Patient and Family

Stroke Education Handbook



MUSC Health Comprehensive Stroke Clinic Hours Monday-Friday 8:00 AM – 5:00 PM Office Phone: 843-792-3223 Locations: Rutledge Tower and MUSC Health West Ashley

The MUSC Outpatient Stroke Clinic provides care and management after your stroke. The goals of the MUSC Stroke Clinic are to improve stroke recovery, reduce the risk of future stroke, educate patients and families on how to manage their risk factors for stroke and avoid hospital readmission.

Call 911 immediately if you experience any of these warning signs!

- 1. Sudden Loss of Balance
- 2. Loss of vision in one or both eyes
- 3. Face looks uneven
- 4. Arm or leg weakness
- 5. Slurred speech, trouble speaking, or confused
- 6. Call 911!



Less common stroke symptoms:

Dizziness plus at least one of the following symptoms:

- 1. Blurry, double vision
- 2. Headache
- 3. Vertigo, like the room is spinning
- 4. Trouble speaking
- 5. Weakness
- 6. Vomiting or nausea

What should you do if you think someone is having a stroke:

Stroke injures the brain, so someone having a stroke may not know or understand what is happening to them. Someone may seem confused, unaware, lose the ability to speak, lose the ability to move a leg of arm on one side, or have facial drooping. The best chance for them is if someone recognizes the stroke warning signs and acts quickly. Denial is common, but don't take "no" for an answer. Immediately dial 911 so the hospital can get ready to act fast.

What is a Stroke?

A stroke is like a heart attack. In fact, a stroke is sometimes called a "brain attack". Brain cells die because they do not get the oxygen and nutrients they need. As cells die, basic skills such a speech, moving and memory may be damaged or even lost. Recovery depends on the severity and type of stroke. Some stroke survivors recover completely, while others may suffer more serious effects.

There are two basic types of strokes. **Ischemic** strokes are caused when there is a blockage in a blood vessel that supplies the brain with oxygen and nutrients. **Hemorrhagic** strokes are caused by a blood vessel that bursts or leaks in the brain.

Ischemic Strokes are the most common type of stroke. These types of strokes can be treated with clot busting medications, but the medication must be administered within 4.5 hours of when symptoms started to be helpful. A surgery called "Mechanical Thrombectomy" can be performed up to 24 hours after a person was last known well, if the stroke was in a large blood vessel.



TIA- Transient Ischemic Attacks

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A TIA occurs when the blood supply to a certain part of the brain is cut off for a short period of time but then returns. Symptoms usually last only minutes. Although you feel better quickly, TIA are a medical emergency as they are warning signs that strokes may happen in the future. 1/3 of patients who have had a TIA will have a stroke in the next year.

Ask your doctor where your stroke was.



What other questions should you ask your doctor?

Why did I have a stroke?

What can I do to keep this from happening again?

What is my plan after leaving the hospital?

Is there any other kind of doctor I need to see?

Do I need therapy?

Risk Factors for Stroke

Certain health and lifestyle issues – called risk factors – increase your chances of having a stroke. This page helps you identify which risk factors you have. Some risk factors are out of your control but many of them can be decreased with lifestyle changes and medications. If you have any of the following risk factors, you should see a health care provider on a regular basis to discuss ways to reduce your stroke risk.

Health Risk Factors YOU CAN CHANGE

- High blood pressure
- Overweight
- High Cholesterol levels
- Atrial fibrillation or A-Flutter
- History of heart disease
- Coronary artery disease (narrowed vessels in your heart)
- High blood sugar
- o Sleep apnea
- Your blood clots easily

Lifestyle Risk Factors YOU CAN CHANGE

- You rarely exercise
- You often eat salty, fried, greasy food
- You smoke
- You have more than two alcoholic drinks per day
- You take illegal drugs

Risk Factors you CANNOT CHANGE

- You are over 60 years old
- You are African American, Alaska Native, or American Indian
- Family History
- You've had a prior stroke or TIA (Transient Ischemic Attack)

Diet, and how it affects your risk for stroke

Much of the rest of this handbook answers the question, "What can I do to prevent a stroke?"

The choices we make when we eat can have a major impact on our wellness. Research shows that people who eat a diet low in saturated and trans fats and rich in vegetables, fruits, and healthy fats have better heart and vascular health than people who don't.

It's important to include foods that are rich in vitamins, fiber, and mono- or poly- unsaturated fats while limiting foods that are high in saturated fat, starch, sugar, and salt.

It's also important to remember that using healthy, unprocessed foods to prepare your meals in your own kitchen is often more affordable than consuming processed foods, or "fast foods".

The Stroke Program diet of choice is the "Mediterranean Diet". This is a traditional style of eating in countries around the Mediterranean Sea. It focuses on fish, legumes, whole grains, and vegetables. Olive Oil is the primary source of fat. Red meat, dairy, and sweets are eaten rarely. People who follow this diet have much lower risk of heart disease, diabetes, and stroke.





If it all seems overwhelming, just remember to eat from the five following super-food groups whenever you have the chance:

Legumes: Beans, peas, lentils, chickpeas

Vegetables: Dark leafy greens, eggplant, broccoli, zucchini, squash

Lean Protein: nuts, seeds, fish, eggs

Whole Grains: oats, bran, quinoa, brown rice

Fruit: berries, citrus, apples, grapes, kiwi, plums, bananas

Watch out for the Four C's:

- Canned: Soups, vegetables, meat
- **Cured:** ham, bacon, smoked fish, meat, poultry. Also, watch out for processed meats such as bologna, sausages, hot dogs
- Condiments: bottled salad dressing, marinades, soy sauce, teriyaki sauce
- **Convenience:** pre-seasoned rice mixes and noodles, frozen dinners, seasoning packets, ready made spaghetti sauce, and of course fast food



There are no "forbidden" foods in a healthy lifestyle, but there are foods that we should eat more often and those we should eat less often or limit to special occasions.

Alcohol

To reduce the risk of alcohol-related diseases, men should have no more than two alcohol drinks per day and women no more than one. For example, 12 ounces of regular beer with about 5% alcohol content, 5 ounces of wine with about 12% alcohol content, or 1.5 ounces of spirits with about 40% alcohol content count as one drink.

Trans Fats

Trans fats should be avoided whenever possible. Some examples of foods that may contain trans fats are breakfast pastries, fried foods, salty snacks, pastas, desserts, and some breads. Trans fatty acids raise the artery clogging levels in your blood.

Research shows that people who consume more trans fats have a higher risk of heart disease, sudden death from heart attack, and possibly diabetes.

Saturated fat

Try to limit your intake of saturated fats. Saturated fats are mainly animal fats (such as high fat and processed meats, lard, bacon grease, and butter), and high-fat dairy products (such as cream, whole milk, and ice cream). Oils that are high in saturated fat are usually solid at room temperature.



Sugars

Refined sugar is what is added to foods such as sodas, sports drinks, other sugar-sweetened beverages, candy, pastries and snack cakes. Sugar can be sneaky. It is often found on low-fat and no-fat products that claim to be healthy. Added sugars can be found in bread products, breakfast bars, and so on. Always read labels. Added sugars put you at higher risk for diabetes, heart and vascular disease, high blood pressure, being overweight, and so on.

Sodium

Most of the sodium we consume sneaks into our diet through packaged foods we buy at the grocery store and restaurant meals, but it's also important to avoid adding salt to food while cooking or at the table. A teaspoon of table salt contains more than 2,300 milligrams of sodium, so toss out that saltshaker. Too much salt can raise your blood pressure.

High Blood Pressure

Ask your doctor what your blood pressure should look like. After a stroke, it is generally recommended to maintain a blood pressure under 140/90 unless you have chronic kidney disease or diabetes (in which case it might need to be 130/80).

High blood pressure is the leading cause of stroke.

Having uncontrolled blood pressure can lead to stroke by damaging the blood vessels in your brain over time, causing them to narrow or rupture. African Americans, middle-aged and the elderly, obese people and heavy drinkers are more at risk than anyone else. People with diabetes, gout, or kidney disease also tend to have high blood pressure more often.

Symptoms

Someone who has high blood pressure may have a pounding feeling in their head or chest, lightheadedness, dizziness, or fatigue. Someone may have no symptoms at all. The only way to know for sure is to have your blood pressure checked regularly.

Long Term

High blood pressure can lead to stroke, heart attack, vision loss, kidney disease, and sexual dysfunction if left unchecked.

Do you take any medications, or have you been prescribed medications to control your blood pressure recently? If so, it is important to continue taking them every day.



Atrial Fibrillation

What is atrial fibrillation (A-fib)?

During atrial fibrillation, the heart's two small upper chambers (the atria) quiver instead of beating normally. Blood isn't pumped completely out of them, so it may pool and clot. If a piece of a blood clot in the atria leaves the heart and becomes lodged in an artery in the brain, a stroke happens. About 15 percent of strokes occur in people with atrial fibrillation. The likelihood of developing atrial fibrillation increases with age.



A-Fib may cause the following symptoms:

- Palpitations, which feels like pounding in the chest
- Chest pain
- Dizziness
- Feeling tired
- Lightheadedness
- Shortness of breath
- Unable to tolerate exercise

How is atrial fibrillation treated?

- Medications that slow down the rapid heart rate
 - Medications to restore the hearts normal rhythm
 - o These are usually given intravenously, with supervision
- Electrical cardioversion
- Surgery, called ablation
 - This is usually an option after medications haven't worked
- Pacemakers

•

• Placed under the skin in the chest

Cholesterol

Cholesterol is a soft, waxy substance found among the fats in the bloodstream and in all your body's cells. It's an important part of a healthy body. But a high level of cholesterol in the blood — hypercholesterolemia — is a major risk factor for coronary heart disease, which leads to heart attack and stroke.



What about cholesterol and diet?

People with high blood cholesterol levels may need to make changes to their diet. Since cholesterol is in all foods from animal sources, care must be taken to avoid meat and unhealthy fats. Try to stick with lean meat, fish and poultry. High-quality proteins from vegetable sources such as beans are good substitutes for animal sources of protein. Alcohol can affect cholesterol, so drink in moderation.



How does physical activity affect cholesterol?

Regular physical activity increases good cholesterol. Good cholesterol (HDL cholesterol) is linked with a lower risk of heart disease. Physical activity can also help control weight, diabetes and high blood pressure. Regular physical activity such as brisk walking, gardening, and swimming also condition your heart and lungs.

Your physician will review your cholesterol levels and determine if medical treatment is needed. Even if your cholesterol levels were normal or only mildly elevated, know that statins do more than lower your cholesterol. Statins help prevent harmful plaques from breaking off in your blood vessels, which reduce your risk for another heart attack or stroke.

Avoid grapefruit juice if you are taking simvastatin

Diabetes Mellitus

Type 1 diabetes usually occurs in children and young adults. In type 1, the pancreas makes little or no insulin. Without daily injections of insulin, people with type 1 diabetes won't survive.

Type 2 diabetes is the most common form and it appears most often in middle-aged adults. It develops when the body doesn't make enough insulin and doesn't use the insulin it makes.

Both forms of diabetes may be genetic. A family history of diabetes makes you more at risk of getting it. Untreated diabetes can lead to many serious medical problems. These problems include but are not limited to: blindness, kidney disease, nerve disease, limb amputations, heart disease and stroke.

How is diabetes treated?

When diabetes is detected, a doctor may prescribe changes in eating habits, weight control and exercise programs, and even medication to keep your blood sugar stable. It's critical for people with diabetes to have regular checkups and take their prescribed medications. Work closely with your healthcare provider to manage diabetes and control any other risk factors.



How are diabetes and stroke related?

Diabetes causes blood vessel damage over time, which can lead to heart attack and stroke. People with diabetes can avoid or delay heart and blood vessel disease by controlling their blood sugar. It's especially important to control weight and blood cholesterol with a lowsaturated-fat, low-cholesterol diet and regular physical activity. It's also important to lower high blood pressure and not to smoke because it causes even more damage to your blood vessels when combined.

Obesity and Overweight

Obesity is when someone has too much body fat. Obesity is mainly caused by taking in more calories than are used up in physical activity. If you have too much fat, you're at higher risk for health problems. Obesity can lead to unpleasant problems such as joint pain, back pain, digestive issues, breathing problems, and certain cancers.



Adverse Effects of Obesity:

- Raises bad cholesterol and blood pressure
- Can cause blood vessels to narrow over time
- Can cause sleep apnea which increases your risk for stroke and heart issues
- Can cause diabetes. In some people, diabetes makes these other risk factors much worse. The danger of heart attack is especially high for these people.
- Obesity by itself increases risk of heart disease.



Physical Activity After a Stroke

According to the American Academy of Neurology, stroke survivors who walk 30 minutes a day have a 54% lower risk of early death. Just 30 minutes of exercise four times a week makes a big difference in your health.

It's hard to get physical when you are tired or sad. It sounds odd, but forcing yourself to move will make you feel better over time.

You don't need any equipment to exercise. Plenty of exercises can be done in a chair or on the floor. You can combine exercise with activities such as watching TV. Sometimes it's easier to have short bouts of activity several times a day rather than dedicating a full 30 minutes to an hour for it. Do what works best for you. Find ways to squeeze some extra activity into your life.



Try these tips:

- Cleaning and housework count as exercise
- Work in the garden or mow the grass
- Go out for a short walk before breakfast, after dinner, or both! Start with 5 minutes and work your way up to 30 minutes.
- When walking, try to walk at a brisk face
- While watching TV, pedal on a stationary bike or lift a can of food up and down
- Stand up while talking on the phone
- Park further away from the store to get in a few extra steps.

Alcohol and Drug Use

It's important to understand that heavy and regular alcohol use increases your risk of stroke.

Alcohol can increase your risk of stroke by:

- Raising your bad cholesterol
- Causing high blood pressure
- Causing heart failure
- Causing weight gain due to excess calorie intake
- Causing abnormal heart rhythms (A-fib)

Drinking alcohol while taking certain medications, such as blood thinners, can be dangerous. Please ask your doctor if you take medication and drink alcohol. Make sure it's safe to do both. The recommendation is no more than 2 drinks a day for men and 1 drink daily for women.



Cocaine, methamphetamines, and other stimulants can cause stroke by increasing your blood pressure and making your heart beat to quickly and abnormally. Drug abuse is a frequent cause of stroke in young adults. IV drug abuse increases the risk of serious infections in the heart valves which can lead to a stroke.

Substance abuse disorders can be treated safely. This may require prescribed medications and professional help. It's OK to be honest with your doctor and ask your doctor about treatment options. Know that recovery can be a long process. Relapse is common. Be gentle with yourself and seek love and support while you recover.

How do I know if I need treatment for addiction?

Addiction is a progressive disease. Without treatment, addiction can get worse. Living with addiction can increase your risk for injury, poor health, lost employment, loss of money and even death.

You might need treatment for addiction if:

• You find it annoying that your friends and family are concerned about your alcohol or substance use

- Your addiction is causing physical health problems
- You have tried to stop or cut down, but you cannot
- You feel guilty about substance abuse
- You have lied or tried to hide your addiction
- You need a particular substance or activity to start your day or to calm down
- You are getting in trouble at school, work, home, or with the police
- You have done something illegal to support your addiction
- You are running out of money because of your addiction
- You have no time for anything other than your addiction

MUSC Health offers outpatient treatment programs. To schedule an appointment, call 843-792-5200



Additional information:

National Institute on Drug Abuse: <u>www.drugabuse.gov</u>

Substance Abuse and Mental Health Services: www.samhsa.gov or 1-800-662-HELP

The National Council on Alcoholism and Drug Dependence: 1-800-NCA-CALL

Tobacco Use

Nicotine is a powerful addiction. Quitting is hard, but don't give up! Many people try several times before they quit for good. Each time you quit, you are more likely to succeed.



Good reasons for quitting?

- You will live longer, healthier
- You will lower your risk for heart disease and stroke
- You will save a lot of money
- You will smell better

Tips to help you quit for good:

- 1. Set up a date and stick to it. Get rid of all your tobacco products
- 2. Tell your family and friends so they can support you
- 3. Change your routine. Use oral substitutes such as hard candy or gum.
- 4. Try nicotine patches, gum, or lozenges.
- 5. Ask your doctor to prescribe medicine to help
- 6. Prepare yourself for how you might handle a difficult situation.
- 7. Do something fun to reward yourself for your efforts

MUSC Health Tobacco Treatment Program 843-792-9101

Trident Health System 843-797-3463

Ralph Johnson VA 843-577-5011

For City of Charleston Employees: 843-958-6412

24/7 Text message programs: smokefree.gov

Telephone quit lines: 1-800-QUIT-NOW

Medication Compliance

Medicines only help you if you take them as prescribed. You can take part in decisions regarding your treatment, but make sure you follow the plan and that you and your doctor agree on it. By taking medicines as prescribed and following lifestyle recommendations, you can help reduce your risk of having stroke and achieve the fullest benefits from your treatment plan. You can take an active role in making decisions by asking the following questions:

What is the name of the medicine? How does the medicine work? How and when do I take it, and for how long? What food, drink, and other medications should I avoid while taking this medication? What are the possible side effects? What do I do if they occur? Is there written information available for me to read?

If you need help managing your medications, an **occupational therapist** is a great resource for helping you to organize, make a schedule, and how to remember it.

MUSC Pharmacy

MUSC Health has four convenient on-campus pharmacy locations. We also have a main-order pharmacy and a specialty pharmacy. These pharmacy locations fill prescriptions for the general public, patients, employees, and family members of employees.

Reach our outpatient pharmacies by calling **1-800-237-0794** or locally at **843-876-0199** To place a refill request, call our 24-hour refill line at **843-876-0199** or replace a request through your MyChart patient portal.



Underinsured or not insured? You are not alone.

- Visit www.goodrx.com to find the most cost-effective prescriptions near you
- Visit **www.needymeds.org** to review free, low cost, and sliding scale clinics that offer prescription drugs that are free, low cost, or based on sliding-scale to meet your needs

Others: www.rxassist.com www.familywize.org www.freemedicine.com

Follow-Up Appointments

Be sure a MUSC healthcare member has scheduled your follow up appointment before you are discharged. Follow up in one of the clinics below, unless otherwise directed. Bring all your current medications to your follow- up appointment. **Please go to all follow-up appointments**.

Call 843-792-3223 Hours: Monday-Friday 8:00am-5:00pm

MUSC Health Comprehensive Stroke Clinic



Charleston Location: 135 Rutledge Avenue 6th Floor

West Ashley Location: 2060 Sam Rittenberg Nexton Location: 5500 Front St

MUSC Health Neurosurgery Clinic

Charleston Location: 135 Rutledge Avenue 9th Floor Murrells Inlet Location: Wachesaw Medical Center, 4367 Riverwood Dr.

Stroke Telemedicine Clinic

Tidelands Waccamaw Community Hospital 4070 Highway 17 Bypass Virtual Primary and Specialty Care

https://muschealth.org/virtual-visits

Depression and Stroke

Depression is feeling sadness and grief after a real or perceived loss in life. Depression is a natural reaction to stroke. Emotional changes are very common after stroke. One reason depression happens with a stroke is because the part of the brain that controls emotions has been damaged. Another cause for depression after a stroke is simply that it limits your lifestyle. Suddenly having to become dependent on others for things you used to be able to do by yourself, like getting dressed, can be depressing.

There are several common symptoms of depression including:

- Not getting good sleep
- Weight gain or weight loss
- Feeling tired all the time
- Loss of interest in things that used to bring you joy
- Feelings of worthlessness
- Difficulty thinking or concentrating
- Persistent sadness
- Feeling angry a lot
- Drug or alcohol abuse
- Suicidal thoughts (if this is the case, seek help immediately)

To help with depression, try the following:

- Make up your bed every day
- Spend some time outside
- Schedule time to exercise
- Schedule time for activities that once interested you
- Try to use good hygiene
- Focus on progress made
- Talk to a friend
- Talk to a counselor or mental health professional
- Visit a local stroke support group
- Talk with your doctor about medication for depression

If you are thinking about harming yourself or attempting suicide, thinking about harming someone else, experiencing severe emotional or behavioral distress, feeling out of touch with reality or disoriented, feeling out of control, or experiencing an inability to care for yourself, seek help right away:

- Call 911 or go to the emergency room
- Call the 24 hour hotline 1-800-273-8255
- Remove yourself from any imminent danger. Ask a family member or friend to help you make these calls or take you to the hospital.

Mental Health and Neuropsychology

If you feel depressed please reach out for help.

Mosche Wexler, psychologist 316 Calhoun St, Charleston, SC 29401 (843) 724 2289



Charleston Neuropsychology 1459 Stuart Engals Blvd, Suite 204A Mt. Pleasant, SC 29464 843-849-9913

Coastal Neuropsychology 1156 Bowman Rd, Suite 200 Mount Pleasant, SC 29464 Ph: (843) 990-6293

SC Neuro W. Howard Buddin Jr., Ph.D. Neuropsychologist / Licensed Clinical Psychologist 29 Leinbach Drive, Suite D4 Charleston SC 29407 Phone 843.509.6521

Modern Minds clinic in Charleston, SC - 843-531-9036; http://modern-minds.com/

MUSC's Behavioral Medicine clinic - 843-792-0686.

Alternatively, psychologists in your area can be found using the APA psychologist locator online at http://locator.apa.org/ or www.psychologytoday.com/us/therapists.

Building Self Esteem After a Stroke

Just like we have relationships with other people, you also have a relationship with yourself. Just like any relationship takes work, sometimes we have to nurture and maintain a good relationship with ourselves.

As well as feeling depressed after a stroke, many people lose their confidence. Maybe your body has changed, maybe your social status changed, maybe your speech changed. Self-esteem is how we value ourselves. Know that you can take some steps to improve your self-esteem.

Identify the GOOD

- Write down things about yourself that you like or that you're good at. Be specific.
- Remind yourself that there is good in you
- Be kind to yourself
- Learn to accept compliments from others

Build positive relationships, and avoid negative ones. Certain people, and certain relationships, make you feel better than others. It's OK to avoid people who make you feel bad about yourself and surround yourself with people that build you up and make you feel good.

Don't neglect yourself

- Remember to get good sleep, exercise, and eat well. Be good to your body, even if you're mad at it.
- Try to stay active and get some exercise.
 - We always feel better when we achieve small goals and getting through a short but tough workout is a small goal.

Take on Challenges

• Break it up into small steps. Make small improvements over time. At the end of the journey, you'll be able to look back and see how successful you were.



Aphasia

Aphasia is a loss in the ability to communicate due to damage in the brain. The loss of or change in your speech can change your social life after a stroke. Socializing is important, so it is important to find techniques to maximize communication for stroke survivors.

- 1. Educate yourself on what aphasia is and experiment with other forms of communication.
- 2. Experiment with different strategies to make socializing easier for you.
- 3. There are many apps for people with aphasia that use gestures and pictures that you can use.
- 4. Try writing or drawing if you are unable to speak.
- 5. It is key to have close family members involved to identify your communication wishes.

Guide for family members to help facilitate conversations:

- 1. Figure out a topic before initiating a conversation.
- 2. Ask questions that can be answered with a yes/no.
- 3. Paraphrase as needed during conversations.
- 4. Use motions or gestures to highlight significant points.
- 5. Try to keep conversations simple and modify the length as needed.

Choose a family member or friend that you are comfortable with and practice one-on-one conversations. Begin by practicing in a setting with minimal distractions, and progress to a less controlled social situation.

Practicing scripted conversations (the same conversation over and over) may help.

There is a chance that your speech and language changes can last a lifetime and can continue to exist in some form or another. As life continues and circumstances change, your speech and language needs may progress- you can always reassess what techniques work best for you in different social situations and continue to grow in your speech and language journey.

Visit a Speech Language Pathologist for additional help:

843-985-6878

Many Insurances accepted



Sex and Intimacy After Stroke

Sex can feel like a taboo subject to ask about, but sex and intimacy issues are common after stroke, and nothing to be embarrassed about. Your doctor is there to keep you healthy and help you achieve the highest quality of life. Sex is normal and healthy and should be included in the conversation. Changes in relationship dynamics as well as physical changes can occur.

As always when it comes to intimacy - communication is key. You and your partner may find it difficult to talk about your feelings regarding sex and intimacy, but if you don't discuss it, tension and resentment can build up between you both. Pick a time to discuss it when you are both relaxed. Try "I" statements versus "you" statements. An example of an "I" statement is, "I feel like you've been ignoring me." Rather than saying "You never pay attention to me!"



Common issues after stroke

Erection Problems

If you are having trouble maintaining an erection, you should talk to your doctor. It could be a medication side effect, or it could be a symptom of an underlying problem. Heart disease, high blood pressure, and diabetes can cause erectile dysfunction.

Vaginal Dryness

There are many kinds of lubricants available to keep the vagina moist. No two are exactly the same, so feel free to try some different ones to see what feels best to you.

Will I have another stroke during sex?

This is a very common concern among stroke survivors. While it is normal for your heart to beat faster and you to breathe faster during sex, it is very unlikely that you will have a stroke during sex.

Continence Issues and Sex

Many people avoid sex due to their embarrassment about continence issues. Catheters can also cause difficulties.

- Use the toilet just before sex. Protect the bedding with a towel, or a waterproof sheet.
- If you have a catheter, you may be able to remove it prior to sex and replace it after.
 - If you are a woman with an indwelling catheter, you can move it up and tape it to your leg prior to sex.
 - Men can bend the catheter back and hold it in place with a condom.



Spasticity

Muscle stiffness and spasticity can restrict your movement and how you position yourself. Spasticity can also cause pain

• Trial and error. Use this as an opportunity to explore new positions and different ways of having sex.

Fatigue

If you often feel very tired, try having sex in the morning, or when you have more energy during the day. Sex is traditionally a nighttime activity, but it doesn't have to be.

Medications

Many medications, such as those to control blood pressure, can make sexual arousal difficult to achieve for men and women, and can lower sexual desire.

• Never stop taking a medication suddenly but bring up symptoms with your provider or pharmacist and consider alternatives.

Safe Bathroom Routines After Stroke

Sometimes after having a stroke, you can encounter many new challenges, including bathroom routines. The bathroom can be dangerous for anyone who had a recent stroke. There are plenty of tools and aids available to make going to the bathroom and bathing safer.



- 1. It is a good idea to have skid-proof rubber mats placed on the floor of your tub or shower to prevent you from falling.
- 2. Grab bars on the shower or tub wall can be installed to make it easier to aid balance while showering or bathing.
- 3. If you experience trouble standing you can use a folding chair in the shower. If this is the case you can have a handheld shower head installed.
- 4. If you require a wheelchair or walker to get around, there are options to replace your tub with a roll-in shower.
- 5. A pump style soap dispenser is safer than having to handle a bar of soap. You can also use a sponge with a long handle to make it easier to wash hard to reach parts of the body.
- 6. If you have difficulty using your hands, there are lever faucets that can be used with your wrist or arm.
- 7. Consider having handrails installed at your toilet to help ease sitting down and getting back up more independently. There is also an option for a raised toilet chair to assist with toileting.
- 8. Moist wipes are helpful with cleaning yourself after using the bathroom.
- 9. If you are using a wheelchair or walker, it is helpful to remove the cabinets under the sink. This will make it easier to wash your hands, shave, and brush your teeth.

Occupational therapy is a good resource to help make the proper bathroom modifications that can really aid with your bathroom routines post stroke. If you have not worked with occupational therapy but think you may benefit from it, ask your doctor for a referral.

Financial Planning After a Stroke

Illness and disease cost a lot of money. There are both direct and indirect costs. Direct costs include medical costs and needing to adapt your home with aids. Indirect include you and/ or your partner or caregiver not being able to return to work, and costs for other personal care. You may qualify for financial aid.

Social Security Administration

If you are expected to be disabled for longer than one year or have a condition that will result in death, you may be eligible for Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI). Call the Social Security Administration at 1-800-772-1213 or visit www.socialsecurity.gov

Apply for these benefits as soon as possible, because it can take several months to process. You can be disabled and continue to work. Visit www.ssa.gov/work for more information.

AARP Tax Aide

www.aarp.org/money/taxaide

AARP Money Management Program

www.aarpmp.org

Patient Advocate Foundation

The Patient Advocate Foundation helps you by negotiating with hospitals, insurance, working with organizations for more services, and helping financially. They have an online chat on their website where you can ask questions and get answers same day. Call the Patient Advocate Foundation at 1-800-532-5274 or visit patientadvocate.org

Pharmacy Assistance Program

Many pharmaceutical companies offer prescription assistance programs for the no or underinsured. These programs offer provide free or low-cost drugs and many drugs are included in the program. Visit pparx.com

Ask your doctors and therapists for home programs.

Make the most of the visits you pay for by asking for "homework". This helps maximize your results and increases your therapy.

Driving and Stroke

You may need to contact the department of motor vehicles if your doctor must report your health status before you can drive again.

Even with severe disability, vehicles can be modified, and stroke survivors can learn to drive safely. There may be financial assistance available for mobility equipment and vehicle modifications.

Driving with any modifications requires a **new license**. Your new license will indicate your new restrictions. Once you have those restrictions labeled on your license, you will be able to operate your vehicle with those modifications.

People with peripheral vision loss due to a stroke do face more challenges. You may be ineligible to drive if your ophthalmologist deems that you have too much vision loss. Some vision loss may be counteracted with adaptive equipment.



Lowcountry Driver Rehabilitation Specialists

Roper Rehabilitation Hospital Charleston, SC

843-958-1282

Tidelands Health Rehabilitation Services Myrtle Beach, SC

843-652-8252

Additional Driver Rehabilitation Specialists are available. Ask your therapist or healthcare provider for more information.

Preventing Falls at Home



Falls can be a concern for people at home. If you fall, you may get hurt. Small changes at home can help you avoid a fall. Here are some ways to make your home safer:

- Wear rubber soled shoes that fit well, indoors and out
- Move items in cabinets to lower shelves to avoid reaching
- Keep objects off the floor and stairs
- Secure electrical cords to walls and keep them away from walkways
- Get rid of throw rugs
- Schedule bathroom visits every 2 to 3 hours to avoid rushing
- Keep phones near those at risk for falling
- Use non-skid mats or safety strips in bathtub or shower
- Make sure you have plenty of lighting so you can see clearly when you walk
- Use handrails when using the stairs. Fix loose rails
- Use a cane, walk or crutch if needed. Always keep them in reach
- Don't use towel racks or toilet paper holders as grab bars

Stroke Support Groups

Be sure to reach out to support groups for the most up to date information as dates, times and locations may change.

Charleston

Young Stroke Survivors Support Group

These meetings alternate between "get-together" meetings at area restaurants and "learning" meetings at St. Francis Hospital in West Ashley. 843-792-8171

Young Stroke Survivors Support Group (ONLINE): facebook.com/groups/YoungStrokesCharleston

Low Country Stroke Support Group

Lowcountrystrokesupportgroup.blogspot.com/

Trident Medical Center Stroke Support Group

9330 Medical Plaza Drive, Cafeteria

TridentHealthSystems.com/Calendar or call: 843-797-3463

Roper Rehabilitation Stroke Support Group

Roper Rehab – 3rd Floor Roper Hospital Call: 843-720-8349

Aphasia Support Group

Time and locations vary.

Please contact Anna Doyle for more information. doylean@musc.edu | 843-792-3678

Beaufort

Living Well After Stroke – Beaufort

990 Ribaut Rd

Beaufort, SC 29902

Contact 843-522-5898

Beaufort Memorial Hospital Administrative Center

Bluffton

Coastal Carolina Stroke Survivor Support Group

75 Baylor Dr

Bluffton, SC 29910 Contact 843-784-8096

Florence

Encompass Health Rehab of Florence Stroke Support Group Contact: 843-679-9000

Stroke Survivors Support Group Florence

Pavilion Conference Center at McLeod Regional Medical Center Contact: 843-777-8988

Greenwood

Self-Directions Stroke Support Group Optimum Life Center Classroom Location: 115 Academy Ave Greenwood, SC 29646 Contact: (864)-725-5551

Marion

MUSC Marion CVA Peer Support Group MUSC Marion Medical Center

Contact: 843-431-2630

Myrtle Beach

Grand Strand Health: Stroke Support Group at Health finders in Coastal Grand Mall 2000 Coastal Grand Circle, Suite 520 Myrtle Beach, SC 29577 Call (843)-839-9933

Orangeburg

Orangeburg Stroke Support Group 3000 St Matthews Rd Orangeburg, SC 29118 In the Healthplex at The Regional Medical Center of Orangeburg Contact 803-395-4014

Sumter

Overcomers – Sumter Stroke Support Group 1305 Loring Mill Rd Sumter, SC 29150 Alice Drive Baptist Church Library Room 119 Contact 803-464-3003 Contact: email RCPPrograms@prismahealth.org

Rock Hill

HealthSouth Rehabilitation Hospital of Rock Hill 1795 Dr. Frank Gaston Blvd 803-326-3543

Spartanburg

SC Brain Injury Alliance 601 Webber Rd 864-560-6364

Caring for the Caregiver: Respite Care

What is Respite?

Respite is a service that provides a much-needed break for parents and caregivers of family members with special needs. There are a variety of respite programs in South Carolina provided by various organizations, and respite is sometimes included in services provided by a Medicaid Waiver, DDSN services, mental health services or private providers.

RESPITE PROGRAMS IN SOUTH CAROLINA

Respite provided through a wavier:

Usually, one-on-one care provided by individuals trained to work with those who have special needs. This service can be provided at your home, or a Respite Provider may take your child out to do activities. The main sources of respite for children in S.C. are South Carolina Department of Disabilities and Special Needs County Boards and Community Long Term Care, both of which may have waiting lists.

SC Access

Guide to available resources for older adults, people with disabilities, their family members and caregivers in South Carolina.

website: GetCareSC.com

Family Arranged Respite:

Provided through Service Coordination from South Carolina Department of Disabilities and Special Needs County Boards. Your family member will need to meet their eligibility requirements and receive service coordination (sometimes called Targeted Case Management or TCM).

Community Long Term Care:

Community Long Term Care (CLTC) offers programs to help individuals who want to live at home, need assistance with their care, and are Medicaid eligible. CLTC can help individuals remain at home and avoid unnecessary or premature nursing home placement. For this program, caregivers must be in the home while their loved one receives services. Locations across all of S.C.

Central Office: 803-898-2590

SC Voucher Program:

Vouchers for respite care are available to qualifying family caregivers who provide most of the care for someone with disabilities, chronic health conditions, age related challenges or other special needs. The voucher program is operated by the SC Respite Coalition. The Coalition is committed to providing financial assistance to family caregivers so that they can take a much needed break from their caregiving role.

email: respite@screspitecoalition.org

phone: 1-866-345-6786

Family Caregiver Support Programs:

- Option One: Grandparents over 55 raising grandchildren 18 and under may be able to receive funding to hire respite providers.
- Option Two: No matter YOUR age, the care receiver must be 60+

Note: They will handle Alzheimer's respite funds for any caregiver of a dementia patient.

To find your local Family Caregiver Support Program, call 1(800)868-9095

Trident Area Agency on Aging

Assistance for rides, shopping, meal preparation, bill paying, medication management, housekeeping, grooming, dressing, and walking.

phone: 843-554-2275

The Lieutenant Governor's Office on Aging

This is the chief advocate in South Carolina for seniors and adults with disabilities. The Lieutenant Governor's Office on Aging, through a grant from the United States Administration on Aging in partnership with the South Carolina Respite Coalition and Family Connection of South Carolina, has developed a Lifespan Respite Care Program State Plan.

phone: 803-734-9900 toll free. 1-800-868-9095.

South Carolina Respite Coalition

This organization provides information about respite to families and professionals, strives to increase awareness among family members, policy makers and the community and ultimately increase respite all over the state. The coalition works to increase awareness of the needs of families within the faith community and brings people together from different faiths to assist them in providing respite for those in need of a break within their own faith communities.

rachal@screspitecoalition.org

Toll Free: (866) 345-6786 Columbia Area: (803) 935-5027

Respite Care Charleston www.respitecarecharleston.org Phone: 843-647-7405

Churches Currently Providing Respite Co-Ops:

New Francis Brown Methodist Church N. Charleston (843) 747-7090

> All Saints Lutheran Church (843)647-7405 Mt Pleasant

Holy Spirit Evangelical Lutheran Church Meets twice a week, West Ashley (843)766-2602

Epworth Early Intervention Center - Columbia, SC 4th Saturday of the Month from 4:30-7:30pm (803)212-4757

North Charleston United Methodist Church (843)744-6669 Martin Luther Evangelical Church (843)795-4855 James Island, SC

St. Johns Parish Church Meets Tuesdays and Thursdays 10AM-1:45PM (843)813-3051

Other Facilities providing respite Care:

Oaks at Charleston (843) 241-9344

American Heart Association Support Network

No one understands like someone who's been there! Join the American Heart Association Support Network for FREE! Supportnetwork.heart.org/registration/MUSC

Signing up is free, easy and secure

American Heart Association

1-800-AHA-USA-1 (1-800-242-8721)

SupportNetwork@heart.org

Recovering from a cardiovascular event of managing a chronic condition can be challenging and emotionally draining. Take comfort in knowing you've got somewhere to turn for the support you need.

Click Here For Resource Library | American Stroke Association

Charleston Area Food Assistance

Meals on Wheels of Charlesotn help seniors maintain an independent lifestyle in their homes for as long as possible.

Provides nutritious meals, a quick safety check and much-needed human connection to homebound seniors. Also offers pet food delivery, senior center meal programs, and more. Each local program works with its own communities' needs and resources to provide community-specific solutions.

A home visit and assessment must be completed before service.

Contact: Charleston Area Seniors Phone: 843-722-4127 Website: <u>www.charlestonareaseniors.com</u>

Trident Area Agency on Aging Phone: 843-554-2275 <u>info@tridentaaa.org</u> Website: <u>www.tridentaaa.org</u>



Emergency Food Pantries:

Lowcountry Food Bank Address: 2864 Azalea Dr., Charleston, SC 29405 Phone: 843-747-8146

Lowcountry C.A.R.E.S Charleston Phone: 843-553-2012

East Cooper Community Outreach Food Pantry Phone: 843-553-2012

Helping Hands Of Goose Creek Address: 104 Commerce PI #B, Goose Creek, SC 29445 Phone: (843) 553-7132 Website: helpinghandsofgoosecreek.org

Stroke Recovery Research Center at MUSC

Participate in Stroke Recovery Research



The state-of-the-art resources of the Stroke Recover Research Center support the development of new treatments to improve current interventions in stroke rehabilitation. The center's research is guided by a shared mission of investigating methods to improve outcomes and increase quality of life for individuals following a stroke.

Our resources address deficits in stroke survivors including:

Arm and hand function, walking, balance, strength training, depression, fatigue, aphasia, visual neglect, memory, cognition, and sensation



To find us online and participate in a study scan the QR code or visit: musc.edu/strokerecovery

Stroke Recovery Research Center 77 President Street, MSC 700 Charleston, SC 29425 843-792-1589 | stroke-recovery@musc.edu For More Information About Stroke Please Contact

MUSC Charleston Stroke Program:

- 1. Christina Blake, Stroke Program Director, at 843-792-6084
- 2. Lori Schrecker, Stroke Program Coordinator, at 843-792-7713
- 3. Marrissa Cobiella, Stroke Program Coordinator, at 843-792-5280

American Stroke Association

1-800-478-7653.

For a free one-year subscription to "Stroke Connection Magazine", call the number above or go online to www.strokeassociation.org

The American Heart Association 1-800-242-8721

National Stroke Association

1-800-STROKES (1-800-787-6537)

