

Stroke in Younger Adults

Chest
Heart &
Stroke

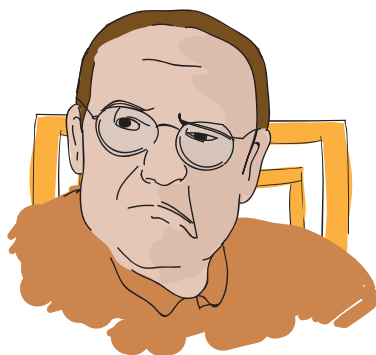
**WE'RE
ON YOUR
SIDE**

Stroke in Younger Adults

Stroke is often **considered** an **illness** of **old age** but many young people are affected by stroke too. It is estimated that a **quarter** of all **strokes** occur in people **under** the **age of 65**.

Every stroke is **different**. Each person who has a stroke will have **different problems** and different **needs**. Medically the **effects** of stroke are the **same** **whether** you are **young or older**.

The way in which **you** might be **affected** depends on **where in** the **brain** the **stroke happens** and the nature of the stroke. If you are a **younger** person the **effects** are **less** likely to be **complicated** by other age related illnesses.



A **younger person** may also be more **physically fit** before the stroke and this will **help** in their **recovery**.



However **coming to terms** with having had a **stroke** may be particularly **difficult** for you as a **younger person**. You may not have a **history** of illness and certainly did not **expect** something so **sudden** and so **serious** to happen to you.

Coping with a stroke changes your life

Coming to terms with **stroke** is difficult and unfortunately **some** people will **never do** this. Some people find it helpful if they **don't compare** life the way they are **now** with the way they were **before the stroke** happened. It is important to **focus** on what you can do **now**. It may be necessary to **be flexible** and try **new ways** of doing the things that are important to you.

Stroke can cause **psychological** and **emotional changes** which can be difficult to deal with in a relationship, in family, work or social life.

For you as a younger person it can be **difficult** to come to terms with a change in **your role** within the

family. You may need to, at least temporarily, rely on your partner, family or friends for help in **cop**ing with everyday **life**.

Self esteem and **confidence** are often connected to how we see ourselves within society. So, if you have to give up work, even for a short time, this can have an effect on your confidence and **emotional wellbeing**.

You can also feel very **isolated** by the experience, feeling that your **friends** and colleagues are **unable to understand** what you are going through, especially since many of them will also associate stroke as an older person's condition.

Recovery and rehabilitation is a **gradual** process and can be **frustrating** at times. As a result, you might experience **emotional outbursts**.





This booklet will talk about this issue plus:

- What will happen when you are in hospital
- Healthcare professionals in hospital and the community
- Physical effects and rehabilitation
- Emotional and mental wellbeing
- Living with a stroke
- Financial and practical support
- The future

Effects following a stroke

Common effects, that you may experience, following a stroke include:

- **Weakness** or lack of movement in leg and/or arm
- Problems with **balance** and co-ordination
- Trouble **swallowing**
- Problems with **vision**
- Problems thinking or **remembering**
- Trouble **speaking**, understanding, reading or writing

- Shoulder pain or **arm pain or stiffness**
- Feeling **worried** or sad
- Problems controlling your **feelings**
- **Incontinence**

What caused the stroke?

A **stroke** can happen to **anyone** at any age but some people are more at **risk**. There are many **factors** that can increase your **risk** of having a **stroke**. Some of these, such as increasing age, gender and a family history of stroke, cannot be controlled.

Risk factors for stroke that we have more control of are generally related to **lifestyle** such as:

- Smoking
- Eating a high fat or high salt diet
- Being physically inactive.

These have an impact on your blood pressure and cholesterol levels. High **blood pressure**, high **cholesterol** and diabetes are medical conditions that



we also have some control over in terms of medication and/or **lifestyle** changes. These conditions put you at greater risk of stroke or heart disease.

Often people ask “**Why me?**” Some feel vulnerable, confused, and worried about their health and the future. Some feel sad or disappointed in their bodies and others feel **guilty** or blame themselves.

For many, the **situation** seems unfair, causing them to **feel angry** at themselves and the people they love. **Everyone’s** reaction is **different**, but they’re all completely normal and it is important to try to focus your **energy** on **recovering**.

Your Stroke Journey

If you have a stroke, the stages of your **stroke journey** will typically be:

- **Going** to hospital
- **Assessment** of your stroke
- Medical **interventions**
- **Assessment** of the **effects** of your stroke

- **Rehabilitation**
- **Discharge** from hospital

This booklet will also deal with:

- Physical effects and rehabilitation
- Emotional and mental wellbeing
- Living with a stroke
- Financial and practical support
- The future

Going to hospital

Seeing a **doctor** right away is very **important**. The quicker the stroke is diagnosed and treated the better the **chance of recovery**.



Most people who have had a stroke will go to **Accident & Emergency** for initial **care and assessment**. They may then be transferred to a specialised **stroke unit** (not all hospitals have one) or a general rehabilitation ward. Sometimes with **less severe strokes** people can

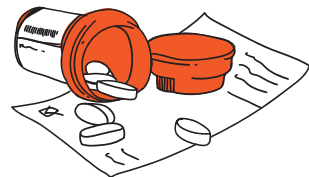
remain at **home** and come to hospital for tests as an **outpatient**.

Assessment of your stroke

Care in the early stages concentrates on assessment of your stroke and prevention of further damage and complications and may include:

- finding out what the problem is, the **type of stroke** you have had, the area of damage and how serious it is
- having a **brain scan** as soon as possible and certainly within 24 hours to help with diagnosis
- receiving **drugs** to help dissolve the **blood clot** (thrombolysis)

Not all Hospital Stroke Units offer thrombolysis, and even in units that do, **only a small proportion of patients are suitable for this treatment**. To be effective, the



quicker the drug is given the better. Ideally the drug should be given within three hours of the very first symptom.

- a **referral** to a **brain surgeon** for assessment if you have had certain types of brain haemorrhage
- preventing or treating **medical problems** and complications.

Common tests initially include:

- **Blood pressure** test
- A chest **x-ray** (to exclude other health conditions)
- A **heart** tracing (to check for other forms of heart disease)
- Blood **tests** (checking cholesterol, blood sugar and clotting)
- A brain **scan** (to detect affected areas)

Other more detailed tests may be carried out at a later date to confirm what caused the stroke.



Medical Interventions

During your **first** few **days** in **hospital**, care concentrates on **assessment** and **medical interventions** to reduce your risk of further complications or of having another stroke.

Your **treatment** may involve:

- **Blood thinning** drugs (stops clots forming and prevents another stroke)
- Lowering high **blood pressure**
- Carotid **surgery**
- Tube **feeding** if you cannot swallow safely
- **Controlling** risk factors such as diabetes and high blood cholesterol

Once your medical condition is stable many other **healthcare professionals** will be involved in your care. In hospital they will focus on assessing how your stroke has affected your **abilities**. They will work out an individual **care** and **rehabilitation** plan for you. In the early stages you may have **difficulty**

concentrating or **retaining information**. It will help to have a **family member** or **friend present** when you are talking to your doctor or other healthcare professionals as they can help to remind you what was discussed as well as ask questions you might not think of. It can be useful to **write** information down so it can be read later.

Assessment of the effects of your stroke

Assessment of memory, understanding and communication

You will be **assessed** for any problems in your **thinking**, your **memory** or concentration, and how **aware** you are of your surroundings as well as your ability to **communicate**.

Stroke can affect your ability to **speak**, write and **understand** what is being said. This is known as **aphasia** and can affect people in different ways such as:



- difficulty in **speaking** or producing any sounds at all
- problems in thinking of the right words to speak or write
- trouble **understanding speech** or writing or **slurring** of speech

The effects of your stroke on speech, reading and writing will be fully assessed by a **speech and language therapist**.

Assessment of Swallowing

After a stroke some people have problems **swallowing fluids or food** (called dysphagia). Your **swallowing** should be **assessed** as soon as possible. Assessment involves a **simple test**; for example you may be asked to try to swallow a small amount of water. If you have **problems** swallowing, a speech and language therapist or **specialist nurse** will carry out further tests and advise you and the staff looking after you on techniques for **safe swallowing** and on the

consistency of food and fluids you should have.

Assessment of Movement

Stroke can cause weakness or paralysis on one side of your body and problems with balance or co-ordination. You may also experience changes in sensations like tingling, numbness or feelings of hot and cold. Your ability to **move** will be **assessed** as soon as possible after admission. The degree of **physiotherapy** and **occupational therapy** you receive will depend on how much **movement** you have **lost** as a result of your stroke and on how active you were before you had it.



Assessment of Continence

A stroke can lead to loss of **bladder control** (urinary incontinence), **bowel control** (faecal incontinence) or both. Most patients regain continence in a few weeks

as their body recovers from the effects of their stroke.

A **continence nurse** can help with the problems that some people have controlling their bladder and bowel immediately after a stroke. For example, a **catheter tube** **might** be needed for a short time to help drain the bladder.



Care on the ward

The nursing staff will oversee your **care** on the ward depending on how much you are able to do for yourself. You may need **help** getting in and out of bed or getting washed and dressed.

It is important to avoid prolonged time in **bed**, even in the early days to:

- Prevent your **limbs** becoming stiff and sore
- Help regain your sense of **balance**, movement

and posture

- Reduce the risk of **blood clots** in the legs or chest infections

During the initial recovery period you will feel **physically tired** and it is extremely important to try to get sufficient **rest** and not to overdo things. The physical effects of the stroke are often worse when tired so **activity** should be **paced** throughout the day.

Rehabilitation

Once you are medically **stable** and have been assessed it is likely that the stroke team will work out an individual **care** and **rehabilitation** plan for you.

Rehabilitation is the process of overcoming or **learning** to cope with the effects of the stroke. It is about becoming as **independent** as possible by:

- Relearning skills
- Learning new skills



- Adapting to your limitations

Rehabilitation begins in **hospital** but continues after you go home.

The **physiotherapist** will support you in becoming more mobile and regaining muscle strength and control. This will help with balance problems, paralysis and muscle weakness.

Early treatment will include guided movements of your limbs and making sure you are correctly positioned in bed or your chair. They will develop **exercises** to improve movement and to stop weak limbs becoming stiff. As you improve your physiotherapist will show you more complicated exercises that encourage your whole body to work together.

The **occupational therapist** (OT) will teach you new ways to undertake everyday tasks. **Weakness** in your arm or hand or problems with **memory** or thinking can make it difficult to do everyday tasks such as

getting washed and dressed or making a meal. The occupational therapist can advise you on new ways to do things, **equipment** that might help you at home like handrails or ramps.

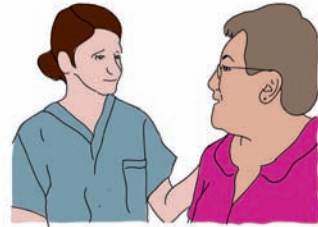
The **speech and language therapist** will give you and your family advice on how best to communicate together. They will also monitor the **safety** of your **swallow** and advise what consistency of food and drinks are safe for you to eat and drink on discharge. A **dietician** can also advise on appropriate foods to eat to ensure you get a **balanced** nutritional **diet**.

How long will I be in hospital?

The length of **time** you will be in **hospital** depends on a number of factors, in particular, the nature of your stroke. Some people are in hospital for a few days, others a few weeks and occasionally for some, longer than this.

What happens when I am discharged?

Most people are keen to go **home** and this is a very important **motivator** for **recovery**. But it can also be daunting for the person who has had the stroke, their carers and family.



All the members of the **hospital team** will be involved in preparing for your discharge and will make **arrangements** for further treatment after discharge if required.

Doctor

The **hospital doctor** will give you or your family a **short note** containing the **diagnosis** of the stroke and a list of the **medication** to be continued after discharge. This will be followed up by a **full** and detailed **letter** to your **GP** to make sure that they have all the necessary

clinical **information** required for your **ongoing care**.

Usually the **hospital** will give several days **supply** of the necessary **medication**. Your **GP** will then issue a health service **prescription** and in the long-term, supplies can be obtained at your local chemist.

The doctor will also ensure that you are on the appropriate **medication** to provide as much **protection** as possible against another stroke.

You may be given an **appointment** to attend the hospital **clinic**, generally between one and three months after discharge. This provides a useful opportunity to discuss any **outstanding issues**.

Nurse

The **nursing staff** play a central role in **co-ordinating** your discharge plan, to ensure that all your **needs** are met.



They will assess your **nursing needs** in hospital and will be able to advise on ongoing issues, such as **continence, skin care** and the need for additional **equipment**. They will contact nursing colleagues in the **community** if appropriate.

Physiotherapist

The physiotherapist will advise on what help you need with **mobility** after **discharge** and ensure that appropriate arrangements are in place. They will also provide relevant **practical advice** to your family or carer.

Occupational therapist

If you are being discharged home, the **occupational therapist** will take into account the layout of your house, and may recommend specialised **equipment** or adjustments needed to help you **live** in your own **home**.

Speech and language therapist

If you still have **problems** with **communication** or **swallowing** a community speech and language therapist may also see you after you get home.

Social worker

The **social worker** will support you through the **discharge process** and provide **emotional support** to you and your **family**. They will ensure that the necessary arrangements are put in place in time for discharge. They will make contact with **community services**, and organisations like Northern Ireland Chest Heart & Stroke, where appropriate.

What will life be like after I get out of hospital?

It's difficult to give advice that applies to everybody. Many people need to make **adjustments** after a stroke. It is important that you receive the necessary

support from your family, friends and healthcare professionals.

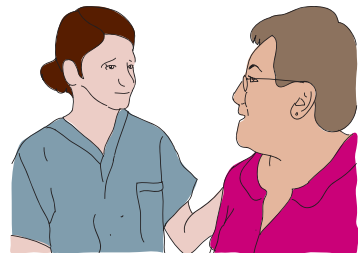


We will now talk about:

- Community Stroke Team
- Physical effects and rehabilitation
- Emotional and mental wellbeing
- Living with a stroke
- Financial and practical support
- The future

Community Stroke Team

A team of **health professionals** will be involved in your rehabilitation. The team might include, doctors, nurses, physiotherapists, occupational therapists, speech and language therapists, dieticians and social workers depending on **your needs** and the resources in **your area**.



The **team** will work closely together with you and your family. It is important that you ask the team any **questions** you have or ask for an explanation of anything you do not understand.

Northern Ireland Chest Heart & Stroke also have a team of Stroke Family Support Co-ordinators who can offer **support** to the carers and families of people who have had a **stroke**. Stroke Family Support offers advice and information as well as practical and emotional support. Contact Northern Ireland Chest Heart & Stroke on **028 9032 0184** for more information.

Physical effects and rehabilitation

Some people do not require further **rehabilitation** after their initial treatment. If you require ongoing rehabilitation you may receive it in your **home**, or as an outpatient at the **hospital**.





The length of time your **rehabilitation** continues will depend on the problems you have and the progress you are making as well as the **services** that are available in your area.

The aim of **rehabilitation** is to become as **independent** as possible **within** the **limitations** of your stroke.

You can help yourself with the recovery process by:

- Remaining **positive**
- Being **patient** and not over exerting yourself
- Doing **exercises** given to you by health professionals
- Following **medical advice**
- Making **adjustments** and finding new ways of doing things
- **Talking** to your friends and family
- **Accepting** help and support

Working towards recovery

Physical recovery from stroke depends on the **effort** you make, and so it is important that you are **positive** and that you practice your rehabilitation exercises and activities in-between sessions with the health professionals.

Tiredness is a common problem for some time after stroke and your problems can appear worse when you are tired. Try to avoid having too many **visitors** especially soon after discharge, and take a rest everyday. Do your **exercises** or activities during short sessions throughout the day. Congratulate yourself on reaching targets set by the health professionals or by yourself and then concentrate on the next realistic target. Setting smaller, more achievable **goals** is better for your motivation than setting goals which are harder to achieve and will take much longer for you to see **progress**. However, don't feel you need to force yourself to go on





if you are tired.

The time will come when your **structured rehabilitation** will end but this does not mean that you will not make any further **progress**. It is important for you to continue to set yourself realistic **goals** and to work towards them using the skills that you have learned during rehabilitation.

Emotional and mental wellbeing

Every stroke is different and everyone will have their own experience of stroke but most people will ask “**Why me?**” Hospital tests will have identified, in most cases, the cause of your stroke. However, because stroke is often sudden it can cause feelings of **shock** as well as denial, anger, guilt and loss for the life you have led.

Almost like grief there is a journey of **emotions** and acceptance that you will go through after your stroke. Initially **denial** protects you from being overwhelmed

by the changes in your life. Over a longer time denial blocks your **progress** both physically and emotionally.

Anger is a normal response once you have accepted that you have had a stroke and that **life** may have **changed**. Some people feel angry at themselves, some at God, at a loved one or at the doctors and nurses. Often anger is **directed** at those **closest** to you and this can cause problems.

Feelings of **guilt** are often reported after stroke. People can feel guilty about what caused the stroke, about the **worry** they are causing to loved ones and about the effect on **family** life, for example not being able to work.

It is important not to bottle up all these **feelings**. Talking to your family and friends might not be easy but it will help, and remember that they have been affected by your stroke too, and **talking will also help** them as well.



Northern Ireland Chest Heart & Stroke have **Stroke Family Support** Co-ordinators who can help you by talking things through with you and your family.

Contact Northern Ireland Chest Heart & Stroke on **028 9032 0184** for more information.

Some people find it **helpful** if they don't compare life the way they are now with the way they were before the stroke happened. It is important to **focus** on what you can do **now**. It may be necessary to be flexible and try new ways of doing the things that are important to you.

Dealing with family life

A stroke is a **shock** to everyone and it **affects** the whole **family**. It is likely to **change** not only **your** own **life** but your **partner's life** and, if you have any, your **children's lives**.

Your partner and other **family** members may be faced with **new roles** and **responsibilities** within the family

whilst you may feel **frustrated** at not being able to participate in family life the way you used to. Your **family** will also be going through **feelings** of shock, anger and loss.

Children

It is important to **talk** to your **family** about how you feel. You and your partner need to **explain** to the **children** what has happened and give them a chance to **ask questions** as they will be worried too.

It may help to **involve** them, if appropriate, in some of the day to day **tasks**. This will help them **feel part** of the **change** in their lives and you can continue to work together as a **family**.

Young **children** and **babies** are very **demanding** and caring for them can be **difficult** when tiredness and thinking **problems** are present. You may find that you **need** to ask for **help** to care for **small children** after a stroke. This should **not** be seen as a **failure** in your



parenting or a sign that you can't cope, it is merely the **practical** solution.

Carer

Caring for someone who is no longer completely independent, and being cared for, **changes** the **relationship** between you and your 'carer'; it is **stressful** for both of you. Often the **carer** is your partner and generally **frustrations** and irritability are directed at those **closest to you**.

Both of you are **adjusting** to a **new way of life**, even if it is a temporary situation, and it is **important** to **talk** to each other. Both of you will have **questions** and **worries** about each other which will only be dealt with if you keep **talking** to each other.

Getting into a daily **routine** that meets **both** your **needs** is important. **Both** you and your carer **need** some **time** for yourselves. Some times you will have to encourage your **carer** to take a **break** and not to

be too overprotective, to allow you to become more **independent**.

Emotional Control

Changes in your **emotions** or **behaviour** may be due to damage to the part of the brain that controls emotions. Your emotional **reactions** can be **exaggerated** and sometimes **inappropriate** to the situation.



Some people experience sudden unprovoked tearfulness, inappropriate laughter or outbursts of anger.

These reactions are often **distressing** for both you and your family or friends. Understanding that they are another symptom of stroke can help you all cope with the situation.

This is usually a temporary situation and in time you will have more control and feel more like yourself. However



not all emotional changes are due to the effects of brain injury. Some may be due to depression or anxiety.

I am feeling a bit down, is this normal?

Sometimes **depression** can be the direct **result** of the **damage** caused by the **stroke**. Other times it may be as a **result** of the **emotional difficulty** involved in coming to terms with having a stroke.

Feeling down some of the time is **natural** after a stroke but if you are feeling low most of the time you could be **depressed**. Depression can develop soon after the stroke or months afterwards.

Common **signs** of depression include:

- Feeling **sad** or “empty” most of the time
- **Fatigue** or not wanting to get up in the morning
- Changes in **sleep** patterns, difficulty sleeping or early morning waking
- Changes in **appetite**
- **Mood** swings

- Loss of **motivation**
- Lack of **interest** in people or activities
- **Crying** all the time
- Feelings of **despair** or thoughts of suicide

Depression is very **common** and doctors are very familiar with it and how to treat it. Your **doctor** may suggest you try taking **antidepressant medication**.

Many people have been helped through a **difficult time** in their lives by taking antidepressant medication until they have **come to terms** with their **new life**. Your **GP** can advise you on whether **medication** is appropriate to you or suggest other ways of coping.

It can also **help to talk** to **other people** who **understand** what you are going through. **Northern Ireland Chest Heart & Stroke** provide **Stroke Schemes** for people who have had strokes. **Contact** Northern Ireland Chest Heart & Stroke on **028 9032 0184** for more information.

I am feeling a bit anxious, is this normal?

Anxiety is a feeling of fear or nerves. **Anxiety** after stroke is usually related to feelings of fear:

- **Fear** of having another stroke
- Fear of not being able to **cope** in life
- Fear of the **unknown**

Feelings of anxiety can cause **physical** and **psychological** symptoms.

Physical symptoms of anxiety:

- A racing heart or irregular heartbeat (palpitations)
- Excessive sweating
- Dizziness
- Over breathing (hyperventilation)
- Frequent urination, or feeling a need to go to the toilet
- Muscle aches and tension
- Nausea
- Dry mouth

Psychological symptoms of anxiety:

- On-going worry or fear that doesn't seem to go away.
- Feeling 'on edge' or 'wanting to run away'
- Restlessness
- Irritability
- Poor concentration / easily distracted
- Feelings of panic or panic attacks
- Avoiding situations that may trigger anxious feelings

It is common for people to suffer both anxiety and depression at the same time. There are medications and therapies that can help with both problems. If you start to feel **anxious** it may help to try some **breathing exercises**. Often just concentrating on your breathing will take your mind off your immediate worries and it also helps **reduce** your heart rate and some of the other physical signs of anxiety.

Tips for breathing control

- Settle yourself in a **relaxed** position with your

back supported

- Place your hands between your lower ribs and navel. Your shoulders should be relaxed
- **Breathe** in through your nose; you should feel your tummy move out as you breathe in, 1..2..3..4
- Breathe out gently through your lips, your **tummy** will move in as you breathe out, 1..2..3..4
- Concentrate on the **rhythm** of your breathing, feel your muscles relaxing and let all other thoughts drift away
- Practise this breathing **control regularly** so that you are able to use it when you really need it



If you do feel depressed or anxious **talk** to your loved ones about your fears and anxieties. It can help.

Talking will also help them as they will have their own

concerns about you.

It can also help to talk to other people who **understand** what you are going through. **Northern Ireland Chest Heart & Stroke** provides **support** through Stroke Family Support and Stroke Schemes for people who have had strokes. Contact Northern Ireland Chest Heart & Stroke on **028 9032 0184** for more information.

Other Issues

There are **other** mental health difficulties that people experience after a stroke such as **Agoraphobia** (fear of open spaces or going outside), health anxiety and social anxiety. If you feel any emotional distress it is worthwhile **talking** to your **GP**. If you are have feelings of despair or thoughts of **suicide** contact **Lifeline** on **0808 808 8000**.



Can I drive after my stroke?

A **stroke** is a condition which could **affect** your **driving** ability and may need to be reported to the **DVA** (formerly the DVLNI).



Everyone will have to **stop** driving for **one month** after a stroke. Whether or not you can **return to driving** after a month **depends** on how the **stroke** affected you:

- if there are **no** lasting **effects** you may be advised that you can return to driving at the **end** of the first **month**
- if the stroke has affected your **vision** this may mean that you will be advised **not to drive**, but further tests may be required
- if the stroke has affected your **arm or leg** function this may also affect your **ability** to drive after the initial month, and you will be advised not to **drive** while **further assessments** may be needed

Lasting limb disability does not necessarily prevent you from driving in the long term. Adaptations to a vehicle and/or restrictions to automatic vehicles may enable you to drive. In all cases seek **medical advice** from your GP about your ability to drive. It is also important to note that it is your responsibility to inform the **DVA**. You should also inform your **car insurance** provider.

Resuming a social life

Some people find **social situations** difficult after a stroke. You might avoid people. You might **fear** questions about your stroke or that people will feel sorry for you.

You might feel **self-conscious** about any physical or communication difficulties that you have. You may **worry** about how you will manage when you are out of the house.

It may seem easier to stay at home but this will lead to **isolation**. At first try to go out for short periods of

time. You will confront the situations you are fearful of gradually. **Testing** your **ability** to cope will **increase** your **confidence** over time. You will be relying on other people to understand your situation and to co-operate but you may be pleasantly surprised at how accepting and helpful most people are. Don't be disheartened before you try. Over time you will become more comfortable and will enjoy getting out and socialising again.

Resuming Sport and Leisure

Your physiotherapist will be able to give you advice on how to maintain the physical level you have reached during rehabilitation.

One way of **maintaining** exercise and activity is to become involved in **sport** and **leisure** activities. They are also a good way to socialise with other people.

You may be able to do sports you enjoyed before your stroke if you are determined enough. Many sports can be **adapted** to become accessible to people with

different abilities. For example, many people play one-handed golf or get involved in wheelchair sports. All ability sports such as Boccia and New Age kurling are also becoming popular.

Your local council will be able to provide information about swimming clubs or exercise classes which cater for people with disabilities.

Can I go on holiday after my stroke?

If your stroke has left you with any **disability** you are not advised to fly for about **six weeks** and if you do plan to **fly** you should consult your doctor.

After **three months**, as long as you **feel well** enough and your GP has no objections, there is no reason why you should not take a holiday.

Holidays can be a great way to **recharge** the batteries and **relax**. So start as you mean to go on, **be organised** and:

- Think about **where** you are going and if it will be easily accessible for you
- Allow yourself plenty of **time** to get to the location
- **Don't** be carrying **heavy** pieces of **luggage** around
- Contact the airline or holiday company to discuss any mobility aids or additional help you may need at least 48 hours in advance.
- **Plan** your **holiday** so that you do and see all the things you want to without having to **rush** around
- Take some time to **relax** through the days to avoid being overtired.

You may want to book with a travel agent who can provide specialist advice or book accommodation equipped for your stay. If the **flight** is over **two hours**, it is best to take a **walk** along the **aisle** at regular **intervals** so that you reduce the risk of a DVT (**blood clot**) in the legs. Also you could **exercise** your calf **muscles** for several minutes every half an hour to help circulation in the legs. It is also advisable to avoid alcohol and caffeine (tea, coffee and cola). Drink plenty

of **water** to avoid dehydration, which is especially common during night flights.

Remember to take enough **medication** which will last you through the holiday. If you are flying, carry it in your hand luggage so that it is accessible and unlikely to get lost. It is also a good idea to take a list of your medications with you.

It is also important to make sure you have adequate travel insurance. Northern Ireland Chest Heart and Stroke has a list of insurers. Call 028 9032 0184 or go to www.nichs.org.uk/travelinsurance. If you are travelling within the EU it can be useful to also carry the European Health Insurance Card (EHIC) which entitles holders to free medical treatment in some European countries or to claim back some medical costs. You can apply for the card through the NHS Business Service Authority. See www.ehic.org.uk. The EHIC will not cover all costs so it is still important to get adequate travel insurance.



Will I be able to return to work?

Returning to **work** may be important for personal and financial reasons and so it can be a motivating factor for **recovery**. However, going back to work can be **difficult** after a stroke if you are experiencing tiredness, memory problems, difficulty concentrating and any physical **disability**.

If going back to **work** is right for you it is important not to return too soon. It is important for you to **talk** to your **employers** about their expectations and your own expectations. Some changes may need to be made by your employers and by you, for example, changes to your working pattern, to help you return to and carry out your job.



If you are unable to go back to the same job and want to continue to work, then you can consider other **options** such as changing jobs, working part-time, volunteering, retraining or returning to education.

More advice can be obtained from the **Disability Employment Officer** at your local Training and Employment Agency.

Volunteering can be a great way of building up confidence within a working environment. It can also be very fulfilling. Many Northern Ireland Chest Heart & Stroke clients go on to volunteer within our organisation.

Sex after stroke

For a younger person, **resuming** your **sex life** is an **important** part of your **recovery**. If being sexually active was important to you before the stroke then it is likely that you will feel that way again. However there may be some **physical** and **emotional issues** that need to be considered. These issues can be **short-term** and relatively easy to overcome, but for others, they are **more serious** and longer lasting.

A common **fear** is that **sex** might **cause** another **stroke**, but this is very **unlikely**. There is **no reason** that after your initial recovery, when you **feel ready** to, that you couldn't **resume** your **sex life**. However if you feel **unsure** about this **speak** to your **doctor**.

Disabilities, such as weakness or paralysis of limbs, may cause **problems** due to **physical** limitations. **These can usually be overcome by talking to your partner and experimenting with changes of position.**

Some medications are also known to have **side effects** that may affect your sex life. Discuss this issue with your **doctor as they will be able to help with some of the issues caused by medication.**

Having a **stroke** often affects the way you see yourself, or how you think your partner will see you. This can result in a **loss of self-confidence**, lowered self-esteem and lack of **interest in sex.**



The **change** in your relationship from **partners to 'patient' and 'carer'** can also affect the way you see each other. The first step in dealing with any sexual



problems is to **talk** about them with your **partner**. It may also be useful to speak to a relationship counsellor.

It is also important to **remember** that simply **being close** to someone **helps** a person feel loved, special and truly a partner in the **relationship**.

If you are **not** in a **relationship** it can be more **difficult** to deal with the **issue** of **sexual problems** after stroke. Embarking on a **new relationship** can be especially **difficult** after a stroke when it has affected your **confidence** and your self image.

Relationship counsellors also work with **individuals** and they may be able to help you to find ways of **discussing** the situation with potential partners.

Contraception

There is a **small risk** of stroke when taking the combined oral **contraceptive pill** and so alternative

methods of **family planning** need to be discussed with your **doctor**.

Pregnancy

There is often no reason why you can not **conceive**, have a normal **pregnancy** and have a **healthy baby** after a stroke. Hospital **tests** will have been completed to establish what **caused** your stroke and in many cases the cause can be **treated successfully**.

However, it is advisable for you to **discuss** planning a **pregnancy** with your **doctor**.

HRT after stroke

Current research shows that if you have had a stroke you should not take **HRT** (Hormone Replacement Therapy) as it will slightly **increase** your **risk** of having another stroke or developing other health problems. If you have been taking HRT before having a stroke, your doctor will recommend that you stop taking it immediately.



What benefits or allowances am I entitled to?

The **Social Security** Agency assesses and pays benefits to people in Northern Ireland. The **benefits** system is **complex** and it changes frequently so it is important to get **advice** about what you are entitled to and how to fill in the necessary forms.

Information and **advice** can be obtained from the **Social Security Agency**. Any **Citizens Advice Bureau** or Independent Advice Centre can give you advice about what you are entitled to.

The table on the next page will give you an indication of which benefit(s) you may be entitled to.

Age	Employment situation	Benefit
Under 16 years old	n/a	Disability Living Allowance (DLA)
16-64 years old	Employed but off work sick	You may be able to claim Statutory Sick Pay (SSP) from your employer for up to 28 weeks depending on how long you have been employed, your age, and how much you earn. When your entitlement to SSP ends you may be able to claim Employment and Support Allowance.
16-64 years old	Employed and back at work	If you go back to work, you may be entitled to an increase in Working Tax Credit.

<p>16-64 years old</p>	<p>Unable to return to work</p>	<p>Disability Living Allowance (DLA).</p>
<p>Over 65 years old</p>	<p>Retired</p>	<p>Attendance Allowance, which is for people who need assistance with their personal care and/or supervision.</p>
<p>Over 16 years old (no upper age limit)</p>	<p>Carer (at least 35 hours per week)</p>	<p>If the person you are caring for receives DLA (middle or higher rate) or Attendance Allowance, you may be eligible for Carer's Allowance. You do not have to be a relative of or live with the person you are caring for.</p>

What other support can I receive?

Community support services to help you manage at home are usually arranged through Social Services within the Department of Health, Social Services and Public Safety.

You may already have been referred to a **community social worker**. If you haven't seen a social worker your GP can refer you to Social Services.

You will have to have your **needs assessed** by Social Services before they will provide services for you. This is called a **community care assessment**.

The assessment should take into account:

- Your wishes as the **person** being assessed
- Whether you have any particular **physical** difficulties which affect your ability to manage everyday tasks including **personal care**
- Whether you have any particular **housing** needs
- What sources of help you have **access** to, such

as carers, family or nearby friends, and their willingness to continue providing care

- What needs the people who provide **care** may have



Once you have been **assessed**, the social worker can tell you about what **services** are **available** and whether you have to pay for them. Services can vary from area to area but might include:

- A **home help** or care assistant
- Delivery of **meals** to the home
- A place at a **day centre** or within a community group

Whilst community care assessments and carer's assessments are **free**, Social Services can **charge** for some community care services. The regulations

about which community care services must be paid for, and how much can be charged, are complicated. The Citizens Advice Bureau can give you independent advice on accessing community care services.

Recognise that the stroke will **change your life** but that this need not prevent you from having new **hopes and goals** for the future.

Will I have another stroke?

The **risk** of having a **stroke** increases if you have already had a stroke or TIA. Your risk also depends on the type of stroke you experienced and the treatment you had at the time. If you had an operation it may have fixed the problem causing your stroke. Likewise, your doctors may have given you medications to treat underlying conditions and to reduce the risk of further stroke.

There are **risk factors** that may increase your risk of stroke that you cannot control. Age, gender and your family's medical history all play a role in the risk of



another stroke.

There are a lot of risk factors that you **CAN control**.

You should:

- Do regular **exercise**
- Choose a **healthy diet**
- Stop **smoking**
- Drink **alcohol** in moderation
- Manage **stress**

It is difficult to make lifestyle changes but is definitely worth the effort. Please contact NICHHS for further information on health promotion and stroke prevention.

The Future

Stroke is traumatic. It brings about a lot of life **changes** all at once. It will take time to mentally and physically **adjust** to life after stroke. It is never possible to predict the future. This uncertainty can cause a sense of fear.

You may never get back to exactly how you were before your stroke but you may continue to make improvements overtime. You will learn to adjust and

to find new ways of doing things that are important to you. You will have **good** days and **bad** days.

Stroke does not prevent you from having new **hopes** and **goals** for the future. Many stroke survivors have discovered new talents and interests and made new friends as part of their life journey after stroke.

What can NICHS do to help?

Northern Ireland Chest Heart & Stroke (NICHS) offers a wide range of **stroke schemes** for people who have had strokes or TIAs. Services provided include:

- **Information** and **education**
- **Self-management** programmes
- Practical and emotional **support**
- Health promotion and stroke **prevention**
- **Advocacy**
- **Liaison** with other health professionals
- Support schemes

NICHS have a team of **Stroke Family Support Co-ordinators** across Northern Ireland who can offer

information and support to the carers and families of people who have had a stroke.

NICHHS services can be accessed at any stage of your life after stroke. We can arrange home visits if you have difficulty travelling to our venues.

Contact Northern Ireland Chest Heart & Stroke for more information on 028 9032 0184 or mail@nichs.org.uk.



**WE'RE
ON YOUR
SIDE**

**Chest
Heart &
Stroke**

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