

Stroke Symptoms and Your Own Risk Video Transcript

Michele: Aloha everyone. Thank you for making time to view this presentation on stroke, I'm Michele.

Chelsea: And I'm Chelsea.

Michele: We're from the Department of Health Neurotrauma Program and act as a resource for survivors of stroke spinal cord injury and traumatic brain injury this presentation "I will not have a stroke or I will not have another stroke" is adapted from the American Heart American Stroke Association stroke education campaign.

A lot of people don't start thinking about stroke until they, or a loved one, has one. So we hope this presentation will provide you with enough information to make it your goal to not have a stroke or another stroke, because there are lots of things you can do to avoid it.

To get the most out of this presentation we are asking you to complete two worksheets.

If you are on our website, please click the links just below this video or you can download the pdfs from <https://health.hawaii.gov/nt/stroke>

That website again is <https://health.hawaii.gov/nt/stroke>

You can print out the worksheets if it will be easier for you to complete, but the pdfs are set up to be fillable right on your computer.

Today we will be going over different types of strokes and their causes, Hawaii stroke statistics, some of the effects of having a stroke, signs and symptoms of a stroke, what to do if someone is having a stroke, stroke risk factors, a self-assessment of your stroke risk, and ways to reduce your stroke risk.

First, a little bit about our program, we are the State Department of Health Neurotrauma program and we assist survivors of traumatic brain injury, spinal cord injury, and stroke. We have a helpline that survivors or family members and caregivers can call if they need information or resource referrals. Here is our helpline number and email.

If you or anyone you know needs assistance please feel free to call or email us. We also do different projects aimed at improving the system of services and supports for survivors of neurotrauma, and we do public education events such as this one.

Strokes can happen to anyone. Most recently we all became aware that Betty White experienced a stroke six days before she passed away and just two weeks before her 100th birthday. Kevin Sorbo, who starred in the 90's TV series 'Hercules', had a stroke at the age of

38. Healthy and young, he had no risk factors for stroke and didn't know why he was experiencing tingling in his arm coupled with blurred vision.

Once he had an MRI it was revealed he actually experienced three strokes. Kevin now works to raise awareness about stroke.

Next, Chelsea will share with us some information about stroke and its effects, Chelsea.

Chelsea: Thank you Michele. A stroke is defined as a blockage of blood to the brain, it is similar to how a heart attack is a blockage of blood to the heart. So in that way it can be also called a brain attack.

There are two main types of stroke, the first is called ischemic stroke and occurs when a blood vessel supplying blood to the brain is blocked by a clot. This type of stroke occurs in about 74 percent of people who seek medical treatment for stroke in Hawaii. The second type is called hemorrhagic stroke which occurs when a blood vessel supplying blood to the brain ruptures and bleeds into the brain. This type of stroke is less common, occurring in about 20 percent of all strokes in Hawaii.

A transient ischemic attack, or TIA, is a subtype of ischemic stroke and is defined as a short-term clot or blockage in the brain and occurs in about six percent of strokes in Hawaii, the blood vessel gets blocked but only temporarily.

This type of stroke is also known as a mini-stroke, or a warning stroke, because having a TIA increases the risk of having a subsequent full stroke or heart attack within the following year.

Here are some statistics on stroke. It is the fifth leading cause of death in the U.S. and the third leading cause of death in Hawaii after heart disease and cancer. However, it is the number one cause of chronic disability. About 3,500 people seek medical treatment for stroke in Hawaii each year, and about 3 percent of the population of Hawaii has indicated that they have had a stroke in the past. In a major stroke, or in an ischemic stroke where one of your larger vessels is blocked, about 1.9 million brain cells die each minute the stroke goes untreated.

This is the equivalent of your brain aging about three weeks per minute, or 3.6 years per hour. So if you are having a stroke it is very important to seek treatment immediately.

Strokes affect everyone differently, depending on which part of the brain was damaged due to the stroke. Some people have strokes but fully recover back to their normal functioning level.

However, others experience more long-term effects.

Here are some of the most common long-term effects of stroke. About 30 to 50 percent of people are unable to return to work, and about 20 percent of people return to work but stop within 5 years.

Many people experience fatigue or functioning at a diminished capacity, some people experience decreased cognitive functioning such as slower processing, and difficulty communicating and understanding things that are more complex.

Sexual dysfunction is another possible effect, as is compromised independence. People may not be able to feed or dress themselves. Depression, including social isolation, decreased confidence, are other possible effects as well as pain and epilepsy.

If there is one thing to remember from this presentation it is this:

FAST is an acronym that can help you remember the signs someone is having a stroke.

F is for face drooping. If we suspect someone is having a stroke we want to ask the person to smile and see if one side is drooping. A is for arm weakness, ask the person to raise both arms and see if one side can't be raised as high as the other. S is for speech difficulty, ask the person to say their name or repeat a phrase after you. If the person has any one of these symptoms, it doesn't have to be all three, then it is 'T', time to call 9-1-1.

We really want to stress the importance of calling 9-1-1 as soon as you think you might be having a stroke. Depending on the type of stroke you are having, the treatments for stroke that may save your life or prevent more significant disability, can usually only be administered within three and a half to four hours from when your symptoms started or sometimes longer, but it really depends on your individual circumstance. So it is important to call 9-1-1 so that they can get you to the hospital as soon as possible because many people arrive to the hospital too late and are not able to receive the treatment. Again, time is brain, and the faster someone receives treatment the less likely they will experience permanent or more significant disability.

We want to address some of the reasons people may not want to call 9-1-1. First, some people might not recognize that they are having a stroke. Sometimes strokes can cause a really painful headache but sometimes they don't hurt at all. Unlike a broken hip where you know something is wrong.

If nothing is hurting some people might just be confused about what is happening, that is also why it is important to make sure people around you know the signs and symptoms of a stroke and the importance of calling 9-1-1 immediately. Because they may be the ones who need to make the call or convince the person having the stroke to get help. If you are unsure if you are having a stroke call 9-1-1 immediately because it is better to be safe than sorry.

Some people want to drive themselves or want someone else to drive them to the hospital instead of calling 9-1-1 because they think it might be faster than calling an ambulance or they want to go to a certain hospital and are worried the ambulance will take them to a different hospital.

However, EMS staff are trained to assess for stroke symptoms and will take you to the nearest hospital that can provide appropriate treatment. Also, treatment starts once the ambulance arrives.

They will also let the hospital know that you are coming and the hospital can alert the physician and start to prepare the treatment so that it can be administered as soon as you get there and are confirmed to be eligible for the treatment. Whereas if you drive yourself to the ER, then they have to get you into a room, assess you, and then start preparing everything. Another reason people might not want to call an ambulance is because they are worried about the cost, which is understandable.

However, additional brain damage caused by a delay in treatment may result in a greater level of disability, higher medical bills, you might not be able to work anymore, and your overall quality of life may be diminished. So the potential cost of not calling 9-1-1 may be greater than the cost of the ambulance. Finally, some individuals may not want to go to the hospital right now because they are afraid of getting COVID-19 which is also understandable. However, the hospitals take precaution not to infect patients with COVID and here is a video that discusses this.

[Video clip of a news report]

Reporter: A local woman who suffered a near-death experience is warning others not to delay a trip to the ER because you're worried about catching coronavirus in the hospital.

As our Jim Mendoza reports she's glad she didn't give in to her own fear.

Jim: Nothing about her health hinted at what would happen on April 20 at 1:45 in the afternoon.

Kaui Burgess: The moment I knew something was wrong was when I couldn't control my eyes, so my eyes crossed.

Jim: One side of her body weakened, her speech slurred, the wife and mother of three was suffering a stroke.

Kaui: This was not a mini stroke, this was a full-fledged ischemic stroke where I had a blood clot in my brain.

Jim: The family called 9-1-1 but Kaui was concerned about catching COVID in the hospital, the Queen's medical center calmed her fears.

Dr. Kazuma Nakagawa: We take a precaution for COVID to make sure that we don't expose our stroke patients with any kind of COVID.

Kaui: They knew better than I did how to keep me safe, and I just needed to trust.

Jim: Queen's doctors gave her medication to dissolve the blood clot, it reversed the strokes effects.

Dr. Nakagawa: We lose about 1.9 million brain cells during, every minute during stroke. So the faster you get the treatment the more brain cells we can save.

Jim: Kaui's mother died of a stroke so she knew the warning signs.

Kaui: My husband knew, my children knew what happened to my mom so we were always watching.

Jim: She's thankful she didn't give in to her coronavirus concerns.

Kaui: I feel great, I can think clearly, I'm back at my job.

Jim: Today, Kaui was reunited with Queen's personnel who nursed her back to health, she wants others to know the hospital is a safe place and in an emergency, every second counts.

Jim Mendoza, Hawaii News Now.

[End of video clip]

Chelsea: When a person is having a stroke you want to do three things. First, call 9-1-1. Second, note the time of symptom onset because the medical staff will need to know this to know if they can administer the treatment. If the person's symptoms began during the middle of the night and they woke up with the symptoms then note the time the person was last known well which might be the time they went to bed the previous night. Finally, make a note of any medications that person is taking or bring them with you because the medical staff will need to know this as well.

Next, I'm going to pass this back to Michele who will be going over the stroke risk assessment.

Michele: Thanks Chelsea. Let's get our worksheets that you either print it off or you can bring it up on your computer. If you are open to sharing your worksheets with us once they are completed, your information will be kept in the strictest confidence. Also, you can call us throughout the year for stroke resources and we would like to check in with you after one year to discuss your progress. Our contact information will be made available at the end of this presentation.

Just as important as recognizing the signs of stroke, is knowing your own risk level and what you can do to reduce it. The blue column to the left are the different areas of health that have a direct impact on your risk for stroke.

We'll review each one and check off the high, caution, or low risk option that applies to you.

You should have one mark for each risk factor, per row. The first row is blood pressure.

If your blood pressure is greater than 130 over 80 or you don't know your blood pressure, then please check the red column, high risk.

Blood pressure is the number one risk factor for a stroke, so knowing your blood pressure is very important. If your blood pressure is between 120 to 129 over 80 then check caution, and if it is below 120 over 80 then check low risk. If you were taking blood pressure medication as prescribed by your doctor, you would check the risk level that corresponds to your blood pressure while you are on the medication.

We've gotten some questions about the accuracy of at home blood pressure machines, if you have any questions about your machine please talk to your primary care provider about suitable options.

Row two is atrial fibrillation, if you have an irregular heartbeat please check high risk.

If you don't know whether or not your heartbeat is regular or irregular please check caution, and a regular heartbeat would be low risk for the green column.

Row three is smoking. If you smoke, even if you have just one cigarette on the weekend, you're considered a smoker. So please check high risk.

If you are actively trying to quit where you are on the patch, or a smoking program, or you quit cold turkey and you haven't had a smoke, say in two weeks, please check caution. And if you have not had a cigarette in the last year please check non-smoker or green for low risk. So line four is cholesterol. The numbers we are asking for checking your high, caution, and low risk against are your LDL, or your "bad cholesterol".

So if your LDL from the last time you had a readout from your doctor from a blood panel, when you did a blood draw, if it's greater than 240 or you don't know your LDL levels please check unknown, or the red column excuse me.

If it's between 200 and 239, yellow. And less than 200 would be green or low risk.

Moving on, let's do row number five which is diabetes. If you've been diagnosed with diabetes that would be red, high risk. Borderline for diabetes is yellow, and no diabetes is low risk.

Row six is physical activity. If you do not have a regular exercise routine or physical activity that you engage in on a normal basis, on a regular basis excuse me, please check high risk. If you exercise for at least 30 minutes, once or twice a week each time, at 30 minutes each time please check caution.

If you exercise for 30 minutes three or four times a week, please check low risk.

Number seven would be weight. So if your doctor considers you to be overweight or underweight please check high risk. If you're slightly overweight, say five pounds, please check caution. And if your doctor considers you to be at a healthy weight please check low risk. The last of the risk factors, row eight, is stroke in your family. So if you're aware of your family having a history of stroke, or someone you know, your siblings, have had a stroke, aunts, uncles, please check red, yes. You're not sure if anybody's had a stroke, that would be yellow. And no strokes in your family would be low risk. Now the very last line on the bottom is your total score, so you want to look at each of your columns. So you want to look at the red column and add up all the marks and write the number on the very last line, the same for the yellow and then finally the green.

So with your total score you want to match it to the results here at the top of the page.

So if you fall into the high or caution category we suggest you talk to your health care provider as soon as you can to, number one verify your risk level, and two make a plan to address any stroke risk. If you are low risk then that's great, keep doing what you are doing to keep your risk low.

The two blue sections are quick reference guides for reducing stroke and using the FAST acronym to recognize a stroke and call 9-1-1.

Now that you are familiar with the different stroke risk factors and your own risk level you can actively work to reduce and minimize those risks.

Please check with your primary care provider before making any health-related changes.

So for line one, please check the box that corresponds to your risk level.

I want to mention a study by the American Heart Association, it found that there are additional benefits to reducing your stroke risk. As you age, all the things you did to reduce your stroke risk give your brain the best chance for retaining memory, staying focused, being able to follow directions, and maintain control of your emotions.

All of these things are typically associated with Alzheimer's or dementia.

So while you're fighting stroke, you're doing double duty, and also preserving your brain.

With that in mind, in line two, please choose any stroke risk factor that you would like to work on reducing. I really suggest that you choose the risk factor that you know you can commit yourself to. Just for instance, for example, if you are a smoker and you're not ready to give up smoking then don't mark smoking. Because we want you to succeed in whatever you choose.

So in line three you want to check off the box that will help you reduce the risk factor that you marked off in line two. So if you marked that you want to reduce work on your blood pressure, then you can choose one or all of exercise, eat healthier, stop smoking, check my blood pressure.

All those things contribute to lower blood pressure.

Finally, if you would like to receive quarterly stroke informational emails from us please print your email address legibly on line four. Then, just below that, where it says 'participant', please print your name. Your personal information, again, is not shared with anyone outside of Chelsea and myself.

We are asking for your name only to be able to match up your results from today to your results a year from now when we hope to check in with you.

I'm guessing a lot of you want to reduce your risk by eating healthier and maybe being more physically active. Well, there's an app for that! This is just two of the many available apps that help you track what you are doing. 'MyFitnessPal' tracks both diet and exercise, and has a lot of nifty features. For instance, you're able to, instead of writing in what you ate, if something has a UPC code, you can use your phone, take a picture of it and it will just upload that for you with all the nutritional ingredients on there or nutritional values, excuse me. 'MyPlate' was created by the United States Department of Agriculture and assists you with diet. It offers guidance based on your life stage, infant, child, teen, adult, senior. Each app has different features to help you monitor your intake and nutrition levels. They also give you access to recipes, meal plans, as well as other tips and hints. You need to just choose what app works best for you.

Let's hear another word from Chelsea.

Chelsea: If you take only one thing from today's presentation let it be the FAST acronym. Remember: Face drooping, Arm weakness, Speech slurred, Time to call 9-1-1. Your action may save a life or reduce the level of disability a person will experience.

Michele: Thank you so much for taking the time to view this presentation today. If you have any questions regarding our presentation please feel free to contact us. If you have any other questions directly related to your health we ask that you contact your primary care provider.

Thank you.

Chelsea: Thank you.