spiritual side may help when you are faced with a serious illness. Your clergy or rabbi may be able to help you and your family with your feelings.

**Every little success should be a reason to celebrate and recognize your progress. Enjoy each precious day.**





# Stroke Toolkit

Use the checklists in this section to help you plan, to keep track of important information and to review with your health care provider.

# 6



## Know Your Numbers

Discuss and fill out this chart with your health care provider.

Risk Factor	Goal	How Often	Why It Is important	My Numbers	My Numbers
Blood Pressure	Optimal less than 120/80 <sup>1</sup>	Every visit	High blood pressure can cause kidney damage and strokes.	Date:	Date:
Overweight	Healthy weight	Every visit	Healthy weight reduces risk.	Date:	Date:
Tobacco Use	No tobacco use	Every visit	Quitting lowers your risk of premature death.	Date:	Date:
Cholesterol	Less than 200	Every year (more often if needed)	It is used to estimate your risk of developing heart disease.	Date:	Date:
LDL “Bad” Low-Density Lipids	Less than 70 <sup>2</sup> (stroke patients)	Every year (more often if needed)	It checks for “bad” cholesterol. High LDL can cause heart disease and strokes.	Date:	Date:
HDL “Good” High-Density Lipids	Greater than 40	Every year (more often if needed)	It checks for “good” cholesterol. HDL helps keep “bad” cholesterol from building up in your arteries.	Date:	Date:
Triglycerides	Less than 150	Every year (more often if needed)	It is a form of fat in your blood that can raise your risk of heart disease.	Date:	Date:
Blood Sugar	Less than 100	Every 3 years (more often if needed)	It checks your sugar level in your blood.	Date:	Date:
Hemoglobin A1c (for those with diabetes)	Less than 7.0	Every 3–6 months	It checks for control of your blood glucose levels over the past 2–3 months.	Date:	Date:

<sup>1</sup> If you are being treated for hypertension and/or diabetes, the treatment goal is less than 130/80.

<sup>2</sup> Further reduction to less than 70 may be reasonable. Talk with your health care provider.



# High Blood Pressure

## Understanding the Numbers

Your blood pressure category is determined by the higher number of either your systolic pressure (the amount of force used when the heart beats, the top number) or your diastolic pressure (the pressure that exists in the arteries between heartbeats, the bottom number).

Your Category	Top Number (Systolic) in mm Hg		Bottom Number (Diastolic) in mm Hg	What to Do
Normal blood pressure	Below 120	and	Below 80	Good job! Keep making healthy choices to keep your blood pressure low.
Pre-high blood pressure ( <i>pre-hypertension</i> )	120 to 139	or	80 to 89	Your blood pressure could be a problem. Eat better and be more active. Lose weight if you need to.
High blood pressure ( <i>pre-hypertension</i> )	140 or higher	or	90 or higher	Eat better and be more active. Lose weight if you need to. If this isn't enough to lower your blood pressure, talk to your health care team about taking one or more medicines.

## What is pre-hypertension?

If your blood pressure is between 120/80 and 139/89, then you have pre-hypertension. This means that you don't have high blood pressure now but are likely to develop it in the future. You can take steps to prevent high blood pressure by adopting a healthy lifestyle.

Talk to your health care provider if you are in the pre-hypertension range.



# Medication Chart

This chart is designed to help you keep track of your medicines and their doses. Put a check in the box after you take your medicine. Make photocopies of this chart, keep the pages in a folder and bring it to your next appointment.

If you have trouble paying for medicines, please see **MedAccess** in the **Local Resources** section, page 56.

Morning Medications	Dose	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Midday Medications	Dose	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Evening Medications	Dose	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
As Needed Medications	Dose	Sun	Mon	Tues	Wed	Thurs	Fri	Sat



# Questions for My Health Care Provider

Getting answers to these questions will give you important information about your health and what you can do to improve it.

**Bring this list of questions to your health care provider's office.**

## **Risk factors:**

- What is my risk for another stroke?
- What is my blood pressure? What does it mean for me, and what do I need to do about it?
- What is my blood pressure goal?
- What are my cholesterol numbers? (These include total cholesterol, LDL [bad cholesterol], HDL [good cholesterol] and triglycerides.) What do they mean for me, and what do I need to do about them?
- What are my goals for my cholesterol numbers?
- What is my blood sugar level? Does it mean I'm at risk for diabetes?
- What other screening tests for stroke and heart disease do I need? How often should I return for checkups?
- For smokers: What can you do to help me quit using tobacco?
- How can I tell if I'm having a stroke or a heart attack? What should I do if I think I may be having a stroke or a heart attack?

## **Diet and exercise:**

- What is a healthy weight for me? Does this mean I need to lose weight for my health?
- How much physical activity do I need? What kinds of activities are helpful?
- What is a healthy eating plan for me? Should I see a registered dietitian to learn more about healthy eating?
- Will I be able to return to work, will I have work limitations?

## **Medicines:**

- Should I be on a beta-blocker? Should I be taking aspirin?



# Stroke Resources





# Stroke Resources

## Local Resources

**American Heart Association/  
American Stroke Association**  
51 U.S. Route 1, Suite M  
Scarborough, ME 04074  
800-937-0944 (toll-free)  
207- 879-5700  
[www.americanheart.org](http://www.americanheart.org)  
Provides free pamphlets on stroke, heart disease, prescription drug use, exercise and healthy living tips.

**MaineHealth Learning Resource Center**  
1-866-609-5183 (toll-free)  
[www.mainehealth.org/lrc](http://www.mainehealth.org/lrc)  
Provides health information and resources to patients, families and communities. Professional health educators are always present to assist with your health information needs.

**Maine Tobacco HelpLine**  
800-207-1230 (toll-free)  
Provides free, confidential, individualized smoking cessation counseling and information to any Maine caller. Information for friends and loved ones of tobacco users is also provided.

**MedAccess**  
877-275-1787  
[www.mainehealth.org/mh\\_body.cfm?id=4002](http://www.mainehealth.org/mh_body.cfm?id=4002)  
Provides free help to low-income people without prescription coverage (and Medicare) to access their medications at low or no cost.

**Neuroscience Institute  
at Maine Medical Center**  
207-662-1509  
[www.mmc.org/stroke](http://www.mmc.org/stroke)  
Brings together researchers and health care partners to provide the best possible care to people with brain, spinal cord and nervous system disorders and diseases. Specialized services are provided across the entire continuum of care, including acute illness and injury in the emergency department and in the intensive care unit, chronic disorders in outpatient offices and rehabilitative physical and occupational therapy.

**Partnership for Healthy Aging**  
207-661-7120  
[www.mainehealth.org/pfha](http://www.mainehealth.org/pfha)  
Is dedicated to helping older adults remain active, be healthy and live independently. PFHA works with local, state and national organizations and resources for older adults to provide a continuum of care and services to promote successful aging:

**A Matter of Balance:** help for older adults to overcome fear of falling and increase activity levels.

**EnhanceWellness:** health promotion program for independent living seniors with chronic disease.

**EnhanceFitness:** strength training, aerobics, balance and stretching for older adults; safe for wide range of abilities.

**Living Well:** course to help older adults with chronic conditions deal with frustration, fatigue, pain and isolation through exercise, nutrition and communication.

**Picker Family Resource Center**  
6 Glen Cove Drive  
Rockport, Maine 04856  
207-596-8950  
[http://penbayhealthcare.org/penbaymedicalcenter/service/Picker\\_Family\\_Resource\\_Center/](http://penbayhealthcare.org/penbaymedicalcenter/service/Picker_Family_Resource_Center/)  
Promotes building community by providing health resources and support that serve the needs of women and their families throughout their lives.

**Southern Maine Agency on Aging (SMAA)**  
136 U.S. Route One  
Scarborough, ME 04074  
800-427-7411 (statewide)  
207-396-6500 (local)  
[www.smaaa.org](http://www.smaaa.org)  
Provides many services and programs for adults over age 60 and their caregivers to promote

independence and healthy lifestyles. Services offered include home-delivered meals, healthy aging programs, information and referrals, health insurance counseling and volunteer opportunities.

**Support Groups**  
Helps people, caregivers and family members give and receive both emotional and practical support as well as exchange information. To find a support group in your area, please call your local hospital or one listed below:

**Bay Side Neuro Rehabilitation**  
Portland – 207-761-8402

**Camden Public Library**  
Camden – 207-273-2090

**MaineGeneral Medical Center**  
Waterville – 207-872-4123/872-4349

**Mid Coast Hospital**  
Brunswick – 207-373-6175

**New England Rehabilitation Hospital**  
Portland – 207-662-8589

**Aphasia Support Group at NERH**  
207-662-8042

**General Support Group**  
207-662-8042

**Family and Friends Support Group at NERH**  
207-662-8042

**Parkview Adventist Medical Center**  
Brunswick – 207-373-2000

**Southern Maine Agency on Aging**  
800-427-7411



**Statewide Resources****2-1-1****www.211maine.org**

Provides searchable database of community resources throughout the state of Maine. It includes addresses, phone numbers, key contacts and support groups, as well as detailed information to find the most appropriate services for your needs. Available 24 hours a day, 7 days a week.

**Brain Injury Association of America/ Maine Chapter, Augusta Maine**

**800-444-6443**

**www.biausa.org/maine**

**E-mail: MaineBrainInjuryInfo@biausa.org**

**Bureau of Elder and Adult Services  
Maine Department of Health and Human Services**

**800-262-2232 (8 a.m. to 5 p.m.)**

**TTY 800-606-0215**

**www.maine.gov/dhhs/beas**

Promotes many programs and services such as information on prescription drug assistance, legal education and healthy living for older adults, for their families and for people with disabilities.

**Maine CDC/DHHS Cardiovascular Health Program**

**www.healthymainepartnerships.org/mcvhp**

Provides free resources on stroke and heart disease prevention, symptoms and risk factor management.

**Maine Tobacco HelpLine  
800-207-1230**

**Hours: Monday–Thursday, 10 a.m.–8 p.m.,  
Friday, 10 a.m.–5 p.m. and  
Saturday, 10 a.m.–2 p.m.**

Provides free, confidential, individualized smoking cessation counseling and information to any Maine caller. Information for friends and loved ones of tobacco users is also provided.

**National Resources**

**American Heart Association/  
American Stroke Association**

**www.americanheart.org**

Provides warning signs, healthy living tips and information on stroke, heart disease and heart failure.

**Eat Right**

**www.eatright.org**

Provides information on health and nutrition and is run by the American Dietetic Association.

**Heart Information Network**

**www.heartinfo.org**

Offers current events, heart facts and special feature guides to different types of disease and how to find a provider.

**National Cancer Institute****Smoking Cessation**

**www.smokefree.gov**

**800-QUITNOW (800-784-8669)**

Offers free information and support when quitting smoking.

**National Heart, Lung and Blood Institute  
Health Information Center**

**800-575-WELL (800-575-9355)**

**www.nhlbi.nih.gov**

Provides a toll-free recorded health messages line. This website provides information on prevention and treatment. It also offers free materials and helpful tools at the sites listed below:

**Act in Time to Heart Attack Signs**

**www.nhlbi.nih.gov/actintime/index.htm**

**Heart-Healthy Recipes**

**www.nhlbi.nih.gov/health/public/heart/other/syah/index.htm**

**High Blood Cholesterol: What You Need to Know**

**www.nhlbi.nih.gov/health/public/heart/chol/hbcwhat.htm**

**Live Healthier, Live Longer**

**www.nhlbi.nih.gov/chd**

**Your Guide to Lowering High Blood Pressure**

**www.nhlbi.nih.gov/hbp/index.html**

**Shape Up America!**

**www.shapeup.org**

Offers information regarding fitness and weight management.

**U.S. Department of Health and Human Services**

**www.health.gov/dietaryguidelines**

Provides nutritional guidelines offered by the USDA and a listing of links to federal agencies that address health risks.

**Internet Resources****American Stroke Association**

**1-888-4-STROKE**

**www.americanheart.org**

Provides a wealth of information on stroke-specific issues and is a division of the American Heart Association.

**Medline Plus**

**http://medlineplus.gov**

Provides lots of information about stroke. It has a section on drugs, an illustrated medical encyclopedia, interactive patient tutorials and the latest health news.

**National Centers for Disease Control and Prevention**

**Stroke Prevention website**

**www.cdc.gov/stroke**

**National Institute of Neurological Disorders and Stroke (NINDS)**

**800-352-9424**

**www.ninds.nih.gov/disorders/stroke/stroke.htm**

Provides free information about stroke through their website.

**National Stroke Association**

**www.stroke.org**

**800-STROKES (800-787-6537)**

Provides information and support to people who want to learn more about stroke, have survived a stroke, know someone who has had a stroke or care for a stroke survivor.

**Smoking Cessation****National Cancer Institute**

**800-QUITNOW (800-784-8669)**

**www.smokefree.gov**

Offers free information and support when quitting smoking.



# Glossary of Stroke Terms (words listed in italics throughout guide)

This glossary contains a number of terms you may hear when your health care provider talks about stroke.

**ADLs** – activities of daily living (things you do every day).

**Ambulatory** – walking or mobility.

**Aneurysm** – weak or thin spot on an artery wall that has ballooned out from the wall and filled with blood, or damage to an artery leading to pooling of blood between the layers of the blood vessel walls.

**Anticoagulant** – drug therapy used to prevent the formation of blood clots that can become lodged in cerebral arteries and cause strokes.

**Aphasia** – inability to understand or create speech, writing or language in general due to damage to the speech centers of the brain.

**Arteriosclerosis** – chronic disease characterized by abnormal thickening and hardening of the arterial walls, making them less elastic.

**Atrial fibrillation** – irregular beating of the left atrium, or left upper chamber of the heart.

**Brain attack** – another name for stroke.

**Carotid arteries** – two major arteries, one on either side of the neck, that carry blood to the head.

**Carotid stenosis** – narrowing of the carotid artery, which can result in blood clots.

**Cerebellum** – back part of the brain that controls body movement (e.g., balance,

walking).

**Cerebrovascular accident (CVA)** – another name for stroke.

**Cerebrovascular disease (CVD)** – reduction in the supply of blood to the brain either by narrowing of the arteries through the buildup of plaque on the inside walls of the arteries, called stenosis, or through blockage of an artery due to a blood clot.

**CT scan** – computed axial tomography scan. This is a test that shows three-dimensional pictures of the brain.

**Dysphagia** – trouble eating and swallowing.

**Embolic stroke** – result of a blood clot forming elsewhere in the body (usually the heart) and traveling through the bloodstream to the brain. In the brain, the clot reaches a vessel it cannot pass through and blocks the flow of oxygen-carrying blood.

**Health Care Provider** – doctor, physician assistant (PA), nurse practitioner (NP)

**Hemiparesis** – one-sided weakness.

**Hemiplegia** – one-sided paralysis.

**Hemorrhagic Stroke** – sudden bleeding into or around the brain.

**High density lipoprotein (HDL)** – another name for the “good” cholesterol; compound that helps remove cholesterol from the blood, preventing it from building up in arteries.

**Hypertension** – abnormally high arterial blood pressure.

**Infarct; Infarction** – tissue death resulting from an inadequate supply of oxygen, due to a reduction or lack of blood flow to the area.

**Ischemic Stroke** – loss of blood flow to the brain, caused by an obstruction of the blood vessel, usually in the form of plaque stenosis or a blood clot.

**Low-density lipoprotein (LDL)** – another name for “bad” cholesterol; a compound that carries the majority of the total cholesterol in the blood and deposits it on the inside of your arteries.

**MRI** – magnetic resonance imaging test. It is a test like a CT scan that shows health care providers images of the brain.

**Neglect** – decreased attention to body and space, most commonly to one side of the body, following stroke.

**Paralysis** – loss of voluntary movement of the limbs due to lack of strength.

**Paresis** – weakness or partial paralysis.

## Sources

American Stroke Association/  
American Heart Association

Maine CDC/DHHS Cardiovascular  
Health Programs

Maine CDC/DHHS Healthy Maine  
Partnerships

**Plasticity** – ability to be formed or molded; in reference to the brain, the ability to adapt to deficits and injuries.

**Stenosis** – narrowing of a blood vessel due to the buildup of plaque on the inside wall of the blood vessel.

**Thrombotic stroke** – most common type of stroke. This occurs when a clot blocks one of the blood vessels in the brain. It can result from the buildup of fatty deposits or cholesterol.

**Transient ischemic attack (TIA)** – short-lived stroke that lasts from a few minutes up to 24 hours; often called a mini-stroke.

**Vein** – vessel that carries blood back to the heart from various parts of the body. Veins have thinner walls than the arteries because the blood they are carrying is under less pressure.

**Vertebral artery stenosis** – narrowing of a vertebral artery, which can result in blood clots.

MaineHealth Center for Tobacco  
Independence

National Institutes of Health

National Stroke Association



As a Comprehensive Stroke Center, Maine Medical Center is committed to meeting the specialized needs of stroke patients. We offer streamlined access to comprehensive diagnostic, treatment and rehabilitation resources for stroke and work corroboratively with other MaineHealth organizations and affiliates.

### **MaineHealth Organizations**

**Lincoln Health**  
Damariscotta, ME  
Boothbay Harbor, ME

**Maine Medical Center**  
Portland, ME

**Maine Behavioral Healthcare**  
South Portland, ME

**Memorial Hospital**  
North Conway, NH

**Pen Bay Healthcare**  
Rockport, ME

**Southern Maine Health Care**  
Biddeford, ME  
Sanford, ME

**Spring Harbor Hospital**  
Westbrook, ME

**Stephens Memorial Hospital/Western Maine Health Care**  
Norway, ME

**Waldo County Healthcare**  
Belfast, ME

### **MaineHealth Affiliates**

**MaineGeneral Health**  
Augusta, ME,  
Waterville, ME

**Mid Coast-Parkview Health**  
Brunswick, ME

**New England Rehabilitation Hospital of Portland**  
Portland, ME

**St. Mary's Health System**  
Lewiston, ME

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