



The Brain Buzz

A UAMS NEWSLETTER FOR STROKE SURVIVORS AND THEIR CAREGIVERS

Need Some Support?

Each week, stroke survivor Molly Schwarz visits patients at UAMS on H8 that have had a stroke. If you are interested in having her visit with you to share her experience and provide support, please let your nurse know.



UAMS
For a Better State of Health

Do Young People Ever Need Surgery after a Stroke Like Older People?

Written by:

Guillermo A. Escobar, MD

Assistant Professor of Surgery, Vasucular Surgery

Stroke is the second leading cause of death worldwide, and 1 out of 10 happen in adults 18-49. The number of strokes in this age group has risen over the last two decades (while those older than 65 are having less strokes than before). The two blood vessels that go to the brain are the “carotid” arteries and the “vertebral” arteries. There is



one on each side of the neck, and if they slowly clog off from accumulation of atherosclerosis (plaque), then the flow in these blood vessels becomes turbulent and clots, or small pieces of plaque can travel into the brain causing a stroke (or mini stroke/ TIA). Blood vessel plaque is responsible for about 20% of all strokes from lack of blood supply, and often need surgery to clean out the plaque. These types of stroke have the worst recovery, and the highest chance of having another stroke. Young adults are generally more likely to survive a stroke; however, almost half are unable to return to work, devastating their quality of life, family dynamics and hindering their economic potential.

At the University of Arkansas for Medical Sciences we looked back at all patients under the age of 50 that had surgery to remove the plaque from their carotid artery. We then compared it to what was reported from other centers that had published their results. Were surprised to find that no one had studied this in almost 20 years even though many things have changed in the last few decades, ranging from why people get heart attacks and strokes now, and the technology we use to identify and treat them.

We found 16 UAMS patients aged 18-49 years who had surgery on their carotid artery from 2005-2015. Most were Caucasian (88%) and all but one (94%) were smokers; consuming an average of over 1 packs/day for over 30 years (10-100 packs-year)!!



Emotions After a Stroke

Right after a stroke, a survivor may respond one way, yet weeks later respond differently. Some survivors may react with understandable sadness; others may be amazingly cheerful. These emotional reactions may occur because of biological or psychological causes due to stroke. These changes may vary with time and can interfere with rehabilitation.

- Tell yourself that your feelings aren't "good" or "bad." Let yourself cope without feeling guilty about your emotions.
- Find people who understand what you're feeling. Ask about a support group.
- Get enough exercise and do enjoyable activities.
- Give yourself credit for the progress you've made. Celebrate the large and small gains.
- Learn to "talk" to yourself in a positive way.
- Allow yourself to make mistakes.
- Ask your doctor for help. Ask for a referral to a mental health specialist for psychological counseling or antidepressant medication if needed for depression.
- Make sure you get enough sleep at night. Sometimes lack of sleep can cause emotional changes.

*Source: American Stroke Association, 2012

B	E	F	A	S	T
Balance off	Eyes — unclear vision	Face/ facial droop	Arms/ legs weak	Speech slurred, confused	Time lost is brain lost

CALL 911 AS SOON AS SYMPTOMS BEGIN



Caregivers: Need Help After Your Loved One Has Had a Stroke?

The website provided by the American Stroke Association can help. This website provides many resources for caregivers to help you to manage the stressful time right after a stroke. Go to www.strokeassociation.org, click on “Life After Stroke” and then on “Family Caregivers.” If you aren’t able to access the internet, call the American Stroke Association at 1-888-4-STROKE.

Do Young People Need Surgery Continued.....



The majority (75%) had strokes or mini strokes before their surgery, and the rest were found to have a severely clogged off carotid vessel. Only two patients had complications (hyperperfusion syndrome and clot in leg) after their surgery and both recovered completely.

When we compared our “modern” young patients to the ones others had treated from 1973-1996, we found significantly more female patients and more of our patients had strokes instead of mini strokes; but nearly all were smokers no matter how long ago we looked.

Smoking is a well-established risk factor for stroke as a whole, especially in those who start smoking very young. More than one in three teenagers were smokers in 1997, and despite a steady decline, it is still just under one in five teenagers will be smoking today. More and more research has shown that the more you smoke, the more you stroke: Smoking increases the risk of having a stroke in a dose-dependent fashion. So teens who smoke into adulthood are especially at risk.

We also found that men were less than half of the patients we operated on for a blocked carotid artery, but before less than half were women. While women used to be thought of as being protected from heart disease and stroke when they are young, they have quickly caught up with men when compared to studies done 20-30 years ago. This troubling difference may be explained by many more women smoking in our study (born in the 1970’s), compared to the women born in the 1930’s and 1940’s from the older studies.

Everybody knows that stopping smoking is extremely difficult, so we all need to pitch in with all of our might to stop teens from ever starting to smoke, help our friends who already do and educate everyone on how to stay healthy! Remember, the more you smoke, the more you stroke!

For free help with quitting smoking, call the Arkansas Tobacco Quitline at 800-784-8669.

**Need More
Information
About Stroke?**



National Stroke Association

1-800-STROKES (787-6537)

www.stroke.org

American Stroke Association

1-888-4-STROKE (478-7653)

www.strokeassociation.org

UAMS Neurology Department

501-686-5838

<http://neurology.uams.edu/>

Could you be at risk for **STROKE?**

Do you have high blood pressure? High cholesterol?

Diabetes? Excess weight? Heart problems?

A family history of stroke or aneurysms? Do you smoke?

All of these factors put you at a higher risk for stroke.

A stroke occurs when blood circulation to the brain fails due to either a blocked or ruptured blood vessel. The resulting lack of oxygen to brain cells can impair brain function. **STROKE IS THE THIRD LEADING CAUSE OF DEATH IN THE UNITED STATES.** Of the roughly 600,000 new and recurrent cases of stroke each year, 160,000 are fatal. **CURRENTLY, THERE ARE 4 MILLION STROKE SURVIVORS, MANY OF WHOM HAVE SIGNIFICANT DISABILITIES.**

STROKE RISK FACTORS

ESTIMATED INCREASE IN RISK

ATRIAL FIBRILLATION	17 times
HYPERTENSION	2 TO 4
CARDIAC DISEASE	2 TO 4
NO EXERCISE	1.8 TO 3.5
DIABETES	1.5 TO 2.5
SMOKING	1.5 TO 2.5
HEAVY ALCOHOL USE	1 TO 3