

Katie Johnson: Good morning and welcome to AppleADay Lake Region Healthcare's health and wellness segment we feature weekly to talk about health and wellness news. May is stroke awareness month so I've invited Lindy Currie, the admissions coordinator at our acute rehabilitation center to join me and help us understand more about what stroke is, what the treatments are and what kind of services are offered here, along with what families can do to help those who have been affected by stroke.

First of all, let's just start off with the real basics. What is stroke?

Lindy Currie: Well, a stroke is essentially a brain attack. Similar to a heart attack really, only in the brain. It occurs when blood flow to an area of the brain is cut off. When that's cut off those brain cells are deprived of oxygen and begin to die. When brain cells die, the ability that's controlled by that area of the brain affected such as memory and muscle control are lost. It can really happen to anyone at any time and the effects vary from person to person and stroke to stroke.

Someone who had a small stroke may only have minor problems such as temporary weakness of an arm or leg. People who have had larger strokes may be permanently paralyzed on one side of their body or even lose their ability to speak.

Katie Johnson: There are different kinds of stroke, is that right?

Lindy Currie: Absolutely, yes. There's 2 general types of strokes. The first type is called a hemorrhagic stroke which is essentially bleeding in the brain. It can be caused by a burst brain aneurysm or a weakened blood vessel that starts to leak causing the blood to spill into or around the brain and that adds swelling, pressure and damages the brain cells and the tissues. Hemorrhagic strokes are the least common which is good because unfortunately about 40% of all stroke deaths occur with those hemorrhagic strokes and they only account for 15% of all strokes.

The other form is an ischemic stroke that's caused by a blood clot. The blood clot can either develop in a blood vessel in the brain or is formed somewhere else in the body. Most commonly the heart and is swept along the circulatory system and gets lodged in the narrow arteries of the brain. Like I said with the hemorrhagic strokes, the ischemic strokes account for about 85% of all those strokes.

Katie Johnson: How common are strokes?

Lindy Currie: Each year in the US, nearly 800,000 people experience a new or a recurrent stroke which works out to about 1 about every 40 seconds which is pretty unbelievable. Stroke is the 5th leading cause of death in the US with somebody dying from a stroke every 4 minutes and it's also the leading cause of just adult disability in the US as well.

Katie Johnson: Are there any certain types of risk factors that make you more susceptible to having a stroke?

Lindy Currie: Absolutely. Age, race, gender, lifestyle choices, certain medical conditions. They can all decrease or increase a person's risk for having a stroke. As far as age goes, after age 55, the chance of suffering a stroke doubles every decade. As far as race goes, because African-Americans are more at risk for diseases such as high blood pressure, diabetes and obesity, they're also more at risk for stroke than somebody of a Caucasian descent which is interesting. Annually nearly 55,000 more women than men have strokes. This is mostly due in part to the fact that women live longer than men and stroke obviously occurs more often at older ages.

There are certain characteristics that are specific to women as well, such as use of birth control pills and post-menopausal hormone therapy. Both of those can increase the risk of stroke as well.

Katie Johnson: We talk a lot about lifestyle choices on this show and how those impact different diseases. Any lifestyle choices that impact your risk for stroke also?

Lindy Currie: Definitely. I think this is kind of an overall theme for a lot of different things but certain lifestyle choices such as being overweight, being physical inactive, eating a poor diet specifically high in trans and saturated fats and cholesterol. Smoking, excessive alcohol consumption and using illicit drugs, specifically cocaine and methamphetamine are the ones that are the highest to increase your risk for stroke as well.

Furthermore, a few just other risk factors touching on some different medical conditions that people have also increase your risk for stroke. There's a heart rate condition called atrial fibrillation that definitely can increase your risk for stroke. High blood pressure, high cholesterol, a family history of stroke, obstructive sleep apnea where you might need to use a CPAP at night, that can increase your risks. Diabetes, having a previous heart attack, circulation problems like peripheral artery disease and then having a TIA, all increase your risk for stroke as well.

A TIA is called a transient ischemic attack. It's kind of what we consider a mini stroke. It's when blood flow to the part of the brain stops for just a short period of time. They can mimic stroke-like effects so a lot of people will come to the ER and say, "I think I'm having a stroke," and then find that those symptoms resolve. Typically with a TIA those symptoms resolve in less than 24 hours. They just all of a sudden disappear. Their deficits are gone. They usually don't cause permanent brain damage but they're a really serious warning sign that a stroke may happen in your future.

Some important facts to keep in mind about those TIAs, is that 40% of people who have a TIA will actually have a stroke. Nearly half of all strokes occur within the first few days after having a TIA and again, the symptoms for a TIA are the same as having a stroke.

Katie Johnson: Don't ignore those even if they happen and pass by quickly, it's a big red flag.

Lindy Currie: Definitely and it's always good to get checked out and there are a few diagnostic tests that can be run too, to make sure that you're not increased risk for having an actual stroke.

Katie Johnson: If we want to start thinking about how we can be preventive about giving it our best shot to prevent having a stroke, what are some tips that you have?

Lindy Currie: I guess the biggest thing is up to 80% stroke are actually preventable in addition to lifestyle changes such as diet, physical activity, limiting your alcohol intake, not smoking. Really talk to your healthcare provider about any of those other medical conditions that you have. They may recommend medications to thin your blood so that you're not susceptible to clotting or to treat your high blood pressure, high cholesterol, diabetes, heart disease. Any of those things.

When you're doing all the best that you can to prevent a stroke on your side of things, I guess my #1 message is what to do if you think you're having a stroke because that is such a huge thing. They put out a message, kind of a PSA of sorts to act fast, which we think is just a great message to send to everybody. It's quick, it's simple. It's easy to remember so act fast.

FAST, the "F" stands for face. You would ask a person to smile. Does one side of their face droop? "A" stands for arms. Ask the person to raise both arms. Does one arm drift downward? "S" stands for speech. Ask the person to repeat a simple phrase. Is their speech slurred or strange? Are they having trouble getting their words out? "T" stand for time. If you observe any of these signs, it's time to call 911 immediately.

The interesting thing with strokes is that the treatment must be timely in order for it be effective and to decrease the chance for life-long disability or death. There is a window of time that's very opportune and so the first signs of even the slightest symptoms, it's never a bad idea to just go get checked out.

Katie Johnson: You started talking about treatments and the impact of time and how important that is so let's talk a little bit about treatments. What are the treatments for stroke?

Lindy Currie: Sure. There's different types of treatments for stroke and they kind of depend on for one, the time that your symptoms arose and then what type of stroke you're having. With the ischemic strokes with the clots, if you can come in within 4-1/2 hours is essentially what they say of those symptoms starting. They are often times able to give you what's called TPA. It's essentially a big clot buster. They can either give it to you kind of just in your arm so it goes everywhere in your body, kind of dissolves all those clots really anywhere where they would be.

If you've got a few clots somewhere else but they don't dislodge and head right back up, if they know where the stroke is happening, if there's enough time to

determine where in your brain the stroke has actually happened where there's the clot, they can also pinpoint it to a certain area, deliver it right to that area of the brain to hopefully dissolve that clot as well.

Another thing that they can do for clot removal is actually to go in and remove it. They just can go in and take a small catheter and little device into that area of your brain and physically either break it up or grab and remove the clot. The hemorrhage strokes are the strokes that involve bleeding in your brain as opposed to the blood clots usually require neurosurgery intervention. Inserting coils or clamps in areas to stop the bleeding and other interventions to relieve pressure on the brain while the body works to absorb that blood.

Katie Johnson: The question that I hear commonly is what can you do at Lake Region Healthcare for a stroke? Can you do anything? Should you just bypass Lake Region Healthcare altogether. Our recent stroke ready certification was part of what I think has brought this question up a lot so let's touch on that.

Lindy Currie: Sure. Absolutely. At Lake Region, we can provide that TPA administration and a few surgical procedures from Dr. Orandi, interventional radiology. He can either do a carotid stenting or carotid endarterectomy for hemorrhagic strokes or stroke with the bleeding in the brain. Usually what we'll do here first is we find out if you're taking any anticoagulants like Coumadin or Aspirin or any blood thinners in order to be able to help maybe reverse those anticoagulant properties so that the bleeding can lessen. Most of the time with those, then they're transferred out to a different facility that best specializes in those additional treatments for bleeding in the brain and neurosurgical interventions.

After a person has had a stroke there's also another thing that interventional radiology can offer that they've started. It's the Botox treatments for contractures which is kind of interesting as well. A lot of times after a person's had a stroke, once most of their recovery is done, if they have a limb that is ... A hand or something that maybe is a little bit more paralyzed than the rest of it, they can actually kind of start to kind of curl up and those muscles get very tight so they're able to inject a Botox solution which relaxes the muscles which is very, very interesting.

A lot of times you think of Botox for your face for wrinkles or something like that but there's a lot of other things that they're finding with that to help.

Katie Johnson: As far as stroke rehabilitation, you working in the acute rehab center, there's a lot on the other side of the stroke that can be done in that sense as well.

Lindy Currie: Yes. Actually after a patient has had a stroke they have a lot of deficits that they need to work through, either to regain that functionality or to work through the ways that they're going to have to change. Maybe the way they put on their pants or the way that they cook a meal or something like that to kind of counteract the deficits that they have.

As far as the stroke rehabilitation, again we have our acute inpatient rehab unit. It's on the first floor at the hospital here and we worked really hard to gain our Accredited Stroke Specialty certification. We can proudly say again that we earned that in March after our survey this year so we truly do feel that we're best equipped to assist stroke patients in their recovery. Our unit includes a full range of services individually tailored to each person's specific needs. We offer a lot of caregiver training so that if patients do need assistance once they go home, those people who will help feel comfortable with the assistance that they provide.

We also offer a lot of different things on our program just to make people feel more comfortable back in their home setting. Once they go home they really are best equipped. It's really a group effort between the patient and the family or their loved ones and then our staff so that they do leave us and they're able to survive and thrive.

Katie Johnson: Looking to the future, what kind of successes, hope for the future do we see in terms of stroke treatment and rehab?

Lindy Currie: That's one of the coolest things about my job up there, is just to really see the progress. It's amazing what 2 to 4 weeks of therapy can really do for a person when it's intense and focused and the patients are 100% in them and everything. It's great thinking about and thanking us for their experience. It's unbelievable. We just had another person recently that came to us just with a lot of physical difficulties as well as some swallowing difficulties. She could hardly swallow her own spit for a while there. It was pretty intense. When she went home she was able to eat food again. She was eating oatmeal the first time and it was like a kid on Christmas morning. It was so nice.

Those victories, they might seem small to somebody but they're so big and they're so big to those people and they're so big to us and it just makes it all worth it.

Katie Johnson: Just quickly before we wrap up. For those people who are interested in stroke awareness and showing their support for it, there's an event happening this coming Saturday in Fergus Falls, one of 5 locations across the state where the Stroke Association is having a Strides For Stroke Walk. Can you tell us little bit about that?

Lindy Currie: Yeah. It's the first annual Strides For Stroke Walk, again put on by the Minnesota Stroke Association. It's this Saturday May 21, from 10am to noon in P Park which is just the park right across from the hospital and across from the library there. You can sure stop down and show your support. There'll be a few things going on down there and if you have any questions or anything, more info can be found on the Minnesota Stroke Association website and there's a Strides For Stroke tab there that you can click on to get some more information.

Katie Johnson: Great. Lindy Currie from Acute Rehab at Lake Region Healthcare, my guest this morning on AppleADay for stroke awareness month. Thanks for sharing all that

great information, Lindy.

Lindy Currie: Thanks so much Katie.

Katie Johnson: Lindy and Katie reminding you there is so much to do here. Stay healthy for it. Have a great day.