

What You Need to Know about Stroke

We're Here to Help You –

At UAMS Medical Center, we want you to receive the very best care after your stroke. One way we are doing that is by providing you with this packet of information about stroke. We hope that you will read through the information and that it will be helpful for you and your family.

Important –

- When you return home, if you have any signs or symptoms of a stroke, please call 911 and get to the hospital as quickly as you can. *Please see inside this packet for signs and symptoms of stroke.*
- After a stroke, it is important that you follow up with your primary care physician within at least one (1) month after you are discharged from the hospital unless your discharge instructions state differently.

In This Packet You Will Find the Following Handouts –

You can find more information about stroke, as well as past issues of the UAMS Stroke Newsletter, “The Brain Buzz,” online at uamspatientslearn.org.

TIGR On-Demand Patient Education Videos –

To view some educational videos about stroke while you are in the hospital, please call 526-4766 and enter the code below for the video you wish to view.

Video Code	Video Title
173	Stroke: Brain Attack
165	Pathways: Moving Beyond Stroke and Aphasia
176	After Stroke
161	Anticoagulation Medication: Taking it Safely
148	Smoking: Getting Ready to Quit



Important Phone Numbers –

If you need to make an appointment with your doctor after you are discharged, please call:

- **UAMS Neurology Clinic** – (501) 686-5838 or
- **UAMS Medical Center (Main Number)** – (501) 686-8000

If you have questions about the attached handouts or need help using TIGR, please call:

- **UAMS Patient Education Department** – (501) 686-8084

*To receive a FREE subscription to **Stroke Connection Magazine** from the American Stroke Association, contact:*

- **Phone** – 1-888-STROKE (1-888-478-7653)
- **Web site** – www.strokeassociation.org



let's talk about

Stroke Diagnosis

It's critical to diagnose a stroke in progress because the treatment for stroke depends on the type of stroke, and, in some cases, the location of the injury to the brain.

Other conditions with similar symptoms to stroke and transient ischemic attack (TIA) will need to be ruled out to diagnose stroke. Some of these include seizures, fainting, migraine headaches, heart problems or other general medical conditions.



A CT or "CAT" scan is usually one of the first tests used to diagnose stroke.

How is a stroke diagnosed?

The type of stroke must be determined. Ischemic strokes are caused by a blocked artery in the brain. A ruptured blood vessel causes a hemorrhagic stroke. Treatment for ischemic stroke is different than it is for a hemorrhagic stroke.

Ischemic strokes may be treated with a clot-busting drug, called tPA (tissue plasminogen activator). So, it's important to receive a correct diagnosis before treatment begins. To receive a clot-busting drug treatment such as tPA, a doctor must diagnose your stroke as an ischemic stroke and treat you within 4.5 hours of the onset of symptoms. This treatment usually takes place in the hospital emergency department. If more than 4.5 hours passes, tPA can't be given.

In the emergency room, your doctor or stroke emergency team may:

- Ask you when the symptoms of the stroke started.
- Ask you about your medical history.

- Conduct a physical and neurological examination.
- Have certain lab (blood) tests done.
- Do a CT (computed tomography) or MRI (magnetic resonance imaging) brain scan. This determines what kind of stroke a person has had.
- Study the results of other diagnostic tests that might be needed.

What are the types of diagnostic tests?

Diagnostic tests examine how the brain looks, works and gets its blood supply. Most are safe and painless. These tests fall into two categories: 1) imaging tests and 2) blood flow tests.

IMAGING TESTS:

- **CT (computed tomography) or CAT scan.** It uses radiation to create a picture (like an X-ray) of the brain. It's usually one of the first tests given to a patient with stroke symptoms. CT test results give valuable information about the cause of stroke and the location and extent of brain injury.

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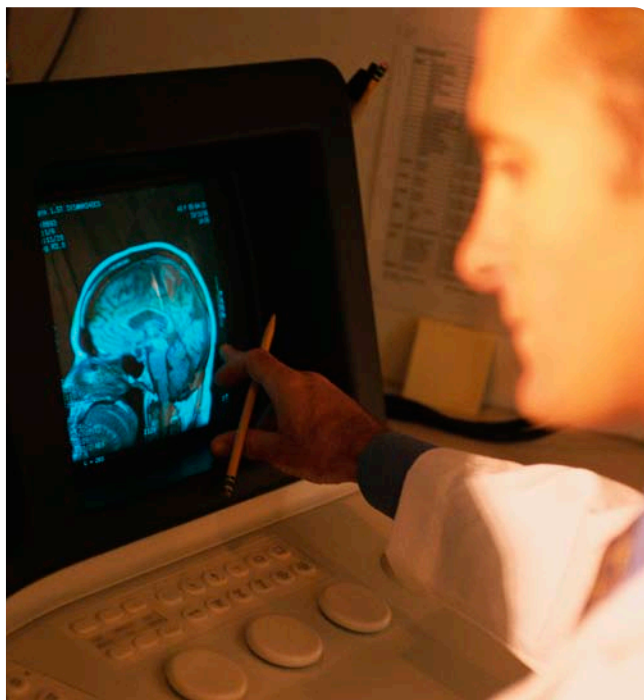


- **MRI (magnetic resonance imaging).** This test uses a large magnetic field to produce an image of the brain. Like the CT scan, it shows the location and extent of brain injury. The image produced by MRI is sharper and more detailed than a CT scan, so it's often used to diagnose small, deep injuries.
- **CTA (computed tomographic angiography).** In CTA, a special contrast material (dye) is injected into a vein and images are taken of the blood vessels to look for abnormalities such as an aneurysm.
- **MRA (magnetic resonance angiography).** In this test, the blood vessels are imaged through a magnetic resonance scanner to locate a cerebral aneurysm.

BLOOD FLOW TESTS:

These tests give information about the condition of arteries in your head and neck that supply blood to your brain.

- **Cerebral angiography (or cerebral arteriography).** Special substances are injected into the blood vessels and an X-ray is taken. This test gives a picture of the blood flow through the vessels. This allows the



size and location of blockages to be reviewed. This test is very valuable in diagnosing aneurysms and malformed blood vessels.

HOW CAN I LEARN MORE?

- 1 **Talk to your doctor, nurse or other healthcare professionals.** Ask about other stroke topics.
- 2 Call **1-888-4-STROKE** (1-888-478-7653) or visit us at **StrokeAssociation.org** to learn more about stroke.
- 3 Call the American Stroke Association's "Warmline" at **1-888-4-STROKE** (1-888-478-7653), and:
 - Sign up for *Stroke Connection*, a free magazine for stroke survivors and caregivers.
 - Talk to other stroke survivors and caregivers and find local support groups.

Do you have questions for the doctor or nurse?

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

Do these tests cause any complications?

My Questions:

We have many other fact sheets to help you make healthier choices to reduce your risk, manage disease or care for a loved one. Visit strokeassociation.org/letstalkaboutstroke to learn more.

Knowledge is power, so Learn and Live!

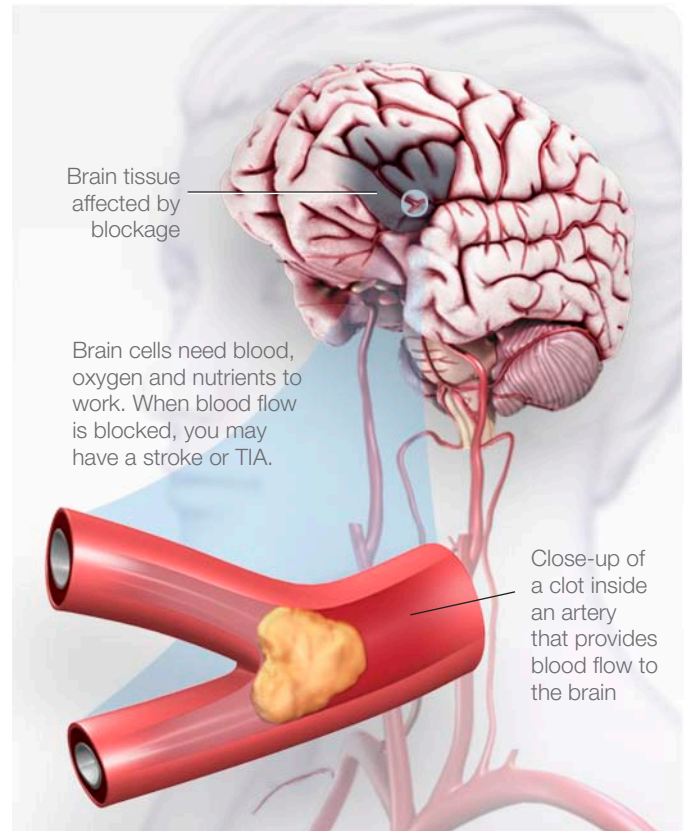


let's talk about

Stroke, TIA and Warning Signs

Stroke occurs when a blood vessel bringing blood and oxygen to the brain gets blocked or ruptures. When this happens, brain cells don't get the blood that they need. Deprived of oxygen, nerve cells stop working and die within minutes. Then, the part of the body they control can't function either. The effects of stroke may be permanent depending on how many cells are lost, where they are in the brain, and other factors.

Stroke is the No. 4 cause of death and a leading cause of serious, long-term disability in America.



What is a TIA?

TIA, or transient ischemic attack, is a “minor stroke” that occurs when a blood clot blocks an artery for a short time. The symptoms of a TIA are the same as those of a stroke, but they usually last only a few minutes. About 15 percent of major strokes are preceded by TIAs, so **don't ignore a TIA. Call 9-1-1 or seek emergency medical attention immediately!**

Isn't stroke hopeless?

No. Stroke is largely preventable. You can reduce your stroke risk by living a healthy lifestyle — controlling high blood pressure; not smoking; eating a low-fat, low-cholesterol diet; being physically active; maintaining a healthy body weight; managing diabetes; drinking moderately or not at all.

Also, much is being done to fight the effects of stroke. For example, the FDA approved use of the clot-

dissolving drug tissue plasminogen activator (tPA) to treat stroke. This is an advance because tPA can stop a stroke in progress and reduce disability. But to be eligible for tPA, you must seek emergency treatment right away, because it must be given within 4.5 hours after symptoms start, and have a clot-caused stroke.

What are warning signs of stroke?

You and your family should recognize the warning signs of stroke. You may have some or all of these signs. Note the time when symptoms start and call 9-1-1 or the emergency medical number in your area. Stroke is a medical emergency!

Don't ignore these warning signs, even if they go away. Timing is important. There are treatments that can be considered within 4 1/2 hours of the onset of symptoms.

Stroke Warning Signs:

- Sudden numbness or weakness of the face, arm or leg,

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especially on one side of the body

- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden severe headache with no known cause

Before you need to take emergency action, find out where the emergency entrance is to your nearest hospital. Also, keep a list of emergency phone numbers next to your phone and with you at all times, just in case. Take these steps NOW!



If you think you may be having a stroke, don't hesitate... immediately call 9-1-1 or your emergency response number.

HOW CAN I LEARN MORE?

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- 3** Call the American Stroke Association's "Warmline" at **1-888-4-STROKE** (1-888-478-7653), and:
 - Sign up for *Stroke Connection*, a free magazine for stroke survivors and caregivers.
 - Talk to other stroke survivors and caregivers and find local support groups.

Do you have questions for the doctor or nurse?

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

Which facility close to me is best equipped to treat me if I am having stroke symptoms?

How can I reduce my risk for stroke?

My Questions:

We have many other fact sheets to help you make healthier choices to reduce your risk, manage disease or care for a loved one. Visit strokeassociation.org/letstalkaboutstroke to learn more.

Knowledge is power, so Learn and Live!



let's talk about

Risk Factors for Stroke

Knowing your risk factors is the first step in preventing stroke. You can change or treat some risk factors, but others you can't. By having regular medical checkups and knowing your risk, you can focus on what you can change and lower your risk of stroke.



What risk factors can I change or treat?

- **High blood pressure.** This is the single most important risk factor for stroke because it's the No. 1 cause of stroke. Know your blood pressure and have it checked at least once every two years. If it's consistently 140/90 or above, it's high. Talk to your doctor about how to manage it.
- **Tobacco use.** Tobacco use damages blood vessels. Don't smoke and avoid second-hand smoke.
- **Diabetes mellitus.** Having diabetes increases your risk of stroke because it can cause disease of blood vessels in the brain. Work with your doctor to manage diabetes.
- **High blood cholesterol.** High blood cholesterol increases the risk of blocked arteries. If an artery leading to the brain becomes blocked, a stroke can result.
- **Physical inactivity and obesity.** Being inactive, obese, or both, can increase your risk of cardiovascular disease.
- **Carotid or other artery disease.** The carotid arteries in your neck supply most of the blood to your brain. A carotid artery damaged by a fatty buildup of plaque inside the artery wall may become blocked by a blood clot, causing a stroke.
- **Transient ischemic attacks (TIAs).** Recognizing and treating TIAs can reduce the risk of a major stroke. TIAs produce stroke-like symptoms but have no lasting effects. Know the warning signs of a TIA and seek emergency medical treatment immediately.
- **Atrial fibrillation or other heart disease.** In atrial fibrillation the heart's upper chambers quiver rather than beating effectively. This causes the blood to pool and clot, increasing the risk of stroke. People with other types of heart disease have a higher risk of stroke, too.
- **Certain blood disorders.** A high red blood cell count makes clots more likely, raising the risk of stroke. Sickle cell anemia increases stroke risk because the "sickled" cells stick to blood vessel walls and may block arteries.

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- **Excessive alcohol intake.** Drinking an average of more than one drink per day for women or more than two drinks a day for men raises blood pressure. Binge drinking can lead to stroke.
- **Illegal drug use.** Intravenous drug use carries a high stroke risk. Cocaine use also has been linked to stroke. Illegal drugs commonly cause hemorrhagic strokes.

What are the risk factors I can't control?

- **Increasing age.** Stroke affects people of all ages. But the older you are, the greater your stroke risk.
- **Gender.** In most age groups, more men than women have stroke, but more women die from stroke.
- **Heredity and race.** People whose close blood relations have had a stroke have a higher risk of stroke. African Americans have a higher risk of death and disability from stroke than whites, because they have high blood pressure more often. Hispanic Americans are also at higher risk of stroke.
- **Prior stroke.** Someone who has had a stroke is at higher risk of having another one.



Age, gender, heredity and race are among the stroke risk factors that you can't control.

HOW CAN I LEARN MORE?

- 1 **Talk to your doctor, nurse or other healthcare professionals.** Ask about other stroke topics.
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 - Sign up for *Stroke Connection*, a free magazine for stroke survivors and caregivers.
 - Talk to other stroke survivors and caregivers and find local support groups.

Do you have questions for the doctor or nurse?

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

What are my risk factors for stroke?

What are the warning signs of TIAs and stroke?

My Questions:

We have many other fact sheets to help you make healthier choices to reduce your risk, manage disease or care for a loved one. Visit strokeassociation.org/letstalkaboutstroke to learn more.

Knowledge is power, so Learn and Live!



let's talk about

Feeling Tired After Stroke

After a stroke, almost all stroke survivors feel tired at some point. Stroke survivors often must work harder to make up for the loss of normal functions (such as being unable to use an arm or hand). But you'll probably start feeling less tired after a few months. For some people, tiredness may continue for years after a stroke, but they usually find ways to make the most of the energy they have.



Why am I so tired?

It's important to pinpoint what's causing you to be tired. Then you can take action to manage it. Consult with your healthcare provider to rule out any medical conditions that might cause tiredness or make it worse. You may feel tired after a stroke for four major reasons:

- You may have less energy than before because of sleeping poorly, not getting enough exercise, poor nutrition or the side effects of medicine.
- You have as much energy as before, but you're using it differently. Because of the effects of your stroke, things, like dressing, talking or walking, take a lot more effort. Changes in thinking and memory take more concentration. You have to stay "on alert" all the time — and this takes energy.
- You also may feel more tired due to emotional changes. Coping with frustration, anxiety, anger and sadness can be draining. Depressed feelings are

common after a stroke. Often, loss of energy, interest or enthusiasm occurs along with a depressed mood.

- You may feel more tired because of depression. Depression is very common after a stroke. Clinical depression is a treatable illness that happens to many stroke survivors. Symptoms include significant lack of energy, lack of motivation, and problems concentrating or finding enjoyment in anything. Talk to your doctor about an evaluation for clinical depression if tiredness continues.

How can I increase my energy?

- Tell your doctor how you feel and make sure you have had an up-to-date physical. Your doctor can evaluate any medical reasons for your tiredness. He or she can also check to see if your fatigue could be a side effect of your medication.
- Celebrate your successes. Give yourself credit when you accomplish something. Look at your progress, not at what's left to be done.

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- Try naps, or schedule rest periods throughout the day. Rest as long as you need to feel refreshed.
- Learn to relax. Sometimes the harder you try to do something, the harder it is to do. You become tense, anxious and frustrated. All this takes more energy. Being relaxed lets you use your energy more efficiently.
- Do something you enjoy every day. A positive attitude or experience helps a lot to boost energy levels.
- Be social. Go out into the community and interact with friends, family and other people.
- Physical activity is important. With permission from your doctor, consider joining a health and wellness program.



Being with family and friends may provide that energy boost you need.

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Do you have questions for the doctor or nurse?

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

What can I do to decrease my tiredness?

Could clinical depression be causing my tiredness?

Are the medicines I take causing my fatigue?

My Questions:

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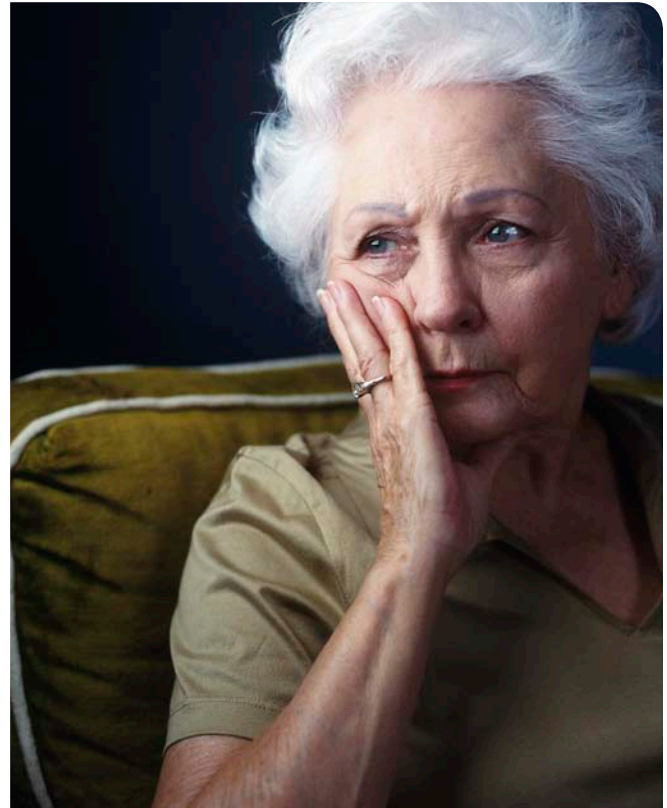
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let's talk about

Emotional Changes After Stroke

Right after a stroke, a survivor may respond one way, yet weeks later respond differently. Some survivors may react with sadness; others may be 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.



How does stroke cause emotional changes?

Emotions may be hard to control, especially right after a stroke. Some changes are a result of the actual injury and chemical changes to the brain caused by the stroke.

Others are a normal reaction to the challenges, fears and frustrations that one may feel trying to deal with the effects of the stroke. Often, talking about the effects of the stroke and acknowledging these feelings helps stroke survivors deal with these emotions.

What are some common emotional changes after stroke?

Pseudobulbar Affect, also called “emotional lability,” “reflex crying” or “labile mood,” can cause:

- Rapid mood changes — a person may “spill over into tears” for no obvious reason and then quickly stop crying or start laughing.
- Crying or laughing that doesn't match a person's mood.

- Crying or laughing at unusual times or that lasts longer than seems appropriate.

Post-stroke depression is characterized by:

- Feelings of sadness
- Hopelessness or helplessness
- Irritability
- Changes in eating, sleeping and thinking

Treatment for post-stroke depression may be needed.

If not treated, depression can be an obstacle to a survivor's recovery. Don't hesitate to take antidepressant medications prescribed by your doctor.

Other common emotional reactions include:

- Frustration
- Anxiety
- Anger
- Apathy or not caring what happens

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- Lack of motivation
- Depression or sadness

How can I cope with my changing emotions?

- 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 and/or medication if needed.
- Stroke may cause you to tire more easily. Rest when you feel fatigued. Make sure you get enough sleep. Sometimes lack of sleep can cause emotional changes and cause you not to cope as well.



Connecting with friends or joining a stroke support group may help you cope with your changing emotions.

HOW CAN I LEARN MORE?

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Do you have questions for the doctor or nurse?

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

What can my family do to help me when I am emotional?

Will these emotional changes improve over time?

My Questions:

We have many other fact sheets to help you make healthier choices to reduce your risk, manage disease or care for a loved one. Visit strokeassociation.org/letstalkaboutstroke to learn more.

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let's talk about

Lifestyle Changes To Prevent Stroke

You can do plenty to make your heart and blood vessels healthy, even if you've had a stroke. A healthy lifestyle plays a big part in decreasing your risk for disability and death from stroke and heart attack.



How can I make my lifestyle healthier?

Here are steps to take to be healthier and reduce your risk of stroke:

- Don't smoke and avoid second-hand smoke.
- Improve your eating habits. Eat foods low in saturated fat, trans fat, cholesterol, sodium and added sugars.
- Be physically active.
- Take your medicine as directed.
- Get your blood pressure checked regularly and work with your healthcare provider to manage it if it's high.
- Reach and maintain a healthy weight.
- Decrease your stress level.
- Seek emotional support when it's needed.
- Have regular medical checkups.

How do I stop smoking?

- Make a decision to quit — and commit to stick to it.
- Ask your healthcare provider for information, programs and medications that may help.

- Fight the urge to smoke by going to smoke-free facilities. Avoid staying around people who smoke.
- Keep busy doing things that make it hard to smoke, like working in the yard.
- Remind yourself that smoking causes many diseases, can harm others and is deadly.
- Ask your family and friends to support you.

How do I change my eating habits?

- Ask your doctor, nurse or a licensed nutritionist or registered dietician for help.
- Be aware of your special needs, especially if you have high blood pressure, high cholesterol or diabetes.
- Avoid foods like egg yolks, fatty meats, butter and cream, which are high in fat and cholesterol.
- Eat moderate amounts of food and cut down on saturated fat, trans fat, sugar and salt.
- Bake, broil, roast and boil foods instead of frying.
- Read nutrition labels on packaged meals. Many are very high in sodium.

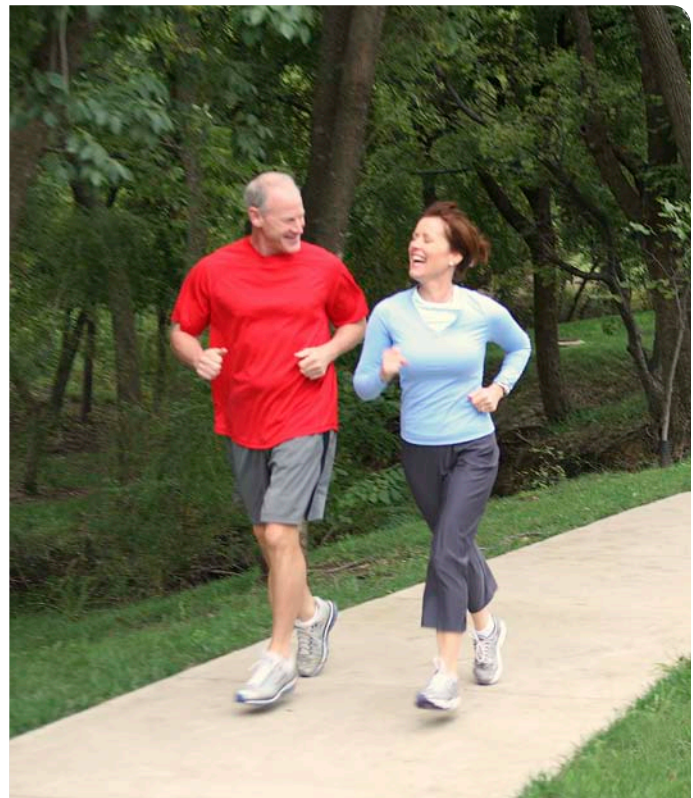
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- Limit alcohol to one drink a day for women; two drinks per day for men.
- Eat more fruit, vegetables, whole-grains, dried peas and beans, pasta, fish, poultry and lean meats.

What about physical activity?

- If you have a medical condition, check with your doctor before you start.
- Start slowly and build up to at least 2 ½ hours of moderate physical activity (such as brisk walking) a week.
- Look for even small chances to be more active. Take the stairs instead of an elevator and park farther from your destination.



If you have a chronic medical condition, check with your doctor before starting an exercise program.

HOW CAN I LEARN MORE?

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Do you have questions for the doctor or nurse?

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

What is the most important change I can make?

What kind of physical activity can I do safely?

My Questions:

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Knowledge is power, so Learn and Live!



let's talk about

Living at Home After Stroke

Most stroke survivors are able to return home and resume many of the activities they did before the stroke. Leaving the hospital may seem scary at first because so many things may have changed. The hospital staff can help prepare you to go home or to another setting that can better meet your needs.



For your safety, you may need to have handrails installed in your bathroom.

How do I know if going home is the right choice?

Going home poses few problems for people who have had a minor stroke and have few lingering effects. For those whose strokes were more severe, going home depends on these four factors:

- **Ability to care for yourself.** Rehabilitation should be focused on daily activities.
- **Ability to follow medical advice.** It's important to take medication as prescribed and follow medical advice.
- **A caregiver.** Someone should be available who is willing and able to help when needed.
- **Ability to move around and communicate.** If stroke survivors aren't independent in these areas, they may be at risk in an emergency or feel isolated.

What changes do I need to make at home?

Living at home successfully also depends on how well your home can be adapted to meet your needs.

- **Safety.** Take a look around your home and remove anything that might be dangerous. This might be as simple as taking up throw rugs, testing the temperature of bath water or wearing rubber-soled shoes. Or it may be more involved, like installing handrails in your bathroom or other areas.
- **Accessibility.** You need to be able to move freely within the house. Changes can be as simple as moving the furniture or as involved as building a ramp.
- **Independence.** Your home should be modified so you can be as independent as possible. Often this means adding special equipment like grab bars or transfer benches.

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What if I can't go home?

Your doctor may advise a move from the hospital to another type of facility that can meet your needs permanently or for a short time. It's important that the living place you choose is safe and supports your continued recovery. Your social worker and case manager at the hospital can give you information about alternatives that might work for you.

Possibilities include:

- **Nursing facility.** This can be a good option for someone who has ongoing medical problems.
- **Skilled nursing facility.** This is for people who need medical attention, continued therapy and more care than a caregiver can provide at home.
- **Intermediate care facility.** This is for people who don't have serious medical problems and can manage some level of self-care.
- **Assisted living.** This is for people who can live somewhat independently but need some assistance with things like meals, medication and housekeeping.



Many stroke survivors who are unable to immediately return home find the support they need at assisted living or nursing facilities.

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Do you have questions for the doctor or nurse?

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

What living arrangement would you recommend for me?

Is there a caregiver or stroke support group available in my community?

My Questions:

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Knowledge is power, so Learn and Live!



let's talk about

Driving After Stroke

Driving is often a major concern after a stroke. It's not unusual for stroke survivors to want to drive. Getting around after a stroke is important — but safety is even more important.



Can I drive after a stroke?

Injury to the brain may change how you do things. So before you drive again, think carefully about how these changes may affect safety for you, your family and others.

What are some warning signs of unsafe driving?

Often survivors are unaware of the difficulties in driving that they might have. Some may not realize all of the effects of their stroke. They may feel that they're able to drive even when it's a bad idea. Driving against your doctor's advice can be dangerous and may be illegal. In some cases, your doctor may have to notify your state that you've been advised not to drive.

If you or someone you know has experienced some of these warning signs of unsafe driving, please consider taking a driving test:

- Drives too fast or too slow for road conditions or posted speeds
- Needs help or instructions from passengers
- Doesn't observe signs or signals
- Makes slow or poor distance decisions
- Gets easily frustrated or confused
- Often gets lost, even in familiar areas
- Has accidents or close calls
- Drifts across lane markings into other lanes

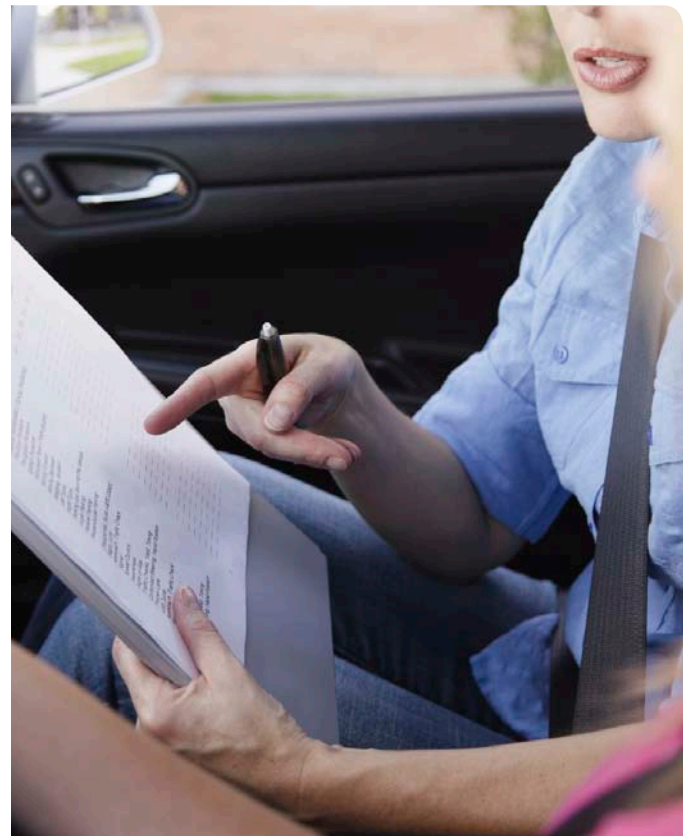
How can I tell if I can drive?

- Talk to your doctor or occupational therapist. They will offer a professional opinion about how your stroke might change your ability to drive. Contact your State Department of Motor Vehicles. Ask for the Office of Driver Safety. Ask what applies to people who've had a stroke.

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- Have your driving tested. Professionals such as driver rehabilitation specialists can evaluate your driving ability. You'll get a behind-the-wheel evaluation and be tested for vision perception, functional ability, reaction time, judgment and cognitive abilities (thinking and problem solving). Call community rehabilitation centers or your local Department of Motor Vehicles.
- Enroll in a driver's training program. For a fee, you may receive a driving assessment, classroom instruction and suggestions for modifying your vehicle (if necessary). These programs are often available through rehab centers.
- Ask your family if they have seen changes in your communication, thinking, judgment or behavior that should be evaluated before you drive again. Family often have more opportunities to observe changes than others do.



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- 2** Call **1-888-4-STROKE** (1-888-478-7653) or visit us at **StrokeAssociation.org** to learn more about stroke.
- 3** Call the American Stroke Association's "Warmline" at **1-888-4-STROKE** (1-888-478-7653), and:
 - Sign up for *Stroke Connection*, a free magazine for stroke survivors and caregivers.
 - Talk to other stroke survivors and caregivers and find local support groups.

Do you have questions for the doctor or nurse?

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

When should I test my driving ability?

Is my driving restriction permanent?

If not, when might I be able to drive again?

My Questions:

We have many other fact sheets to help you make healthier choices to reduce your risk, manage disease or care for a loved one. Visit strokeassociation.org/letstalkaboutstroke to learn more.

Knowledge is power, so Learn and Live!



let's talk about

The Stroke Family Caregiver

People who provide help for stroke survivors are often called **caregivers**. Everyone involved in helping a stroke survivor is a caregiver. It can be the spouse, family members or friends. Often one person, spouse, adult child or parent, will provide most of the care.

It's important that caregivers and stroke survivors strive to be "care partners" in their efforts. It's often a challenge for both to adjust to their changed roles. The adjustment may be easier if the caregiver and stroke survivor share in decision-making as much as possible and try to share their feelings honestly.



What should a caregiver do?

There is no one "job description" that explains what all caregivers do. Each caregiver's responsibilities vary according to the unique needs of the stroke survivor. Role changes and new skills may need to be learned. Common responsibilities of caregiving include:

- Providing physical help with personal care and transportation.
- Managing financial, legal and business affairs.
- Monitoring behavior to ensure safety.
- Managing housework and making meals.
- Coordinating health care and monitoring or giving medications.
- Helping the survivor maintain learned rehab skills and work to improve them.
- Providing emotional support for the stroke survivor and family members.

- Encouraging the stroke survivor to continue working toward recovery and to be as independent as possible.

Is there assistance for caregivers?

Many people find caring for another person very rewarding. But there may be times when a stroke survivor's needs are too much for any one person. Sometimes a caregiver just needs a break. These community resources may be helpful:

- **Adult day care** — professional supervision of adults in a social setting during the day.
- **Adult foster homes** — supervised care in approved (licensed) private homes.
- **Meal programs (Meals on Wheels)** — a federally sponsored nutrition program.
- **Home health aide service** — in-home personal care assistance.

(continued)



- **Homemaker assistance** — supervised, trained personnel who help with household duties.
- **Respite care** — people come into the home for a limited time to give caregivers a break. Some nursing homes also provide short-term respite care.

Is training available for family caregivers?

Finding caregiver training locally can be hit or miss. A good place to start is with your local Area Agency on Aging. Visit eldercare.gov to find an office near you.



Hiring a home health aide is a great way to give yourself a break from the rigors of being the primary caregiver.

HOW CAN I LEARN MORE?

- 1 **Talk to your doctor, nurse or other healthcare professionals.** Ask about other stroke topics.
- 2 Call **1-888-4-STROKE** (1-888-478-7653) or visit us at **StrokeAssociation.org** to learn more about stroke.
- 3 Call the American Stroke Association's "Warmline" at **1-888-4-STROKE** (1-888-478-7653), and:
 - Sign up for *Stroke Connection*, a free magazine for stroke survivors and caregivers.
 - Talk to other stroke survivors and caregivers and find local support groups.

Do you have questions for the doctor or nurse?

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

Is there a stroke support group or caregiver support group in my area?

Do you know of any other national organizations that support caregivers?

My Questions:

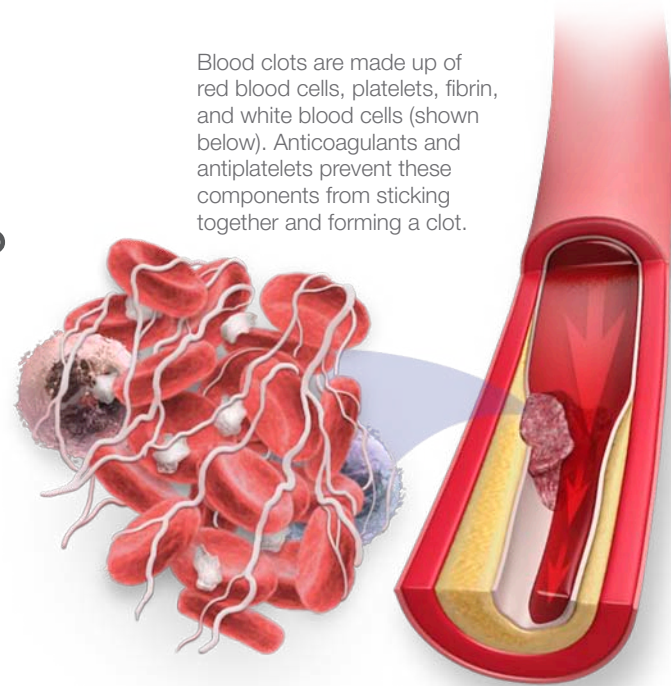
We have many other fact sheets to help you make healthier choices to reduce your risk, manage disease or care for a loved one. Visit strokeassociation.org/letstalkaboutstroke to learn more.

Knowledge is power, so Learn and Live!



What Are Anticoagulants and Antiplatelet Agents?

Anticoagulants and antiplatelet agents are medicines that reduce blood clotting in an artery, a vein or the heart. Clots can block the blood flow to your heart muscle and cause a heart attack. They can also block blood flow to your brain, causing a stroke.



Blood clots are made up of red blood cells, platelets, fibrin, and white blood cells (shown below). Anticoagulants and antiplatelets prevent these components from sticking together and forming a clot.

What should I know about anticoagulants?

Anticoagulants are drugs that are given to prevent your blood from clotting or prevent existing clots from getting larger. They can keep harmful clots from forming in your heart, veins or arteries. Clots can block blood flow and cause a heart attack or stroke.

- Common names for anticoagulants are “warfarin” and “heparin.”
- You must take anticoagulants just the way your doctor tells you.
- Regular blood tests tell your doctor how the anticoagulants are working.
- You must tell other doctors and dentists that you’re taking anticoagulants.
- Ask your doctor before taking anything else — such as vitamins, cold medicine, sleeping pills or antibiotics. These can make anticoagulants stronger or weaker, which can be dangerous.
- Tell your family how you take them and carry an emergency medical ID card.

Could anticoagulants cause problems?

If you do as your doctor tells you, there probably won’t be problems. But you must tell your doctor right away if:

- Your urine turns red or dark brown.
- Your stools turn red, dark brown or black.
- You bleed more than normal when you have your period.
- Your gums bleed.
- You have a very bad headache or stomach pain that doesn’t go away.
- You get sick or feel weak, faint or dizzy.
- You think you’re pregnant.
- You often find bruises or blood blisters.
- You have an accident of any kind.

What should I know about antiplatelet agents?

These drugs, such as aspirin, keep blood clots from forming. Many doctors now prescribe aspirin to heart patients for this reason.

(continued)



Aspirin can save your life if you have heart problems. You don't need a prescription to get it, but it's just as important as any other medicine your doctor tells you to take. You must use it just as you're told.

Aspirin:

- Helps keep blood from clotting.
- Has been shown to reduce the risk of a heart attack, stroke or TIA.
- Should not be taken with anticoagulants unless your doctor tells you to.
- Must be used as your doctor orders — most often in small doses every day or every other day if you already have cardiovascular disease (CVD) or are at high risk for CVD.
- Might not be taken while you're having surgery.

Do I need to wear an emergency medical ID?

Yes, always keep it with you. Wear it on your person or keep it in your purse or wallet. It needs to include:

- The name of the drug you're taking.
- Your name, phone number and address.
- The name, address and phone number of your doctor.



Aspirin can save your life if you have heart problems because it helps keep blood from clotting.

HOW CAN I LEARN MORE?

- 1 Talk to your doctor, nurse or other healthcare professionals.** If you have heart disease or have had a stroke, members of your family also may be at higher risk. It's very important for them to make changes now to lower their risk.
- 2 Call 1-800-AHA-USA1** (1-800-242-8721), or visit heart.org to learn more about heart disease.
- 3** For information on stroke, call **1-888-4-STROKE** (1-888-478-7653) or visit us at StrokeAssociation.org.

Do you have questions for the doctor or nurse?

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

What kind of aspirin should I take, and what is the right dose for me?

My Questions:

We have many other fact sheets to help you make healthier choices to reduce your risk, manage disease or care for a loved one. Visit heart.org/answersbyheart to learn more.

Knowledge is power, so Learn and Live!



The Simple 7

Source: American Heart Association
and American Stroke Association

It's never too late to make better choices for your health. The American Heart Association invites you to start a new life resolution now. The Simple 7 steps below will help you get on the road to better health.

1. Get Active

Make the time to add activity into your lifestyle. One of the best things you can begin doing is walking more often. It's easy, it's social, it requires no special equipment, and it works! Just walk fast enough to get your heart rate up. Most of us can expect to cover 2 miles or more in a thirty minute block of time. If thirty minutes seems like an impossible goal, start with less. Some physical activity is always better than none! You can chart your progress as you work your way toward your goals.



2. Control Cholesterol

When you control your cholesterol, you are giving your arteries their best chance to remain clear of blockages. You can change what you eat. Eat healthy foods that are low in cholesterol, trans fats and saturated fats. A diet high in fiber also helps keep cholesterol levels controlled.



3. Eat Better

A healthy diet is one of your best weapons for fighting cardiovascular disease. When you eat a heart-healthy diet (foods low in saturated and trans fat, cholesterol, sodium and added sugars, and foods high in whole grain fiber, lean protein, and a variety of colorful fruits and vegetables) you improve your chances for feeling good and staying healthy – for life!

4. Manage Blood Pressure

High blood pressure is the single most significant risk factor for heart disease. When your blood pressure stays within healthy ranges, you reduce the strain on your heart, arteries, and kidneys which keeps you healthier longer.

5. Lose Weight

If you have too much fat – especially if a lot of it is at your waist – you're at higher risk for such health problems as high blood pressure, high blood cholesterol and diabetes. If you're overweight or obese, you can reduce your risk for heart disease by successfully losing weight and keeping it off. Even losing as few as five or ten pounds can produce a dramatic blood pressure reduction.



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6. Reduce Blood Sugar

If your fasting blood sugar level is below 100, you are in the healthy range. When diabetes or pre-diabetes is detected, a doctor may prescribe changes in eating habits, weight control, exercise programs and medication to keep it in check. It's critical for people with diabetes to have regular check-ups. Work closely with your healthcare provider to manage your diabetes and control any other risk factors.

7. Stop Smoking

Cigarette smokers have a higher risk of developing cardiovascular disease. If you smoke, quitting is the best thing you can do for your health. Smoking is one of our nation's top causes of early death, but your lungs can begin to heal as soon as you quit. For more support, visit www.heart.org. Click the "GETTING HEALTHY" tab at the top left of the screen and then select the "Quit Smoking" link underneath.



For more information about "Life's Simple 7," visit the American Heart Association website at:

www.mylifecheck.heart.org



For a Better State of Health

Counting Down Cholesterol

A Guide to Lowering Your Blood Cholesterol

A major cause of heart disease is a high level of cholesterol in your blood. Excess cholesterol in your body builds up in the walls of your arteries. Over time, this buildup causes the arteries to narrow, slowing or blocking the blood flow to your heart. If your heart does not receive enough oxygen-rich blood, you may suffer chest pain or even a heart attack.

Assess your risk

Your risk for heart disease and heart attack depends on several conditions, also called risk factors, which affect your blood cholesterol levels. The more risk factors you have, the greater your chances of developing heart disease or having a heart attack.

Risk factors include:

- Diabetes
- Low HDL cholesterol
- Overweight
- Smoking
- Family history of early heart disease (before age 55 in your father or brother; before age 65 in your mother or sister)
- High LDL cholesterol
- High triglycerides
- Sedentary lifestyle
- High blood pressure (140/90 mmHg or higher, or on blood pressure medication)
- Age (men 45 years or older; women 55 years or older)

The good news: You can lower your risk. Read on to learn how lifestyle changes that include a cholesterol-lowering diet, physical activity, and weight management can help slow, stop, or even reverse heart disease. Your heart's health depends on you!

Know your numbers

A simple blood test called a lipoprotein profile measures the total cholesterol, LDL cholesterol, HDL cholesterol, and triglycerides. After age 20, everyone should have a fasting lipoprotein profile at least every 5 years.

Total Cholesterol – the sum of all the cholesterol in your blood. When your total cholesterol is high, your risk for heart disease goes up.

- Less than 200 mg/dL is desirable
- 200 to 239 mg/dL is borderline high
- 240 mg/dL and above is high

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LDL Cholesterol – is dangerous when levels are too high. LDL-cholesterol is what builds up in your arteries and may block the flow of blood.

- Less than 100 mg/dL is optimal
- 100 to 129 mg/dL is near optimal
- 130 to 159 mg/dL is borderline high
- 160 to 189 mg/dL is high
- 190 mg/dL is very high

HDL Cholesterol – this good form of cholesterol helps protect against heart disease. It carries cholesterol from parts of your body back to the liver, where it can be broken down and removed. For HDL, higher numbers are better.

- Less than 40 mg/dL is low and a major risk factor for heart disease
- 40 to 59 mg/dL is good
- 60 mg/dL and above is protective and lowers your risk

Triglycerides – a form of fat in your blood, may also be included. Borderline high (150 to 199 mg/dL) or high (200 mg/dL or more) levels can also raise heart disease risk.

Treating High Cholesterol

Lowering your risk of heart disease means adopting heart-healthy life habits. This involves a treatment called Therapeutic Lifestyle change or TLC. The main goal of this treatment is to lower your LDL cholesterol level. In some cases, your doctor may prescribe a cholesterol-lowering medication too. This works along with the TLC treatment to help lower your LDL cholesterol.

Therapeutic lifestyle changes

- **Adopt a diet that is low in saturated fat and cholesterol.** Your food choices have a major impact on your heart health. Saturated fats are the main culprit in raising your blood cholesterol, but cholesterol in foods also has an effect. The sections that follow describe how to follow a TLC diet.
- **Make physical activity part of your daily routine.** Regular physical activity is a smart move. It helps to lower LDL cholesterol and raise HDL cholesterol. And it can help you lose weight. Aim for 30 minutes of physical activity on most, if not all, days. Activities that raise your heart rate and use large muscles in your arms and legs are good choices – like walking, riding a bike, swimming, or dancing. Even household activities, such as mowing the lawn, scrubbing the floor, raking leaves, or washing and waxing the car can count toward your daily total.
- **Achieve a healthy weight.** If you are carrying around extra weight, your heart must work even harder to pump oxygen-rich blood throughout your body. Losing weight, even a small amount, can help lower your total and LDL cholesterol levels and raise your HDL cholesterol. Weight loss also helps lower triglyceride levels.

Heart-Healthy Eating

Eating with your heart's health in mind means watching how much fat, saturated fat, cholesterol, sodium, and calories you eat each day. To help lower your LDL cholesterol, your eating plan should match these daily goals.

- Saturated fat: less than 7% of your total calories
- Total fat: 25 – 35% of your total calories mostly from unsaturated sources
- Cholesterol: less than 200 milligrams a day
- Sodium: no more than 2400 milligrams a day
- Calories: just enough to achieve or maintain a healthy weight

A registered dietitian can help you decide what levels of fatty acids and calories are right for you and how to balance these with your other nutrient needs, risk factors, and physical activity level. Every person is different and may require specific adjustments to maximize risk factor reduction.

Your Daily Food Guide

To get started, follow this guide for selected foods low in saturated fat and cholesterol. Try to meet the recommended daily servings from each food group so you can obtain the nutrients you need each day to achieve optimal health.

BREADS, CEREAL, RICE, PASTA, AND OTHER GRAINS (6 - 11 Servings a Day)

Serving Size: 1 slice of bread; ½ bun; ¼ bagel

½ cup potatoes, rice, corn or peas

½ cup cooked cereal; ¾ cup unsweetened breakfast cereal

Eating Tips:

- Buy whole grain varieties for the extra fiber and nutrients. Look for products with whole grain listed as the first ingredients.
- Limit high fat sauces, spreads, and toppings.
- Replace sweet baked goods, such as pastries, croissants, and doughnuts, with lower fat choices, such as bagels or English muffins.



FRUITS AND VEGETABLES (2 - 4 Fruit and 3 - 5 Vegetable Servings a Day)

Serving Size: 1 piece of fruit

½ cup raw or cooked fruit or vegetable

½ cup fruit or vegetable juice

1 cup leafy or raw vegetable

Eating Tips:

- Keep washed and cut-up fruits and vegetables in the refrigerator for quick, easy cooking and snacking.
- Freeze cut-up fruits, like bananas, berries, melon, and grapes for a delicious frozen treat.
- Add chopped or grated vegetables to salads, stews, sauces, or casseroles.



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LOW-FAT MILK, YOGURT, AND CHEESE (2 - 3 Servings a Day)

Serving Size: 1 cup fat-free or low-fat (1%) milk
6 ounces nonfat or low-fat yogurt
1 ounce of low-fat or fat-free cheese

Eating Tips:

- If you drink whole milk or 2% milk, make a gradual change to 1% or fat-free.
- Buy fat-free, reduced fat, low fat, or part skim cheeses that contain 3 grams of fat or less per serving.
- Look for low fat or fat-free varieties of frozen dairy desserts, including ice cream, frozen yogurt, and sherbert. Other fat-free options include fruit ice, sorbet, and popsicles.
- Try low fat or nonfat sour cream and cream cheese.



FISH, LEAN MEAT, POULTRY, AND DRY BEANS (No More Than 5 Ounces a Day)

Serving Size: 5 ounces maximum per day of leanest cuts
 $\frac{1}{2}$ cup cooked dry peas or beans, or $\frac{1}{2}$ cup tofu counts as 1 ounce

Eating Tips:

- Eat fish at least two times per week. Shellfish is very low in fat and saturated fat, but higher in cholesterol.
- Five ounces of meat is about the size of two decks of cards.
- Eat chicken and turkey without the skin.
- Choose the leanest cuts of beef and pork. Select beef cuts with loin or round.
- Plan meals around dry beans, peas, or tofu. Dry beans and peas are also sources of soluble fiber, which can help lower blood cholesterol.



EGG (No More Than 2 Yolks per Week; Egg Whites or Egg Substitutes are Unlimited)

Serving Size: 1 whole egg

Eating Tips:

- One egg yolk contains about 213 milligrams of cholesterol.
- Remember that egg yolks are often used in baked goods and processed foods.
- Replace whole eggs with egg whites or egg substitutes.



FAT AND OILS (No More Than 6 - 8 Servings a Day – Includes Fats and Oils in Food Preparation)

Serving Size: 1 teaspoon liquid or tub margarine or vegetable oil, such as canola or olive oil
1 tablespoon salad dressing
1 ounce of nuts or 2 teaspoons peanut butter

Eating Tips:

- Replace saturated fat (also known as hydrogenated or trans-fat) with unsaturated fats (soft or liquid fats.)
- Buy margarine with liquid vegetable oil as the first ingredient. Choose soft tub margarine or a liquid or spray margarine instead of stick margarine or butter. Avoid hydrogenated margarines and shortenings.
- Look for light, fat-free, or reduced fat mayonnaise and salad dressings (less than 1 gram of saturated fat per teaspoon).
- Try products that contain cholesterol-lowering plant sterols and stanols.



SWEETS, SNACKS, AND ALCOHOL (Now and Then – A Few Times per Week)

Serving Size: Varies

Eating Tips:

- Select fat-free and low-fat baked goods and snack foods. Just remember these foods contain calories, sometimes even more than the full fat versions.
- Sweet treats for now and then: angel food cake, gelatin desserts, graham crackers, or pudding made with fat-free or low-fat milk.
- Savory snacks for now and then: baked tortilla or potato chips, pretzels, air-popped or light popcorn, breadsticks, fat-free, or low-fat crackers.
- Have no more than one alcoholic drink per day if you are a woman and no more than two if you are a man. One drink equals ½ oz. pure alcohol, 12 oz. beer, 4 oz. wine, or 1 – 1 ½ oz. of spirits.



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2 gm Sodium

What is Sodium?

Sodium is a mineral found naturally in many foods. The most significant source of sodium in the diet is table salt, which is about 40% sodium. Processed, convenience, and preserved foods also contain a large amount of sodium. The body needs only 500 mg of sodium daily to function. A normal diet provides more than enough sodium even if you do not use salt.

Why Limit Sodium?

A build up of sodium in the body can cause thirst, increased blood pressure, shortness of breath, and water retention. Decreasing sodium in the diet can reduce edema and the risk of heart attack or stroke associated with high blood pressure. Keep in mind that there are many other factors involved in these health problems. Heredity, obesity, lack of exercise, cigarette smoking, stress, and what you eat all play a role. The desire for salt in foods is an acquired taste. Your taste buds have to be tamed.



General Guidelines:

- Do not add salt at the table or in cooking. One teaspoon of salt contains over 2 grams of sodium.
- Read food labels. “Dietetic” does not necessarily mean low sodium. A rule of thumb is that foods with greater than 300 mg sodium per serving may not fit into a reduced-sodium meal plan.
- Avoid processed and convenience foods. Salt and other sodium ingredients are often added to foods during processing.
- Ask your dietitian before eating any foods not discussed in the menu planning guidelines.
- Consult your physician if you wish to use a salt substitute or a sodium-containing medication such as antacids. Limit milk and milk products to 16 oz. (2 cups) per day.

Salt Substitutes:

Many salt substitutes contain potassium in place of sodium. If eaten in excess, potassium can be harmful to some people. People under medical supervision, especially those with kidney problems, should check with your physician or dietitian before using salt substitutes. Herb spice mixtures are a flavorful alternative to salt. Read labels carefully because some herb-spice mixtures are not salt-free.

Label Lingo:

About 75% of the sodium Americans consume is added to foods during processing. Look for the amount of sodium on food labels. Remember to check state serving sizes. Sometimes they differ from the amounts you usually eat.

Some sodium products have been modified to lower the amount of sodium they contain. You may see the following terms on the foods' label alerting you to the changes.

- Sodium-free or salt-free. Less than 5 mg of sodium per serving.
- Very-low sodium. 35 mg or less of sodium per serving.
- Low sodium. 140 mg or less of sodium per 3½ oz. (100 g).
- Reduced or less sodium. 25% less sodium than the original version of the product.
- Light in sodium. 50% less sodium than the original version of the product.
- No added salt or unsalted. No salt added during processing. (This doesn't guarantee the food product is sodium-free).

Food packages list ingredients in order of weight. An ingredient list won't tell you the exact amount of sodium in a product. The list will alert you to know many different sodium-containing ingredients are included in a food. Look for words such as: sodium, salt, brine, broth, cured, corned, pickled, smoked, soy sauce, teriyaki sauce, marinated, and au jus.

Eating Out:

- Leave the salt shaker on the table. Use pepper, lemon juice, or if possible, your own herb-and-spice mixture to enhance a food's flavor. Always be sure to taste foods before adding any seasonings.
- Go easy on the condiments and sauces. Mustard, ketchup, salad dressings, and sauces greatly increase the amount of sodium in food.
- Ask the server or counter person for help. Request that foods be prepared without added salt. Ask that sauces and salad dressings be served on the side.
- Keep it simple. Often special sauces and toppings add extra sodium to foods. Ordering a cut of meat, broiled fish, or a piece of chicken is a better choice than entrees covered with special sauces. Plain meat sandwiches with fresh vegetable toppings are usually lower in sodium than chicken, egg, or tuna salad sandwiches.
- Try other locations. Instead of choosing a traditional fast-food restaurant, make a quick stop at a grocery or natural-food store, where you may find fresher foods such as salads, fruits, low-sodium cheese, yogurt, tofu, or sushi (limit the soy sauce!).

Nutrition Facts	
Serving Size 1 cup (228g)	
Servings Per Container 2	
Amount Per Serving	
Calories 260	Calories from Fat 120
% Daily Value*	
Total Fat 13g	20%
Saturated Fat 5g	25%
Trans Fat 2g	
Cholesterol 30mg	10%
Sodium 660mg	28%
Total Carbohydrate 31g	10%
Dietary Fiber 0g	0%
Sugars 5g	
Protein 5g	
Vitamin A 4%	Vitamin C 2%
Calcium 15%	Iron 4%
* Percent Daily Values are based on a 2,000 calorie diet. Your Daily Values may be higher or lower depending on your calorie needs:	
	Calories: 2,000 2,500
Total Fat	Less than 65g 80g
Sat Fat	Less than 20g 25g
Cholesterol	Less than 300mg 300mg
Sodium	Less than 2,400mg 2,400mg
Total Carbohydrate	300g 375g
Dietary Fiber	25g 30g
Calories per gram:	
Fat 9	Carbohydrate 4 Protein 4

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11 Tips to a Healthy Heart

The typical American diet is high in total fat, saturated fat, and cholesterol. This diet has been found to increase blood cholesterol levels and the risk of heart disease. Researchers have found that by reducing the amount of total fat, saturated fat, and cholesterol in your diet, you can reduce your cholesterol levels and your risk of heart disease. Here are some other suggestions to lower your risk of heart disease.



1. Limit your daily cholesterol intake to no more than 200mg.
2. Limit the amount of saturated fat you consume from dairy products, red meat, and tropical oils. Ideally, you should consume no more than 7% of your daily calories from saturated fat (around 10-15g for most people). Base most of your meals on beans, vegetables, fruits and whole grains, with a minimum of low-saturated fat animal protein foods like nonfat dairy, fish, and egg whites.
3. Use only nonfat dairy products. Regular dairy products like whole milk, butter, cheese, cream cheese and ricotta cheese are very high in saturated fat.
4. Eat 6 to 8 small meals daily instead of 1 or 2 large ones.
5. Accumulate 30 minutes of moderate intensity physical activity on most days so the week, to help raise HDL. Alternately, try to walk at least 2-3 miles per day at least 5-6 days per week.
6. Consume foods that are naturally high in fiber, especially soluble fiber. Soluble fiber is found in legumes, fruits and root vegetables, as well as oats, barley, and flax. For every 1-2 grams of soluble fiber you consume daily, you will lower the LDL by 1%. Try to consume 25-35g total fiber per day.
7. Avoid foods with added trans-fat. This fat comes from partially hydrogenated vegetable oils often found in fried foods and processed foods like crackers, baked goods and desserts. Generally, the more solid the fat is, the higher the trans-fatty acid content.
8. If you are overweight, lose weight. This will help lower your total cholesterol and raise your HDL. The best way to lose weight and keep it off is to exercise and eat a diet that is high in fiber and low in calorie density.
9. Try to include soy protein in your diet, especially in place of animal protein. Studies show that 25g soy protein per day can help lower cholesterol when part of a healthy diet.
10. Limit your intake of sugar and fructose. This should lower triglycerides, aid weight loss and will help lower LDL.
11. Consider using sterol- and stanol-rich margarines and salad dressings – such as *Promise* or *Benecol* – up to 2 grams per day.

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UAMS Drug Abuse and Stroke

For a Better State of Health

Drug addiction is a complex illness that can be very intense at times. It often includes drug cravings and constant drug seeking and use even when there are negative outcomes. While drug use often begins with a person freely taking drugs, over time the person may not be able to stop taking them. The person begins to seek out and consume the drug at all times. This happens because the brain has been exposed to the drugs for a long time. Addiction is a brain disease that affects many parts of the brain including those involved in reward and drive, learning and memory, and the skill to control behavior.



Too often, drug abuse does not get treated. According to SAMHSA's National Survey on Drug Use and Health (NSDUH), 23.2 million persons (9.4 % of U.S. population) needed treatment for a drug or alcohol use problem but only 2.4 million (10.4 %) received treatment at a specialty facility and the rest are not treatment.

About 6 - 12% of strokes that occur in young adults are due to substance abuse! Over the last decade, the number of strokes due to substance abuse has increased, most often in men and the African-American population. The drugs most often used which lead to stroke are cocaine, heroin and amphetamines. These drugs can cause ischemic strokes, hemorrhagic strokes and subarachnoid hemorrhages. It has been reported that half of young adults with a stroke were current smokers, and 1 in 5 abused illegal drugs.

If you are a patient that struggles with drug abuse or a family member of one, please talk to your doctor about getting treatment. Treatment for addiction can help to prevent a future stroke!

Key Points for Treatment of Drug Addiction

- Addiction is a complex but disease that affects brain function and behavior but it can be treated!
- No single treatment will work for everyone.
- Treatment should include treatment for your overall health, not just your drug abuse.
- Staying in treatment for an ample period of time is crucial.
- Medications are an important part of treatment for many patients, and should be combined with counseling and other therapies.

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Key Points for Treatment of Drug Addiction (*continued*)

- Your treatment and services plan must be assessed often and changed as needed to ensure that it meets your changing needs.
- Detoxification is only the first stage of drug abuse treatment and by itself does little to change long term drug abuse.
- Drug use during treatment must be always monitored, as lapses during treatment do occur.
- Options for follow up treatment are important.
- Family and community based recovery support is crucial.
- Residential treatment programs might help you.

Remember, “This life is in your hands, please take control of it.”

References:

Data is from the National Survey on Drug Use and Health (formerly known as the National Household Survey on Drug Abuse), which is an annual survey of Americans age 12 and older conducted by the Substance Abuse and Mental Health Services Administration. This survey is available online at www.samhsa.gov and from NIDA at 877-643-2644.