

STROKE: A GUIDE FOR PATIENTS & CAREGIVERS



This booklet is designed to help patients and families understand stroke, what happened, what to expect during recovery, and how to prevent future strokes. It is meant to support, not replace, medical advice from your healthcare team.



Berkshire Health Systems

Time is Brain

A stroke is a medical emergency.

When blood flow to the brain is interrupted, brain cells begin to die within minutes. Every minute counts in stroke care.

Impact on brain aging: Each hour of untreated stroke ages the brain by ~3.6 years

The faster treatment begins, the more brain function can be saved.

**If you notice stroke symptoms,
CALL 911 to activate EMS immediately. Do not wait!**



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Introduction

This guide was created for people who have experienced an Acute Stroke or a Transient Ischemic Attack (TIA), sometimes called a “mini-stroke,” as well as for their families and caregivers.

Every stroke is different. Recovery looks different for each person. Our goal is to help you understand what happened, what care you received, and how to move forward safely.



National Burden of Stroke

Stroke is a leading cause of death and disability, responsible for 162,639 deaths in the United States in 2023 and approximately 7.25 million deaths worldwide in 2021. Despite advances in prevention and treatment, the burden of stroke continues to grow both nationally and globally. (American Heart Association, 2026)

Know the Warning Signs of Stroke

BEFAST

BEFAST helps you remember the most common stroke warning signs:



B = Balance: Sudden loss of balance or coordination

- New dizziness, spinning sensation, or difficulty walking
- Sudden stumbling, leaning to one side, or inability to stand safely
- Sudden nausea or vomiting accompanying dizziness or loss of balance
- New difficulty coordinating movements



E = Eyes: Sudden trouble seeing in one or both eyes

- Blurred, double, or decreased vision
- Sudden loss of vision or difficulty seeing to one side



F = Face: Sudden facial drooping or an uneven smile

- One side of the face may appear numb or weak
- Ask the person to smile and look for uneven movement



A = Arm: Sudden arm or leg weakness, especially on one side

- Numbness, heaviness, or difficulty moving one side of the body
- Ask the person to raise both arms and watch for one arm drifting downward



S = Speech: Sudden slurred speech or trouble communicating

- Difficulty speaking clearly, finding words, or repeating a simple sentence
- Trouble understanding what others are saying



T = Time: Time to call 911 immediately

- Do not wait to see whether the symptoms improve
- Note the exact time symptoms began or the last time the person was known to be well
- Rapid treatment can reduce brain damage and long-term disability

What is a Stroke?

A stroke happens when blood flow to part of the brain is blocked or when a blood vessel in the brain bursts open. Without blood and oxygen, brain cells cannot survive and die rapidly within seconds.

When blood flow is blocked during an ischemic stroke, a core of severely injured brain tissue forms, surrounded by the penumbra, an area of brain tissue that is not functioning normally but may still be saved if blood flow is restored quickly.

The brain controls movement, speech, thinking, vision, and many body functions. The effects of a stroke depend on which part of the brain is affected.

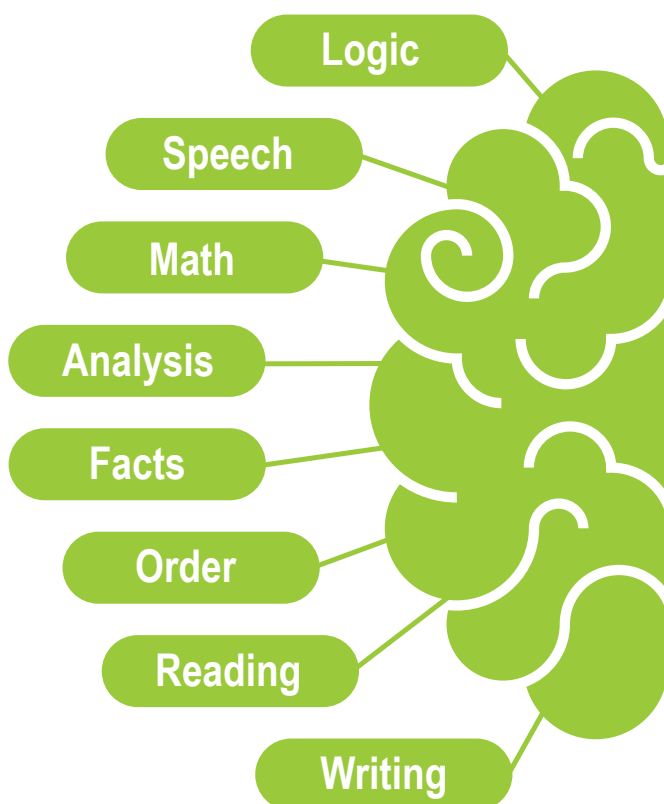
Each side of the brain usually controls the opposite side of the body. For example, the left side of the brain controls the right side of the body. Because of this, the symptoms a person experiences depend on which part of the brain is affected.

The left side of the brain controls the right side of the body

The right side of the brain controls the left side of the body

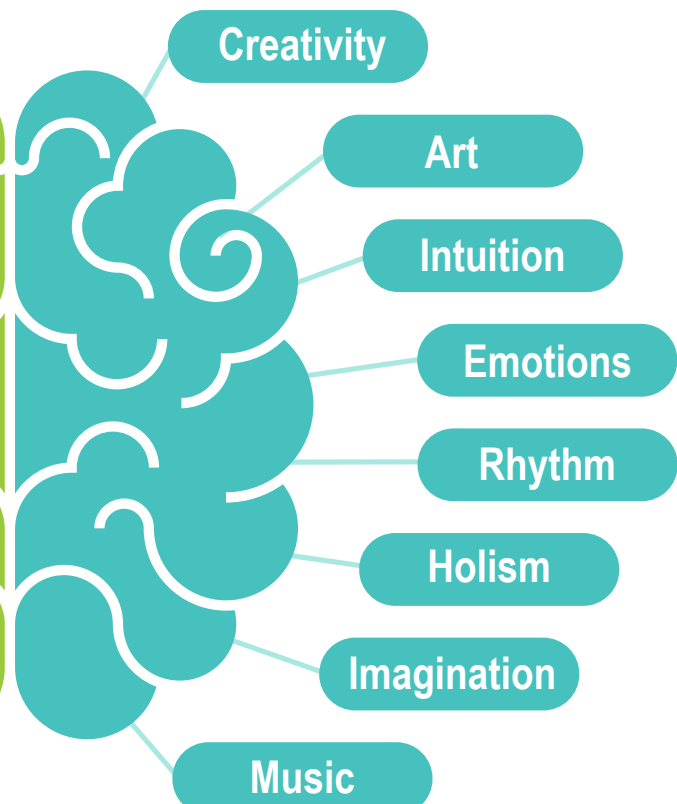
Left Brain

(Logical & Analytical Thinking)



Right Brain

(Creative & Emotional Thinking)



How Stroke Is Diagnosed

Doctors may use:

- Medical history and neurological examination
- Brain imaging, such as a CT scan or MRI
- Imaging of the blood vessels in the head and neck
- Blood tests
- Heart rhythm monitoring and other heart tests

These tests help determine whether symptoms are caused by a clot, bleeding, or another condition. They also help identify the cause and guide treatment. Because many stroke treatments are time-sensitive, testing begins as quickly as possible, which is why it is important to activate EMS by calling 9-1-1 when stroke-like symptoms are noted.



Risk Factors

Important stroke risk factors include:

- High blood pressure
- Atrial fibrillation or other heart conditions
- High cholesterol, atherosclerosis, or carotid artery disease
- Diabetes
- Heavy alcohol use
- Smoking
- Physical inactivity, obesity, or unhealthy eating patterns
- Previous stroke or TIA
- Increasing age
- Family history of stroke
- Bleeding Risk: Previous Bleeding in the brain, use of anticoagulants, bleeding disorders, cocaine, amphetamine, or stimulant drug use, Family history of a brain aneurysm or SAH, Certain inherited conditions



Age and family history cannot be changed. However, managing blood pressure, cholesterol, diabetes, smoking, physical activity, and heart conditions can help reduce stroke risk.

Considering your risk factors to understand why a stroke occurred is critical, so another stroke can be prevented in future by addressing the modifiable risk factors that can be changed.

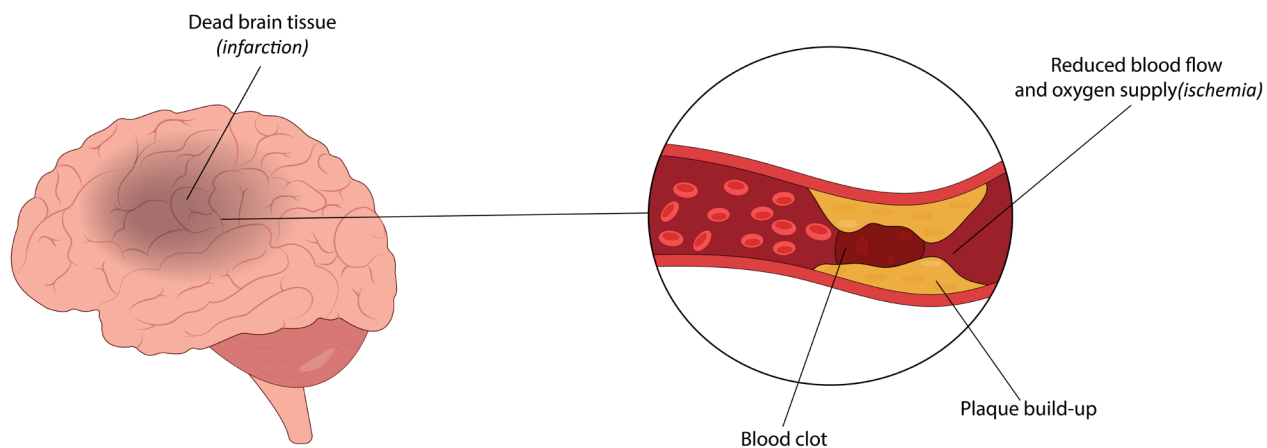
This is why it is important to follow your stroke specific medication regimen and keep all of your follow up appointments after your hospital stay.

Types of Stroke

Ischemic Stroke

Definition: An ischemic stroke occurs when an artery supplying blood and oxygen to the brain becomes blocked or severely narrowed. The obstruction may be caused by a blood clot, fatty plaque buildup, or other material that travels through the bloodstream and becomes lodged in a brain artery. Most strokes are ischemic strokes.

In an ischemic stroke, reduced blood flow lasts long enough for an area of permanently injured brain tissue—the core—to form, while the surrounding penumbra remains at risk but may still be saved with rapid treatment.



Types and Common Causes

Embolic Stroke: An embolic stroke occurs when a blood clot or other material forms elsewhere in the body and travels through the bloodstream until it blocks an artery in the brain. Most emboli are blood clots, often from the heart. Plaque or other debris from an artery in the neck may also break away and travel to the brain. Atrial fibrillation, or AFib, is an important cause because blood can collect in the heart and form a clot that may travel to the brain.

Thrombotic Stroke: A thrombotic stroke occurs when a blood clot forms directly inside an artery supplying the brain. The clot often develops in an artery that has already become narrowed or damaged.

Atherothrombotic Stroke: An atherothrombotic stroke is related to atherosclerosis, or the buildup of fatty deposits called plaque inside an artery. Plaque can gradually narrow the artery and reduce blood flow. If plaque ruptures, a clot may form at that location. Pieces of plaque or clot may also break away and block another artery supplying the brain.

Lacunar Stroke: occurs when one of the small blood vessels deep within the brain becomes blocked. Longterm high blood pressure and diabetes can damage these small vessels and make them more likely to narrow or close.

Cryptogenic Stroke: A stroke is called cryptogenic when its cause cannot be identified after the usual testing. Additional heart-rhythm monitoring, heart testing, or blood-vessel imaging may sometimes identify a cause later.

Large Vessel Occlusion: A large vessel occlusion, or LVO, means that one of the brain's major arteries is blocked. The obstruction may be caused by a blood clot or other material that has traveled into the artery. Because these arteries supply large areas of the brain, an LVO can cause significant disability and may require an emergency procedure to restore blood flow. An LVO describes the location and size of the blocked artery rather than a separate cause of stroke.

Emergency Department Evaluation and Treatment

Emergency treatment focuses on restoring blood flow to the brain as quickly and safely as possible. Treatment depends on the cause and location of the blockage, when symptoms began, brain-imaging results, current medications, medical history, and risk of bleeding.

Emergency evaluation may include:

- A rapid neurological examination
- CT or MRI imaging of the brain
- Imaging of the blood vessels in the head and neck
- Blood tests
- Heart-rhythm monitoring
- Review of medications, recent procedures, and bleeding risks
- Confirmation of when the patient was last known to be without stroke symptoms

Thrombolytics

Some eligible patients may receive tenecteplase, or TNK, through a vein. TNK is a clot-dissolving medication that may restore blood flow when a blood clot is responsible for the blockage.

TNK must be given within an appropriate treatment window, and the patient must meet safety criteria because the medication can increase the risk of bleeding, including bleeding in the brain. TNK does not directly remove hardened plaque, and not every patient with an ischemic stroke will qualify.



Types of Stroke cont.

Mechanical Thrombectomy

Some patients with an LVO may qualify for mechanical thrombectomy. During this procedure, a specialist guides a catheter through a blood vessel to the blocked brain artery and uses specialized equipment to remove the clot or other obstructing material.

Selected patients may qualify many hours after symptoms begin, sometimes up to 24 hours, depending on the blockage, brain-imaging results, and the amount of brain tissue that may still be saved. Transfer to a hospital that provides advanced stroke treatment is required for this procedure.

Inpatient Treatment and Monitoring

After emergency evaluation and initial treatment, hospital care may include:

- Frequent neurological and blood-pressure checks
- Heart-rhythm, breathing, and oxygen monitoring
- A swallowing evaluation before food, fluids, or medications are given by mouth
- Medications to prevent additional blockages when appropriate
- Evaluation of cholesterol, blood sugar, and other risk factors
- Additional heart or blood-vessel testing
- Physical, occupational, and speech therapy
- Rehabilitation, discharge planning, and caregiver education



Stroke treatment and recovery plans are highly individualized because every stroke affects each person differently. Patients may experience a range of physical, cognitive, communication, emotional, or swallowing difficulties. The care team considers the cause and severity of the stroke, test results, medical history, medications, risk factors, and recovery needs to develop a treatment plan tailored to the patient.

The care team will determine which medication is appropriate and when it can be started safely based on the stroke, imaging results, treatments received, and risk of bleeding.

Hemorrhagic Stroke

Definition: A hemorrhagic stroke occurs when a blood vessel ruptures and causes bleeding within or around brain. The bleeding can damage brain cells, irritate surrounding tissue, and increase pressure inside the skull.

Types and Common Causes

Intracerebral Hemorrhage: An intracerebral hemorrhage, or ICH, occurs when a blood vessel ruptures and causes bleeding directly into the brain tissue. Long-term uncontrolled high blood pressure is a common cause because it can weaken small blood vessels over time.

Subarachnoid Hemorrhage: A subarachnoid hemorrhage, or SAH, occurs when bleeding enters the space surrounding the brain, where fluid normally cushions and protects it. A spontaneous SAH is often caused by a ruptured brain aneurysm. An aneurysm is a weakened area in a blood-vessel wall that bulges outward and may rupture. Other blood-vessel abnormalities may also cause bleeding. Hemorrhagic Conversion: An ischemic stroke can sometimes develop bleeding within the area of injured brain tissue. This is called hemorrhagic conversion or hemorrhagic transformation. Hemorrhagic conversion is a complication of an ischemic stroke and is not a separate primary type of hemorrhagic stroke.

Different types of stroke symptoms can also present in SAH:

- Sudden severe headache - An SAH may cause a sudden, extremely severe headache, sometimes described as a “thunderclap headache” or the “worst headache of my life.” Neck stiffness and sensitivity to light may also occur.
- Nausea or vomiting
- Confusion or decreased alertness
- Seizure
- Loss of consciousness

Emergency Department Evaluation and Treatment

Emergency treatment focuses on limiting the bleeding, protecting the brain, and identifying the cause as quickly as possible. Emergency evaluation and treatment may include:

- A rapid neurological examination
- CT or MRI imaging of the brain
- Imaging of the brain’s blood vessels
- Blood tests, including tests of blood clotting
- Blood-pressure management
- Monitoring of breathing, oxygen levels, and heart rhythm
- Medications to reverse blood-thinning medications when appropriate
- Treatment of seizures or other serious complications
- Neurosurgical or neurointerventional consultation
- Transfer to a hospital with advanced neurological or neurosurgical services when necessary



Types of Stroke cont.

Treatment for Intracerebral Hemorrhage

- Treatment may include safely lowering blood pressure, reversing medications that affect clotting, and managing swelling or pressure inside the brain.
- Selected patients may need a procedure or surgery to remove collected blood, relieve pressure, control continued bleeding, or repair an abnormal blood vessel.

Treatment for Subarachnoid Hemorrhage

When an SAH is caused by a ruptured aneurysm, treatment focuses on preventing the aneurysm from bleeding again.

The aneurysm may be treated with:

- Endovascular coiling: A specialist guides a catheter through a blood vessel and places small coils inside the aneurysm.
- Surgical clipping: A neurosurgeon places a small clip across the aneurysm to prevent additional bleeding.

Rapid treatment is important because another episode of bleeding can be life-threatening.

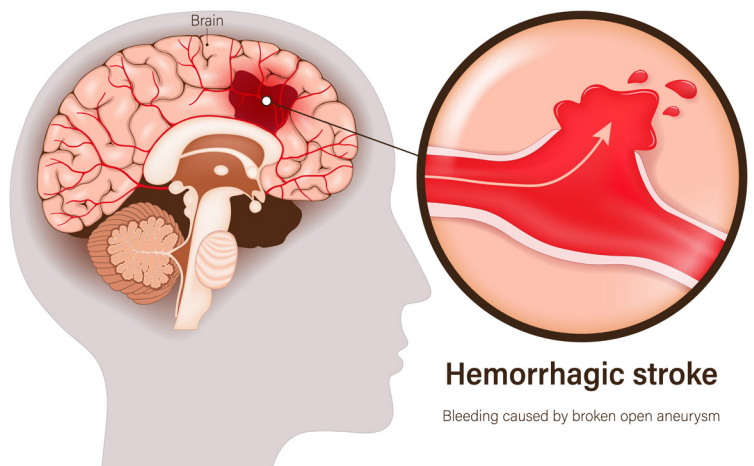
Inpatient Treatment and Monitoring

Depending on the severity of the stroke, patients may receive care in an intensive-care or specialized neurological unit.

Hospital care may include:

- Frequent neurological and blood-pressure checks
- Monitoring of breathing, oxygen levels, and heart rhythm
- Monitoring for continued bleeding, swelling, or increased pressure
- Treatment of seizures when necessary
- Management of excess fluid or pressure around the brain
- A swallowing evaluation before anything is given by mouth
- Physical, occupational, and speech therapy
- Rehabilitation, discharge planning, and caregiver education

After an aneurysmal SAH, patients are monitored for reduced blood flow to the brain that can develop several days after the initial bleeding. A medication called nimodipine may be given to reduce the risk of delayed brain injury. Some patients may need additional procedures to drain excess fluid, relieve pressure, or treat the damaged blood vessel.



Transient Ischemic Attack (TIA)

Definition: A transient ischemic attack, or TIA, occurs when blood flow to part of the brain or eye is temporarily blocked or severely reduced.

A TIA causes the same sudden symptoms as an ischemic stroke, but the symptoms improve or completely go away. A TIA does not cause an area of permanent brain-tissue injury. In a TIA, blood flow returns before permanent brain injury develops, so an infarct core does not form; however, the symptoms are the same, and a TIA must still be treated as an emergency.

However, there is no way to determine at home whether symptoms are caused by a TIA or an active stroke.

A TIA is sometimes called a “mini-stroke,” but warning stroke is a better description because it may signal that a stroke could occur soon.

Emergency Department Evaluation and Treatment

Call 911 immediately for TIA symptoms, even if they improve or go away, and do not drive to the hospital. Evaluation may include a neurological examination, brain and blood-vessel imaging, blood tests, heart-rhythm monitoring, and review of medications and risk factors. Because symptoms may resolve before arrival, information from the patient, caregiver, or witness about what happened and when it began is very important. Treatment is individualized and may include antiplatelet or anticoagulant medication, cholesterol or blood-pressure management, heart monitoring, or treatment of significant carotid artery narrowing.

Inpatient Treatment and Monitoring

Some patients may be admitted to the hospital or placed in observation for continued neurological checks, heart monitoring, and additional testing. Others may be discharged with a plan for urgent follow-up with neurology or another specialist, depending on their risk and test results.

Key Takeaway

Call 911 immediately if TIA symptoms occur.

Never drive yourself or anyone else when experiencing stroke symptoms.

Early treatment can help **prevent future strokes and reduce risk.**

Hospital Stroke Care at BHS

Berkshire Medical Center (BMC) is designated as a Primary Stroke Service by the Department of Public Health of the Commonwealth of Massachusetts and is also a certified Primary Stroke Center through The Joint Commission. BMC is staffed and equipped to diagnose and treat stroke patients and to support them through rehabilitation and recovery.

Fairview Hospital (FVH) and North Adams Regional Hospital (NARH) are designated Acute Stroke Ready Hospitals (ASRH). These hospitals provide rapid stroke evaluation and stabilization.



Through a specialized communication system called telestroke, doctors at BMC, FVH, and NARH can consult in real time with stroke experts remotely. These specialists can see and speak with patients and families using secure video technology.

This system allows patients to receive expert care, including timely diagnosis and treatment of acute stroke, as well as evaluation for additional treatments or procedures.



Prevention

Preventing Another Stroke

Stroke prevention is based on the cause of the stroke and each patient's individual risk factors. The care team will develop a prevention plan tailored to the patient's needs.

Take Medications as Prescribed

Medications may be used to:

- Prevent blood clots
- Control blood pressure
- Lower cholesterol
- Manage diabetes
- Treat atrial fibrillation or other heart conditions

Do not stop, restart, or change aspirin, blood thinners, blood-pressure medications, or other prescribed medications without medical guidance.



Manage Stroke Risk Factors

Work with your healthcare team to:

- Keep blood pressure, cholesterol, and blood sugar controlled
- Treat atrial fibrillation and other heart conditions
- Stop smoking
- Maintain a healthy weight
- Eat a heart-healthy diet
- Participate in safe physical activity
- Avoid cocaine, amphetamines, and other stimulant drugs
- Limit heavy alcohol use

Complete Recommended Testing and Follow-Up

Depending on the cause of the stroke, follow-up may include:

- Heart-rhythm monitoring
- Evaluation or treatment of carotid artery narrowing
- Follow-up imaging of an aneurysm or abnormal blood vessel
- Neurology, neurosurgery, cardiology, or primary-care appointments
- Physical, occupational, or speech therapy



Changes After a Stroke

A stroke can affect each person differently depending on what part of the brain was involved. Some changes may improve over time, while others may take longer or require therapy.

Physical Changes After a Stroke

A stroke can affect each person differently depending on which part of the brain was injured. Some changes improve over time, while others may require ongoing therapy and support.

Walking and Balance You may:

- Feel unsteady or off-balance
- Walk more slowly or have difficulty walking
- Need a cane, walker, or other assistive devices
- Have an increased risk of falls

Speech and Understanding You may:

- Have slurred speech
- Have trouble speaking, finding the right words, or understanding others.
- Experience communication problems known as aphasia or dysarthria

Vision You may:

- Have blurred or double vision
- Lose vision on one side
- You may have difficulty reading or recognizing objects

Arm and Leg Movement You may:

- Have weakness or paralysis on one side of the body
- Experience stiffness or muscle tightness or reduced coordination
- Find everyday tasks like reaching, lifting, or holding objects more difficult

Daily Activities (ADLs = Activities of Daily Living)

A stroke may make everyday activities more difficult, including:

- Getting dressed
- Bathing
- Eating
- Using the bathroom
- Cooking or household tasks
- You may need help at first, but **therapy and practice can help you regain independence over time.**



Key Takeaways

- Every stroke recovery is different
- Improvement can continue for months or even years
- Physical, occupational, and speech therapy can help you regain skills and independence
- Don't hesitate to ask for help - your healthcare team is here to support you

Emotional and Mental Health Changes After a Stroke

Emotional and mental health changes are **common after a stroke**. These changes may happen because the stroke affects areas of the brain that control emotions or as a reaction to physical and life changes after stroke. These changes are **not a sign of weakness**, and help is available.

Common Emotional Changes

After a stroke, you or your loved one may experience:

Anxiety

- Feeling nervous, uneasy, or worried for no clear reason

Depression

- Feeling sad, hopeless, or overwhelmed
- Frustration related to loss of independence
- Loss of interest in activities once enjoyed

Depression after stroke may be caused by **chemical changes in the brain**, emotional stress, or both. While feeling sad at times is normal, **clinical depression** is more serious and may appear soon after a stroke or weeks to months later.

Signs of depression may include:

- Difficulty concentrating or thinking clearly
- Changes in sleep or appetite
- Loss of motivation or pleasure
- Feelings of guilt, worthlessness, or helplessness
- Persistent sadness or emotional numbness
- Thoughts about death or dying

Emotional Liability

- Crying or laughing more easily or without warning

Loss of Inhibition

- Saying or doing things impulsively
- Emotional outbursts due to frustration



Changes After a Stroke cont.

Mood Swings

- Rapid changes between happiness, sadness, or anger
- These often improve as recovery continues

Self-Centeredness

- Increased focus on personal needs
- Difficulty recognizing the needs of others
- Family members and caregivers are encouraged to be patient and understanding, as these changes are often part of recovery.

When to Contact a Doctor Right Away

Please contact a healthcare provider if any of the following occur or persist:

- Feeling sad, hopeless, or “down” most of the time
- Loss of interest in usual activities
- Restlessness or slowed movement
- Feelings of guilt or worthlessness
- Significant changes in appetite, weight, or sleep
- Trouble concentrating or making decisions
- Constant fatigue or low energy
- Frequent headaches or unexplained aches
- Digestive problems without a clear cause
- Increased anxiety or excessive worry
- Relationship difficulties with family or caregivers
- Difficulty recognizing stroke-related changes
- **Thoughts of death or suicide**



Key Takeaways

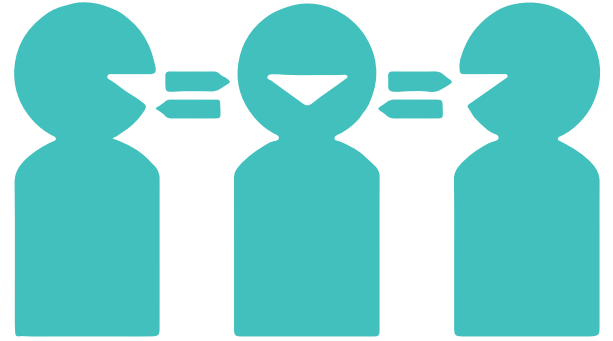
- Depression and anxiety after stroke are **treatable**. Treatment may include counseling, medication, support groups, or a combination of these. Early treatment can reduce suffering and support recovery.

Swallowing & Safety After Stroke

Many people have trouble swallowing after a stroke. This is called **dysphagia**. It is common and treatable, but it's important to manage it safely to prevent complications.

Signs of Swallowing Difficulty

- Coughing or choking while eating or drinking
- Trouble chewing food
- Food or liquid “going down the wrong way” (into the lungs), called aspiration
- Feeling like food is stuck in your throat



A **speech-language pathologist (SLP)** may evaluate your swallowing and recommend:

- Safe food and liquid textures
- Swallowing exercises
- Positioning techniques

In some cases, a temporary feeding tube may be needed for safety.



Recovery & Rehabilitation

The Recovery Process

Recovery after a stroke is different for every person. Even people with similar strokes may recover at different speeds. Many patients notice the **most rapid improvement during the first three months**, but recovery can continue for **months or even years**.

In the early stages after a stroke, brain swelling begins to decrease. At the same time, healthy areas of the brain can begin to **take over or compensate for damaged areas**. As this happens, many stroke survivors regain some abilities that were lost.

The Role of Rehabilitation

Rehabilitation plays a critical role in recovery.

The goals of rehabilitation are to help you:

- Regain physical strength
- Relearn skills
- Build confidence and independence in daily life



Depending on your needs, your rehabilitation plan may focus on one or more of the following areas:

- **Self-care skills** such as eating, bathing, and dressing
- **Mobility skills**, including getting out of bed, standing, walking, or using a wheelchair
- **Communication skills**, such as speaking, understanding, reading, and writing
- **Cognitive skills**, including attention, memory, and problem solving
- **Social skills**, to support interactions with others
- **Emotional skills**, to help manage feelings and adjust to life after stroke

Rehabilitation begins **as soon as your doctor determines it is safe** and that you can benefit from therapy. It often starts in the acute care hospital where you received stroke treatment.



Where Rehabilitation Takes Place

After your hospital stay, rehabilitation may continue in different settings depending on your needs and progress:

- **Inpatient Rehabilitation**
Berkshire Medical Center offers an acute inpatient rehabilitation program that includes 24-hour nursing care, physician oversight, and daily physical, occupational, and speech therapy for patients who qualify.
- **Skilled Nursing Facility**
Provides rehabilitation for patients who need ongoing nursing care but do not require daily physician visits.
- **Home Services**
Visiting nurses and therapists provide care in your home one or more times per week, allowing you to continue recovery in a familiar environment.
- **Outpatient Therapy**
For patients who are able to travel, outpatient physical, occupational, speech, or audiology therapy may be provided with a doctor's order.



Your Rehabilitation Team

Rehabilitation is a team effort.

Your care team may include:

- You and your family or caregivers
- Physiatrists (doctors specializing in rehabilitation)
- Nurses
- Physical, occupational, and speech therapists
- Social workers and psychologists
- Vocational rehabilitation counselors

This team works together to help you regain as much independence as possible. If you feel overwhelmed, sad, or discouraged at any point, **please ask for help**

Emotional support is an important part of recovery.

Preparing for Discharge

Planning for discharge begins early and continues throughout your hospital stay. You, your family or caregivers, and hospital staff will work together to:

- Set recovery goals
- Determine therapy needs
- Identify equipment or services needed at home
- Arrange follow-up care and appointments

Changes at Home After Stroke

Some changes may be needed in your home to improve safety and accessibility as you recover.

Safety

To reduce the risk of falls and injury:

- Keep walkways clear of clutter
- Remove or secure throw rugs
- Ensure adequate lighting

Accessibility

You may need:

- Grab bars or railings in the bathroom or near stairs
- Handrails along steps or hallways
- A ramp if stairs are difficult to manage



Key Takeaways:
Your care team can help recommend home modifications and equipment to support your independence and safety.



Caregiving & Support

Rehabilitation does not involve only doctors and hospital staff. Family and friends play a vital role in recovery. Understanding what the stroke survivor is experiencing, and how the stroke has changed them, can make the transition home easier and improve recovery.

Family and friends can help by:

- Recognizing and managing their own emotions, such as stress, anxiety, or frustration
- Understanding that recovery takes time and progress may be slow
- Spending time visiting, listening, and talking with the stroke survivor
- Reassuring the survivor that they are valued, needed, and important
- Supporting therapy and rehabilitation decisions
- Learning about stroke and the recovery process
- Attending therapy sessions when possible
- Encouraging improvement while remaining realistic about recovery limits
- Sharing caregiving responsibilities
- Taking care of their own physical and emotional health



Support, patience, education, and encouragement from loved ones are essential parts of stroke recovery.

Support Groups for Stroke Patients

Support groups are available for stroke survivors and caregivers. See the informational flyer included in the stroke education folder.

Stroke survivors and their family members and/or caregivers are welcome to attend. Come share the challenges and the successes of life after stroke. Be a source of support or receive the encouragement you need.

The Berkshire Medical Center Stroke Support Group is run by David Wasielewski, a stroke survivor, and meets on the first and third Tuesday each month in the afternoon through the Center for Rehabilitation. They will continue to offer the opportunity to hear several speakers on a variety of topics of interest. We hope that these will enhance your understanding of stroke risk factors, prevention and treatment.

For more information regarding Support Groups, see the Support Group flyer included in your stroke education packet.

Please call the Outpatient Department at the **Center for Rehabilitation** with questions at **(413) 447-2234**.



Preventing Another Stroke

Having one stroke or TIA increases your risk of having another. The good news is that many stroke risk factors can be managed with healthy habits, medications, and regular medical care.

Risk Factors You Can Change

These are the most important ways to reduce your risk of another stroke:

High Blood Pressure

The most important risk factor for stroke.

- Take your medications as prescribed
- Check your blood pressure if recommended
- Eat a healthy diet and stay active

High Cholesterol

High cholesterol can narrow your arteries and reduce blood flow.

- Take cholesterol-lowering medications if prescribed
- Choose foods low in saturated fat and cholesterol

Diabetes

High blood sugar can damage your blood vessels over time.

- Monitor your blood sugar
- Take your medications as prescribed
- Follow your diabetes meal plan

Heart Conditions (such as Atrial Fibrillation)

Some heart conditions increase the risk of blood clots.

- Take blood thinners if prescribed
- Keep regular follow-up appointments with your healthcare provider.

Tobacco, Alcohol, Diet, & Exercise

Healthy lifestyle choices play an important role in stroke prevention.

- Do not smoke
- Limit alcohol as recommended
- Eat plenty of fruits, vegetables, whole grains, and lean proteins
- Stay physically active as recommended by your healthcare team



Risk Factors You Cannot Change

Some stroke risk factors cannot be changed, including:

- Age
- Sex
- Race or ethnicity
- Family history of stroke
- Prior stroke or TIA

If you have any of these risk factors, it is especially important to manage the ones you can control.

Medications to Prevent Stroke

Your provider may prescribe medications to lower your risk of another stroke, including:

- Blood thinners
- Blood pressure medications
- Cholesterol-lowering medications (statins)
- Take medications exactly as prescribed & do not stop them without talking with your healthcare provider

Contact Your Provider or Pharmacist if You:

- Miss a dose
- Have side effects
- Have questions about your medications

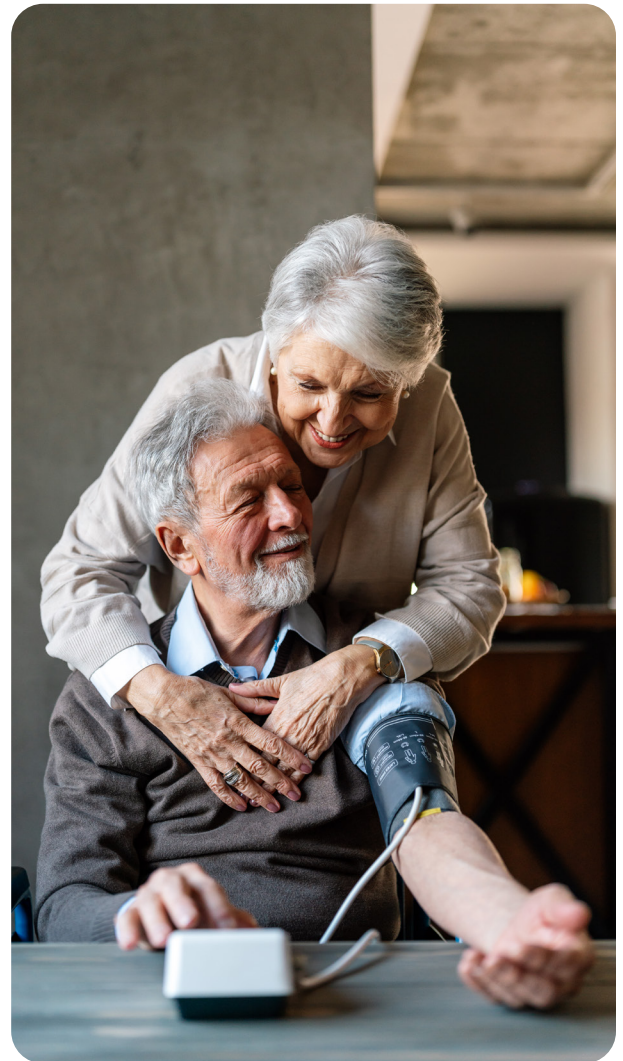
Other Treatments

Some patients may benefit from procedures to improve blood flow, such as:

- Surgery to remove plaque from a neck artery (carotid endarterectomy)
- Placement of a stent to keep an artery open
- Your healthcare provider will discuss whether these treatments are right for you.

Top 5 Ways to Help Prevent Another Stroke

1. Take your medications every day as prescribed
2. Keep your blood pressure under control
3. Eat a heart-healthy diet
4. Stay physically active
5. Don't smoke



Key Takeaways:

- Most strokes can be prevented by managing your risk factors.
- Small changes can make a big difference.
- Work with your healthcare team to create a prevention plan that is right for you.

Medications After a Stroke

After a stroke or TIA, your provider may prescribe medications to help prevent another stroke.

These medications may:

- Prevent blood clots
- Lower blood pressure
- Lower cholesterol

Taking your medications every day as prescribed is one of the best ways to protect your health.

Anticoagulants

These medications slow your blood from forming clots.

Common medications:

- Warfarin (Coumadin)
- Apixaban (Eliquis)
- Rivaroxaban (Xarelto)
- Heparin or Lovenox

You may need this medicine if you have:

- Atrial fibrillation (an irregular heartbeat)
- Certain blood clotting conditions

Key Takeaways:

- You may bruise or bleed more easily
- Call your healthcare provider if you have unusual bleeding.
- Take your medication exactly as prescribed.
- Some anticoagulants require regular blood tests.



Antiplatelet Medications

These medications help keep blood cells (platelets) from sticking together and forming clots.

Common medications:

- Aspirin (ASA)
- Clopidogrel (Plavix)
- Some patients take both medicines for a short time. This is called dual antiplatelet therapy (DAPT).

What's the Difference?

- Anticoagulants slow your blood from forming clots.
- Antiplatelets help prevent platelets from sticking together.

Your healthcare provider will prescribe the medication that is right for you.

Blood Pressure Medications

Keeping your blood pressure under control is one of the best ways to prevent another stroke.

Common medications include:

- Lisinopril
- Losartan
- Amlodipine
- Metoprolol

Cholesterol Medications (Statins)

Many people take a cholesterol medicine after a stroke, even if their cholesterol is normal.

Common medications:

- Atorvastatin (Lipitor)
- Rosuvastatin (Crestor)

These medications:

- Lower “bad” cholesterol (LDL)
- Help protect your blood vessels
- Lower the risk of another stroke



Key Takeaways:

- Take your medications exactly as prescribed
- Do not stop a medication without talking to your healthcare provider
- If you miss a dose or have side effects, call your healthcare provider or pharmacist
- Bring an updated medication list to all of your appointments.

Stroke Support & Resources

Resource	Phone	Website
1-800-QUIT-NOW (National Quitline)	(1-800-784-8669)	https://www.quitnow.net
American Cancer Society Quit Support	1-800-227-2345	https://www.cancer.org
American Heart Association	1-800-AHA-USA1 (1-800-242-8721)	https://www.heart.org
American Stroke Association Stroke Family Warmline	1-888-4-STROKE (1-888-478-7653)	https://www.stroke.org
Berkshire Medical Center	413-447-2000	https://www.berkshirehealthsystems.org
Berkshire Medical Center Center for Rehabilitation	413-447-2234	https://www.berkshirehealthsystems.org
Fairview Hospital (BHS)	413-528-0790	https://www.berkshirehealthsystems.org/location/fairview-hospital
Massachusetts QuitWorks	1-800-QUIT-NOW (1-800-784-8669)	https://www.mass.gov/quitworks
National Cancer Institute Smoking Quitline	1-877-44U-QUIT (1-877-448-7848)	https://www.smokefree.gov
National Stroke Association	303-649-9299	https://www.stroke.org (via American Stroke Association)
North Adams Regional Hospital (BHS)	413-664-5330	https://www.berkshirehealthsystems.org/location/north-adams-regional-hospital
Stroke Support Group Finder (ASA)	1-888-4-STROKE (1-888-478-7653)	https://www.stroke.org/en/stroke-support-group-finder



Glossary

During the hospital stay, many medical words are used to talk about stroke recovery and rehabilitation. This is a quick guide for the words heard most often.

ADL: Activities of Daily Living. This includes getting dressed, bathing, personal hygiene and eating.

Aneurysm: A bulge that forms when an artery wall becomes weak.

Aphasia: Inability to talk or understand speech. There may also be problems reading and writing.

Apraxia: Inability to do purposeful movements even though muscles or senses are working normally.

Aspiration: Swallowing food, liquid, or other objects into the airway or “wind pipe”.

Ataxia: Lacking coordination in arm or leg movements or walking.

Blood pressure: The force of blood against the artery walls. Each time the heart pumps, blood pressure goes up. This is the upper number (systolic) of a blood pressure reading. Each time the heart relaxes, blood pressure goes down. This is the lower number (diastolic) of a blood pressure reading.

Cognition: Knowing, understanding, judging, making decisions and being aware.

Compensation: Learning how to do a task a different way.

Contractures: Less motion at a joint because of tighter muscles and soft tissues.

CT (CAT) scan: A special X-ray that uses computers to find abnormal areas in the body. The CT scan will show the area and type of brain injury.

Deficit: Lacking a skill or ability.

Diplopia: Seeing double (double vision).

Dysarthria: Weakness or paralysis of muscles in the face, mouth, neck and/or throat that may lead to speaking problems.

Dysphagia: Problems or discomfort swallowing. This can also be the inability to swallow.

EEG (electroencephalogram): A recording of the electrical activity of the nerve cells in the brain. This test can help find how extensive brain damage is and see if the patient is having seizures.

Glossary cont.

EKG (electrocardiogram): A recording of the electrical current made by the heart.

Expressive aphasia: Inability to express one's self in words.

Visual Field cut: Blindness in part of the visual field. This involves one or both eyes and may be permanent. The patient may be able to learn to compensate for this loss.

Flaccidity: Weak or no muscle tone.

Hemiparesis: A mild to moderate weakness on one side of the body. This often affects the hand and arm more than the leg.

Hemiplegia: A paralysis on one side of the body. This is a severe weakness of, or inability to move the affected and/ or leg. This often affects the hand and arm more than the leg.

Hypertension: High blood pressure.

MRI (magnetic resonance imaging): A scan which uses magnetic fields to look at the body. This is used to see the extent of an injury.

Neglect: Not paying attention to surroundings and to the weak or paralyzed side of the body.

Orientation: Being aware of time, person, place and purpose.

Perseveration: Repeating a movement or word over and over.

Physiatrist: A doctor who diagnosis and treats people in three areas:

- Severe impairments: stroke, spinal cord injuries, brain injuries, amputations, back problems and burns.
- Musculoskeletal: work-or sports-related injuries, arthritis and low back pain.
- Electrodiagnostic: muscle and nerve damage.

Rehabilitation: Regaining lost or impaired skills to the highest level possible. This can include walking, talking, getting dressed and moving the side of the body affected by the stroke.

Spasticity: Extra tension in a muscle that causes stiff and awkward movement. This may limit the full range of motion.

Stent: An artificial material put in an artery to keep it open.

Tremor: A movement of the arm or leg without control.

References & Internal Sources

American Stroke Association. (2026). Top things to know: 2026 guideline for the early management of patients with acute ischemic stroke. <https://www.stroke.org>

American Heart Association. (2026).

Heart disease and stroke statistics-2026 update: A report of U.S. and global data from the American Heart Association. *Circulation*. Advance online publication. <https://doi.org/10.1161/CIR.0000000000001412>

Martin, S. S., Aday, A. W., Almarzooq, Z. I., Anderson, C. A. M., Arora, P., Avery, C. L., ... Palaniappan, L. P. (2024).

Heart disease and stroke statistics-2024 update: A report from the American Heart Association. *Circulation*, 149(8), e347-e913. <https://doi.org/10.1161/CIR.0000000000001412>

Centers for Disease Control and Prevention. (2024). Stroke facts. <https://www.cdc.gov/stroke>

Kleindorfer, D. O., Towfighi, A., Chaturvedi, S., Cockcroft, K. M., Gutierrez, J., Lombardi-Hill, D., ... Williams, L. S. (2021).

2021 guideline for the prevention of stroke in patients with stroke and transient ischemic attack. *Stroke*, 52(7), e364-e467. <https://doi.org/10.1161/STR.0000000000000375>

Powers, W. J., Rabinstein, A. A., Ackerson, T., Adeoye, O. M., Bambakidis, N. C., Becker, K., ... Tirschwell, D. L. (2019).

Guidelines for the early management of patients with acute ischemic stroke: 2019 update. *Stroke*, 50(12), e344-e418. <https://doi.org/10.1161/STR.0000000000000211>

Prabhakaran, S., Gonzalez, N. R., Zachrison, K. S., et al. (2026).

2026 guideline for the early management of patients with acute ischemic stroke: A guideline from the American Heart Association/American Stroke Association. *Stroke*. Advance online publication. <https://doi.org/10.1161/STR.0000000000000513>

Bushnell, C., et al. (2024). 2024 guideline for the primary prevention of stroke: A guideline from the American Heart Association/American Stroke Association. *Stroke*. <https://doi.org/10.1161/STR.0000000000000475>

National Institute of Neurological Disorders and Stroke. (2023). Stroke information page. <https://www.ninds.nih.gov>

Berkshire Medical Center Stroke Program. (n.d.). Stroke: Your guide to treatment and recovery.

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