What Is Mild Stroke?

Persons who experience mild stroke typically have a short hospital stay and will show symptoms of stroke that last longer than a day. Most likely the symptoms will go away after a short period. If the symptoms of stroke last <24 hours, this is usually called a transient ischemic attack. If brain lesions are detected by a brain scan (diagnostic magnetic resonance imaging or computed tomography) at the hospital,1,2 a diagnosis of mild stroke will be made even if the symptoms of stroke last <24 hours.

The person affected with mild stroke is usually able to perform basic activities (eg, going to the bathroom, shopping) but may have difficulties with complex activities (eg, paying bills, remembering scheduled activities).3-5 Mild stroke should not be ignored by the patient or by the health care provider because persons with mild stroke are at risk for the following:

1. Developing mental health conditions (eg, depression, anxiety).6-7
2. Having difficulties with complex activities (eg, driving).8
3. Having another stroke event.9

What are the symptoms of mild stroke?

A person with mild stroke may experience various mental, behavioral, and physical symptoms just like those with severe stroke.4,5,10 Some symptoms may disappear quickly, whereas others may persist for a longer time.5,10 The most common symptoms are fatigue, emotional disturbance, and memory, language, physical, and sensory difficulties.

Poststroke fatigue

- There are differences between poststroke fatigue and normal tiredness. The key difference between them is that rest may relieve normal tiredness but not poststroke fatigue.
- Poststroke fatigue may not be related to activity level or sleep quality. This can make it difficult to participate in everyday activities (eg, cooking, cleaning, doing laundry).

Emotional disturbances

- Sadness or hopeless.
- Depression and depression-related symptoms (eg, changes in appetite, loss of interest in activities or hobbies, sleep disturbances, fatigue, even thoughts of suicide).
- Frustration or anger or a sense of fear.

- Anxiety and anxiety-related behaviors (eg, sleep disturbances, irritability, fatigue, lack of concentration).
- Both depression and anxiety may be present.

Memory, language, and sensory difficulties

- Difficulty concentrating.
- Taking longer time to complete simple daily living activities.
- Forgetting recently learned information (ie, problem with short-term memory).
- Confusion with time or place.
- Problems with speech or swallowing.
- Loss of vision or difficulty seeing in one or both eyes.
- Loss of balance and sudden headache.

Facial and limb muscle weakness and numbness

- Weakness and/or numbness in the arm or leg or both on the same side.
- The face may droop or look lopsided.
- Difficulty speaking or swallowing.
- Dizziness or problems with balance.

What are the risks of mild stroke?

After mild stroke, people are more likely to have another stroke. Most of the mild stroke symptoms will heal over time, but some symptoms may remain for months or years.5,10 If the symptoms continue or are left untreated, they may affect the person’s activity, social life, work, and overall quality of life negatively.7,10

When should you call the doctor?

The nature of the symptoms and effects of mild stroke varies from person to person. If you experience sudden numbness, confusion, trouble seeing, trouble walking, or severe headaches, you should call 911 immediately. After any type of stroke, you should have a
<table>
<thead>
<tr>
<th>Common Symptoms</th>
<th>What You Can Do</th>
<th>What Your Health Care Practitioner Can Do</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prevention and risk factor control</strong>&lt;sup&gt;9,11&lt;/sup&gt;</td>
<td>- Stop or decrease smoking&lt;br&gt;- Stop or decrease alcohol consumption&lt;br&gt;- Control glucose level and avoid too high or low blood sugar level&lt;br&gt;- Restrict sitting for long periods of time&lt;br&gt;- Exercise at least 4—5 times per week&lt;br&gt;  ○ Brisk walking&lt;br&gt;  ○ Muscle-strengthening activity (eg, lifting weights)</td>
<td>- Recommend an anticoagulant medication to minimize risk of blood clots&lt;br&gt;- Recommend blood pressure medication to ensure blood pressure is well managed at ≤140/90mmHg&lt;br&gt;- Recommend medications to manage cholesterol&lt;br&gt;- Recommend medications to manage and/or control heart rhythms</td>
</tr>
<tr>
<td><strong>Fatigue management</strong>&lt;sup&gt;12-14&lt;/sup&gt;</td>
<td>- Mild exercise (eg, walking with increased intensity) can help alleviate fatigue&lt;br&gt;- No medication proven to reduce fatigue after stroke&lt;br&gt;- Energy conservation and work simplification</td>
<td>- Focus on treating potentially reversible causes of fatigue (eg, anemia, depression)&lt;br&gt;- Referral to cognitive-behavioral therapy, a form of talk therapy, that can reduce symptoms of fatigue</td>
</tr>
<tr>
<td><strong>Rehabilitation of mood disturbance</strong>&lt;sup&gt;13,15-19&lt;/sup&gt;</td>
<td>- Mild to moderate exercise (eg, brisk walking) can help alleviate depression&lt;br&gt;- Participate in formal support groups or activate informal support from friends and family&lt;br&gt;- Return to doing the daily activities you need and want to do (eg, work and leisure activities)</td>
<td>- Prescribe antidepressant medication for person with depression&lt;br&gt;- Consider early antidepressant treatment because it has been shown to improve physical and cognitive symptoms and long-term survival&lt;br&gt;- Referral to cognitive-behavioral therapy (eg, care management, education, family support) to reduce depression or anxiety symptoms&lt;br&gt;- Combine medical treatment with different therapy to improve the effects</td>
</tr>
<tr>
<td><strong>Cognitive rehabilitation</strong>&lt;sup&gt;20,21&lt;/sup&gt;</td>
<td>- Engage in social and mental stimulation (eg, going out to lunch with friends), which may help sustain cognitive function&lt;br&gt;- No medication is currently approved to treat cognitive impairments because of stroke</td>
<td>- Referral to cognitive rehabilitation therapy might have beneficial effects on cognitive impairments</td>
</tr>
<tr>
<td><strong>Motor rehabilitation</strong>&lt;sup&gt;22,23&lt;/sup&gt;</td>
<td>- Repetitive practice of the activity you are unable to perform (eg, typing on a computer) to improve motor skills&lt;br&gt;- Movement training is very effective for improved functional outcomes. People are encouraged to start early intervention and focus on task repletion for better prognosis.</td>
<td>- Referral to occupational therapy and physical therapy to treat common poststroke physical symptoms</td>
</tr>
<tr>
<td><strong>Medication</strong>&lt;sup&gt;20,24&lt;/sup&gt;</td>
<td>- Take medications as prescribed by your health care practitioner&lt;br&gt;- Do not change or stop your medication (eg, even if you are feeling better) unless you consult your physician&lt;br&gt;- If you feel dizzy, sick, or notice a change in how you feel from your medication, contact your physician</td>
<td>- When medications are recommended, continuously evaluate doses for optimal response&lt;br&gt;- Consider and monitor the possible side effects of some medications on rehabilitation outcomes&lt;sup&gt;*&lt;/sup&gt;&lt;br&gt;- Ensure adherence to medication regimen</td>
</tr>
<tr>
<td><strong>Complementary and alternative medicine</strong>&lt;sup&gt;25-30&lt;/sup&gt;</td>
<td>- Engage in community-based activities (eg, yoga, Tai Chi)&lt;br&gt;- Practice relaxation techniques (eg, guided imagery)</td>
<td>- Consider discussion and referral to complementary and alternative medicine resources</td>
</tr>
</tbody>
</table>

* Doctors need to consider the possible side effects of some medications on the patient's rehabilitation outcomes. The medications include anticholinergics, opiates, benzodiazepines, nonbenzodiazepine hypnotics (eg, zolpidem), digoxin, antihistamines, tricyclic antidepressants, skeletal muscle relaxants, antiepileptics, and hormonal therapy (estrogen or estrogen plus progestin).
What is mild stroke?

What Is Mild Stroke? was developed by Xiaolei Hu, MD, PhD, Department of Community Medicine and Rehabilitation, Umeå University, Umeå, Sweden (e-mail address: Xiaolei.Hu@umu.se); Patricia C. Heyn, PhD, FACRM, University of Colorado Anschutz Medical Campus, Denver, CO; Jaclyn Schwartz, PhD, OTR/L, SCFES, FAOTA, CPHQ, FNAP, FACRM, Department of Physical Medicine and Rehabilitation, Cedars-Sinai Health System, Los Angeles, CA.

Disclaimer

This information is not meant to replace the advice from a medical professional. You should consult your health care provider regarding specific medical concerns or treatment. This Information/Education Page may be reproduced for noncommercial use for health care professionals to share with patients and their caregivers. Any other reproduction is subject to approval by the publisher.

References