Preventing Recurrent Stroke

A stroke is like a heart attack in your brain. Recognizing the signs of a stroke is very important, especially for people who have already had a stroke. Recurrent strokes are often associated with greater disability and higher death rates.

Using the acronym FAST can help you recognize the symptoms of a new stroke –

- **Face**: Does one side of the face droop?
- **Arms**: When raising your arms upward, does one arm drift downward?
- **Speech**: Is speech slurred or strange?
- **Time**: Physicians have a better chance of reducing the effects of stroke if they see you within the first 3 hours.

If you see any of these signs, call 9-1-1 immediately. It is imperative to Act FAST!

Risk factors for stroke

Risk factors are things that make a person more likely to get a disease or have a stroke. Uncontrollable risk factors are things you cannot change. Controllable risk factors are things you can change.

**Uncontrollable risk factors**

- **Age**: Greater than 55 with a family history of stroke or greater than 65 for all individuals.
- **Gender**: Men are more likely than women to experience stroke.
- **Race**: African Americans have the highest incidence of stroke.
- **Family history**: A family history of stroke or heart disease raises your risk for stroke.
- **Previous stroke or mini-stroke** (also known as transient ischemic attack or TIA).

**Controllable risk factors**

- **High blood pressure**
- **Diabetes**
- **Atrial fibrillation**
- **High cholesterol**
- **Atherosclerosis**
- **Circulation problems**
- **Tobacco use and smoking**
- **Alcohol use**
- **Physical inactivity**
- **Obesity**

Reducing your risk for recurrent stroke

If you have high blood pressure and diabetes, you are at much greater risk for having a stroke. Make sure you manage these conditions to avoid another stroke. Changing some of your behaviors can reduce your risk for stroke.

**Stop smoking**: Smoking increases blood pressure and causes the arteries to narrow, making blood clots more likely.

- If you don’t stop smoking, you are five times more likely to have another stroke, heart attack, or to die.
- Quitting quickly reduces your risk.

Ask your health care provider or insurance company about smoking cessation programs to help you quit today.

**Diet**: To prevent recurrent stroke, eat a well-balanced diet, low in fat, cholesterol, sodium, and sugar, to help reach and stay at your ideal weight.

- Eating less than 200mg of cholesterol per day is recommended.
- Foods that are high in fiber, such as oatmeal, whole grains, dried beans, and fruits, can help to lower your cholesterol.

**Stay active**: Exercise helps to increase the “good” cholesterol (HDL) and keeps the arteries flexible. Physical activity keeps blood flowing smoothly and decreases blood pressure.

- If you are able to, participate in 30 minutes of aerobic activity (swimming, biking, walking, or jogging) at least 3-4 days per week. Remember, your physician should approve your exercise program.
- Just keep moving!

Types of treatment to prevent future strokes

You may be given medication to help manage risk factors for stroke.

**Antiplatelet agents**: Antiplatelet agents help to prevent blood clots from forming. This helps to keep blood flowing and will reduce your risk of heart attack or stroke.

**Anticoagulants**: Anticoagulants decrease the body’s ability to clot blood. Often, these types of medications are prescribed for individuals with atrial fibrillation or deep vein thrombosis.

**Blood pressure medicines**: Several medications are available to help keep your blood pressure at normal levels. (Blood pressure readings of 120/80mm Hg are ideal.) Examples of such medications include angiotensin-converting enzyme (ACE) inhibitors or angiotensin II receptor blockers (ARBs), diuretics, calcium channel blockers, and beta-blockers.
Cholesterol-lowering medicines: Your doctor may prescribe a statin, the most common type of cholesterol medication, or another cholesterol-lowering medication. Total cholesterol levels of less than 200mg/dL are ideal.

Regular Monitoring
You should see your physician at least once per year to check your:

- Cholesterol
- Weight
- A1c and hemoglobin levels if you have diabetes
- Blood pressure: This should be self-monitored on a daily or weekly basis if you have had a stroke or mini-stroke.

Some research suggests that the two most significant risk factors for another stroke are high blood pressure and diabetes.

Disclaimer
This information provided is not meant to replace the advice from a medical professional. You should always contact your health care provider regarding specific medical concerns or treatment.

Reference

Source
The information provided is based on research evidence whenever available and is the consensus of expert opinion of the National Stroke Association.

Authorship
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