

Care for stroke survivors

National Stroke Week runs from the 17-21 September and the Heart and Stroke Foundation SA is eager to raise awareness about stroke and caring for stroke survivors. Having a stroke can change your life, but thankfully almost all stroke survivors recover to some extent and go on to lead normal, meaningful lives. The support and co-operation of your stroke rehabilitation team, family, friends and relatives are all crucial in helping you make the best possible recovery.

Stroke rehabilitation

Rehabilitation is an important part of recovering from stroke and will help you to adapt to your new physical limitations. The goal of rehabilitation should be for you to regain independence and become productive as soon as possible. This does not mean that your capabilities will return to exactly the same level as before the stroke, as rehabilitation cannot cure damage to the brain. However, the rehabilitation can help you to relearn the best possible use of your body.

No one can say exactly how long stroke rehabilitation could last. Each programme should be tailored to meet each stroke survivor's individual needs and it can change as your condition improves. The extent and rate at which people recover from a stroke varies greatly, but most progress takes place in the first 18 months after the stroke. Some people will find that their symptoms improve considerably in the early weeks after their stroke, while recovery in the subsequent months may be more gradual.

Some common effects of stroke and services that you may need:

You may receive rehabilitation in the same hospital where you were initially treated for your stroke, in a special rehabilitation facility as an out-patient, or from a rehabilitation specialist who may come to your home. The rehabilitation team may include a doctor, nurse, physiotherapist, occupational therapist, dietician, speech therapist, psychologist or social worker. The number of services you will need depends on the severity of your stroke. Not every person will need all types of rehabilitation therapy.

Paralysis or weakness of one side of the body is one of the most common effects of stroke. Rehabilitation will help you to regain as much motion and control of your affected side as possible. If you are having difficulty moving around, using an arm or leg, getting your balance or coordinating your movements, you can be helped by a *physiotherapist*. He/she will teach you special exercises and techniques to improve muscle control, balance, mobility and walking. An *occupational therapist* can help you relearn performing daily tasks on your own and learn new practical skills for everyday life. He/she can help you achieve your personal goals and make the best use of your physical and mental abilities.

Vision problems are fairly common after a stroke. You may lose part of your vision in one or both eyes, so you may only see the food on one side of your plate, or be able to read only one side of a written page. Your caregiver can help you by putting objects on your 'good' side, where it is easier for you to see them. Turning your head will also allow you to see more on your 'bad' side. If you have had a stroke in the brain stem, you may have double vision and may need special glasses.

Aphasia refers to difficulty in speaking, reading, writing or understanding language - caused by damage to the parts of the brain that control your ability to communicate. It can be very frustrating for you and for your caregiver. The severity of the aphasia varies from person to person - in some people, it may be temporary and improve quickly after the stroke. Other stroke survivors may be left with permanent language problems. *Speech therapy* can help you recover the use of language or help you learn new ways of communicating.

Dysphagia can occur if the stroke affected the muscles of your mouth, tongue and throat. As a result, you may have trouble swallowing. Dysphagia may be temporary or permanent and is usually diagnosed and treated by a *speech therapist*. If not treated, the swallowing problems can result in choking or inhaling food (aspiration) that can lead to pneumonia, malnutrition, or

dehydration. During the early stages of your recovery, your *dietician* may order meals that are soft and easy for you to swallow. The dietitian can help you plan healthy meals to help with weight control, cholesterol levels or any problems you might have with swallowing or eating.

Incontinence refers to trouble controlling your bowels or bladder and many stroke survivors suffer from incontinence after their stroke. *Nurses* work closely with you during the initial stages following a stroke. Until you can do more for yourself, nurses will help you with daily care such as taking medications, bathing, dressing and toileting.

Depression and emotional changes are commonly experienced by stroke survivors who feel sad or overwhelmed by the changes in their lives. You may have emotional responses that are exaggerated or inappropriate, which include outbursts of anger, moaning, laughing or crying uncontrollably for little or no reason. This can affect your relationships with others. If you are having emotional issues or are having problems with thinking or memory skills - a *psychologist* can help you. A *social worker* can also help you and your family deal with feelings of anger, sadness, depression, confusion and anxiety that are common after a stroke. Social workers can also help with arranging community services, family finances, work and discharge plans.

The caregivers and where to go for help

Other important parts of your rehabilitation team are your caregiver, family and friends - they can provide important emotional support. They can also help you continue your rehabilitation at home.

Being a stroke caregiver is a demanding, but rewarding responsibility. They are crucial in maintaining the comfort, safety, dignity and self-esteem of the stroke survivor. At times the caregiver may feel overwhelmed by the responsibilities and it may be helpful to learn to delegate. Think about what family members, friends or outside resources can do to lighten your load.

Talk with your social worker, doctor, church, hospital, stroke team or local community centre about caregiver support services in your area. This could include services such as Meals on Wheels, Respite Care so you can have a break or Stroke Support Groups. Caregivers may sometimes feel burnt-out, frustrated, helpless and depressed - these feelings are normal and understandable. Enlist the help of family and friends, take care of your physical health, eat a healthy diet and try to be physically active on most days of the week.

Rehabilitation services may also be available in the community via hospitals, nursing homes or support groups. You, your caregiver and your family may find support groups very helpful. Meeting people who are struggling with the same challenges and sharing ideas and stories can be helpful. Contact the Heart Mark Diet Line on 0860 223 222, email heart@heartfoundation.co.za or visit www.heartfoundation.co.za to find out more about support services or stroke support groups in your area.

Written by Erika Ketterer, Registered Dietician at the Heart and Stroke Foundation SA.