



UPDATE STROKE

SUMMER 2009

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NORTH CAROLINA FAMILY CAREGIVER SUPPORT PROGRAM

By *Alicia Blater, Family Caregiver Support Program Consultant,
NC Division of Aging and Adult Services*

Barbara Forrest of Newport, NC is the primary, full-time caregiver of her mother, Juanita Newkirk. Juanita had a stroke in 1995, and while she's still pretty active at age 83, she's slowing down some. The stroke significantly affected her left side, and she's needed assistance ever since. Juanita moved in with her daughter about ten years ago, and Barbara quit her job to care for her.

"It's rewarding in a lot of ways, but not everyone is equipped to do this," said Barbara. With the added support of her husband and nearby family members, Barbara still spends the majority of her time assisting her mother.

"Caregiving for the elderly is difficult. Sometimes it is a struggle, but you have to learn to deal with it," added Barbara. With 24 years' experience working in the long-term health care industry, Barbara knew a lot about caring for older adults, but taking the role on 24/7 is much more difficult. About four years ago, Barbara and her sisters decided it was time to bring in some help to relieve Barbara. They connected with Newport-area Coastal Community Action, Inc. through the North Carolina Family Caregiver Support Program.

The Family Caregiver Support Program calls for all states, working in partnership with Area Agencies on Aging (AAA) and local community-service providers, to have five basic services for family caregivers of older adults.

These services include:

- Information to caregivers about available services;
- Assistance to caregivers in gaining access to services;
- Individual counseling, organization of support groups, and caregiver training to

- caregivers, to assist them in making decisions and solving problems relating to their caregiving roles;
- Respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities; and
- Supplemental services, on a limited basis, to complement the care provided by caregivers.

Nationally, the Program provides grants to states and territories, based on their share of the population aged 70 and over, to fund a range of support services that assist family and informal caregivers to care for their loved ones at home for as long as possible. The NC Division of Aging and Adult Services initiated the program in North Carolina in partnership with the AAA in 2001, and have been working steadily to increase its reach and capacity throughout the state. Additional amendments to the Older Americans Act expanded the program's scope to offer services to grandparents and older relatives raising children or taking care of a related adult with disabilities. It is estimated there are approximately 1.1 million informal, unpaid caregivers in North Carolina.

Each NC county provides free family caregiver information services through their association with their regional AAA. Each county and region operate somewhat differently depending on available area services, but all North Carolina AAA's have a family caregiver program person on staff who can help connect caregivers to free, reduced, and private-pay services such as in-home aides, part-time respite, home-delivered meals, home modifications like wheelchair ramp installation, educational resources, and support groups.

These services work in conjunction with other state and community-based offerings to provide a coordinated set of support services. Studies have shown that these services can reduce caregiver depression, anxiety, and stress and enable them to provide care longer, thereby avoiding or delaying the need for costly institu-



NORTH CAROLINA FAMILY CAREGIVER SUPPORT PROGRAM

tional care. Families are the major provider of long-term care. Research has shown that caregiving exacts a heavy emotional, physical and financial toll. Twenty-two percent of caregivers are assisting two individuals, while eight percent are caring for three or more. Almost half of all caregivers are over age 50, making them more vulnerable to a decline in their own health, and one-third describe their own health as fair to poor.

Now, Barbara's caregiving energy is replenished weekly for four to six hours on Mondays and Fridays when Fran, from the senior companion program at Coastal Community Action, comes to her home to stay with Juanita. During this time Barbara is able to run errands, visit friends, spend quality time with other loved ones, and get the rest and focus she needs to help her maintain her caregiving role.

"I can go out and enjoy myself for a few hours and not have to worry because I can count on Fran. It gives me peace of mind to know I have a dependable person," says Barbara. "We've been fortunate. Fran and Juanita get along well. Fran waits on her hand and foot and keeps her motivated and active."

Barbara admits that sometimes she feels selfish to take a break from her caregiving role, but that years ago she realized burning herself out was not helping the situation. By letting others help, she is able to go on and continue to care for her mother in the future.

"The (Family Caregiver Support) program is great. A lot of people don't know about services for them in their area. It would be great if more people could get these services. So many people need it," added Barbara.

To find out more about the Family Caregiver Support Program in your area, contact your local Area Agency on Aging or the NC Division of Aging and Adult Services. For more information about the program, visit www.ncdhhs.gov/aging. For information about family caregiving, visit www.fullcirclecare.org.

LIFE IS NOT OVER - IT IS ALTERED

Ron Gardner knows a stroke can be a life-altering event. As he was rising through the corporate ranks in the early 1990's, the business climate was similar to today's: boardroom pressures were running high with mergers, acquisitions and daily downsizings. In 1995, he decided to strike out on his own and create a motivational training and consulting company. Two years later, at age 43, he suffered a stroke while sleeping. Waking up, he found he was partially paralyzed on his right side and quickly losing his speech. He believes cumulative stress and high blood pressure were contributing factors to his stroke. Gardner spent 10 days in the hospital. After a year of rehabilitation, he slowly recovered.



As Gardner worked hard to pull his life together, two other people were impacted by his stroke. His wife and daughter, age 11, were having a hard time understanding their new husband and father. Slowly, as a family, they adjusted to their new life together. Although they have made great progress, they continue to face adversities which they are determined to overcome. Gardner said the love of his family and a positive attitude were critical factors in his recovery. Life is not over, it is altered, is what he and his family believed.

At home, he and his family continue to face the mental, emotional and social challenges within their lives, which were suddenly changed forever. We just did not know what to do or what to expect, he said. Drawing on his motivational skills, he developed a wellness program that included cultivating a positive attitude, nutrition, exercise and stroke awareness. As it evolved, he felt a need to share his ex-

LIFE IS NOT OVER - IT IS ALTERED

periences with other stroke survivors and their loved ones. “My family and I were at a loss for what to do, and that was not a good feeling. I felt I survived because I had a calling to help others,” Gardner said. He decided to write a book called “Take Brave Steps for Stroke Survivors and Families – A Message of Motivation and Hope”. In the book he holds nothing back, giving a blunt, honest account of living through and beyond a stroke. He also invited his wife and daughter to share personal insights. Their candid input prepares families and caregivers to cope with the significant challenges that are about to unfold. The book also includes the Take Brave Steps™ Process, which guides readers through self-reflections, exercises and other helpful tools that can serve as a foundation for family dialog and help them to navigate through the complex maze of stroke recovery. He believed that he really couldn’t help people unless he put those very personal accounts out there for everyone.

Looking back, Gardner said there were risk factors for stroke in his life, but due to the fast-paced demands of the corporate business world, at the time he did not address them. Since then, he has made as many changes as possible to take control his risk factors, including a disciplined program of proper nutrition, exercise and other related wellness principles. He noted that according to the National Stroke Association, up to 80 percent of strokes are preventable.

Today, Gardner continues to spread his Take Brave Steps™ message of motivation and hope to both the corporate world and general public with his book, workshops and keynote speeches. He is also pursuing the goal to go from regional to national with his programs. He has been a guest on Sirius/XM radio, and he and his family have been featured on Lifetime Television’s Health Corner TV Series. Through all of this, Gardner has good days and bad ones, but the positive continues to outshine the negative. With so much to overcome following a stroke, he recommends staying focused on what you have, not what you have lost.

He said that it is not only his mission to help survivors and families, but to share a powerful message of wellness and prevention. He urges individuals not to think that strokes only happen to the “other guy”. As he continues his passion for helping others, he intends to use his book and its powerful testimony to encourage everyone to make healthy lifestyle changes before they become the “other guy,” as he did. His book and audio CD are available through his web site at www.takebravesteps.com as well as www.amazon.com worldwide.

Four years at his former practice in Watauga County, waiting for a door to open to clinical practice. There, he was assigned the job of auditing the practice. He also worked in their mailroom. In early 2008, he learned the practice was not going to hire him back as a clinician.

As he sought answers to his life, he recalled the many flyers over the years he had received from Penn State University, his alma mater for under-graduate, and medical schools. He decided it was worth the effort to contact the school, and explore opportunities. Upon submitting a query to the school, doors began to open, with ease. The school was interested in him, and along the way, by chance, Greg reacquainted with former classmates who are now in leadership roles at Penn State. Their collective interest and confidence in Greg’s ability resulted in a major transition in his life. He will be actively engaged with teaching responsibilities, and he will be Chief Resident of Otolaryngology. He sees life as a continuing process in teaching and in learning.

He considers himself to be blessed beyond his dreams. And, he is devoting this second half of his life in the service to others.

TELLING THE STORY

By Ralph Preston, Franklin, North Carolina

*A*s with everyone who has had a stroke, my world changed the day it happened to me. On April 4, 2008, the day began, like so many others, with me on my stationary bicycle, pedaling hard as I trained for the upcoming Senior Games. As I neared the end of my ride, I became aware that my left leg was not working properly. The terrifying trip to the hospital and the diagnosis of right-side hemorrhagic stroke seemed unlikely to happen to me, a 58-year-old who was in such good physical shape. But it did happen to me. I became a statistic: one of over 700,000 people per year who experience a stroke.

I was hospitalized at Mission Hospitals in Asheville, NC, where I progressed from the neurological wing of the hospital to the rehabilitation facility at CarePartners, also in Asheville. I graduated to the outpatient physical and occupational therapy sessions after I was discharged to my home in Franklin. Once I was medically discharged and on my own, I began to ask many questions about my experience. I was seeking answers that could give me a clear picture of what I had experienced. Each physician and therapist I saw during the post-stroke phase had a piece of the puzzle, but it seemed that no one had the whole picture, due to the overwhelming complexity of the stroke syndrome.

I began to realize the many questions I had might also be the experience of others in stroke recovery. Since my physical, mental, and emotional recovery was a priority, I set out to regain as many of my pre-stroke abilities as possible. I am a videographer and still photographer by profession, and I wanted to be able to take pictures with my camera again. While working out every day was difficult and time-consuming, I felt strongly that there was nothing more important. I kept a positive attitude and worked every day to rebuild my body.

Starting with assisted laps in the driveway, I worked my way up to hiking five miles on the Appalachian Trail four months after my stroke. I was back on my bicycle and cycling within 10 months, pedaling as much as 20 miles at a time. I walk almost every day, and I work out to an exercise video, as both help to restore coordination and balance. I recently competed in the Macon County Senior Games by cycling 10 kilometers in 24 minutes and coming in second.

I will compete in the September NC Senior Games in Raleigh, and I will be cycling in the NC Stroke Association's annual benefit ride, "Cycle for Life," held each year at Hanover Park Vineyard, in Yadkinville, NC. I will be writing letters for the event in my effort to raise money for the NC Stroke Association's Grant Program.



My stroke opened up an opportunity as I navigated through the recovery process. I began to piece together answers to the questions most stroke survivors have, as they try to live with change and begin anew. With my professional background as a video producer and director with over 30 years of experience, I decided to use my talents to gather information about stroke syndrome and provide it to the people who need it most: people in stroke recovery and their caregivers. I am planning to create a DVD documentary featuring stroke professionals answering as many of these questions as possible. Several levels of exercise will be featured and guided by physical and occupational therapists. I believe a positive attitude plays such a large role in recovery. To that end, persistence and hope will be underlying themes of the DVD. This project will help the thousands of people actively engaged in recovering from stroke, as they meet the day-to-day challenges toward healing.

THE PATHWAY TO EXCELLENCE

Hugh Chatham Memorial Hospital's Journey to Stroke Center Certification

Already available to patients in North Carolina's Yadkin Valley is a strong continuum of stroke treatment. At Hugh Chatham Memorial Hospital in Elkin, patients of this region receive high-quality care from excellent clinicians using the latest technology. However, Hugh Chatham is seeking to go to the next level in its program in stroke care. According to the organization's director of rehabilitation services, Marc Womeldorf, "The time is now for Hugh Chatham to pursue Primary Stroke Center Certification (PSCC)".

"As our region is part of the 'stroke belt,' we know that providing the best available stroke care is of tremendous importance. Statistics show that patients in our region too often drive to larger, tertiary centers for care, when we can treat them here more quickly. "Time is so important—The American Stroke Association's motto, 'time is brain' needs to speak loudly to us. PSCC is all about linking modalities of care, with the ultimate goal being prevention," Womeldorf said.

With a \$50 million construction project well underway to bring the Hospital a new emergency room, intensive care unit, and patient tower, the time is right to gain the final, clinical stamp of approval in stroke care. "We have many of the components for achieving PSCC now in place. Stroke screening through community health fairs is one we take seriously—our health fair team screened more than 1,200 community members last year. In addition, we are working more closely with emergency medical services personnel and we have streamlined our tri-weekly cardiac rehabilitation and wellness programs. Coupled with stroke prevention education, these measures take first place in stroke prevention," added Womeldorf.

Once a stroke patient's condition is medically stable, the Hugh Chatham Rehabilitation Service Line offers patients a comprehensive system of opportunities. In addition to acute hospital care, the 12-bed inpatient rehabilitation facility has a

history of success even for severe stroke cases. A skilled nursing facility located on the same property provides quality care in close proximity for local patients and families. The home health agency enables patients to return home to reach their final milestones with a little assistance. And finally, the outpatient rehabilitation program with a dedicated swimming pool to provide aquatic therapy, offers intense rehabilitation through underwater treadmill and video monitoring.

The Hospital has established a team of professionals to assist with and expedite the PSCC accreditation process. Leading the team are neurologist Dr. William Drew and emergency medicine specialist Dr. Steve Isaacs. Physical medicine and rehabilitation specialist Dr. Jerome Watson will provide counsel for follow-through. Among the many other excellent clinicians are Emergency Department and Intensive Care Unit managers. The team of nine members meets bi-weekly to review how care is given and to improve processes.

"With so many pieces in place and the rest in process, the time is now for Hugh Chatham to take our program to the highest level by meeting the criteria for PSCC. We look forward to joining the other health care organizations in our state who have made this worthwhile journey," said Womeldorf.

Nestled in the western Piedmont wine country of North Carolina, Hugh Chatham Memorial Hospital has provided high-quality medical care for its residents for 78 years. A private, not-for-profit, 81-bed acute care hospital, Hugh Chatham has over 940 employees, and is served by more than 70 physicians representing 26 specialties and subspecialties.

You can learn more about Hugh Chatham Memorial Hospital's Rehabilitation and other service lines by calling 336-527-7070 or by logging onto www.hughchatham.org.

UNBUCKLING THE STROKE BELT: THE EASTERN NC STROKE NETWORK (ENCSN)

By Elynor Wilson, MPH & India Foy, MPH
ENCSN Staff, NC Heart Disease & Stroke Prevention Regional Coordinators

In 2005, stroke deaths accounted for over 22,335 years of life lost in North Carolina (NC)¹. Currently, stroke is the third leading cause of death in NC. Such rates have placed NC in the Stroke Belt, an 8- to 12-state region with historically much higher stroke death rates than the nation. As with many other chronic health conditions, eastern NC stroke death rates are among the highest in the US. This is why the region has been called the Buckle of the Stroke Belt. The Buckle refers to specific regions within the Stroke Belt experiencing the very highest stroke death rates in the nation for at least 30 years.

With these data in hand, coupled with the knowledge that regional stroke education and resources were limited, a few stroke champions began their journey to improve stroke prevention and care in eastern NC. The Eastern NC Stroke Network (ENCSN) was first formed in 2006. At that time, core planning members represented the eastern North Carolina Area Health Education Centers (EAHEC), American Heart Association (AHA), Pitt County Memorial Hospital (PCMH), the Justice-Warren Heart Disease and Stroke Prevention Task Force, and the Eastern and Northeastern NC Heart Disease & Stroke Prevention Programs. This group collaborated to offer stroke continuing education opportunities for health care providers in eastern NC.

The Network recognized that the first step to improving the prevention, response, and care of stroke was to improve the stroke continuum of care within the region. Through a strategic planning process from July – September 2008, the mission,

vision, and membership structure of ENCSN were defined. Workgroup co-chairs from Onslow Memorial Hospital, AHA, Pitt County Health Department, and PCMH were selected to lead the Network's four workgroups at that time.

The vision of ENCSN is to be recognized as a leading resource for voluntary collaboration on stroke best practices in eastern NC communities. The mission of ENCSN is to improve the prevention, treatment, and quality of stroke care in eastern NC through a coordinated regional system. ENCSN covers 30 counties in eastern NC, east of I-95. As of June 2009, the ENCSN member listserv has over 200 participants from 84 distinct organizations, including regional hospitals, health departments, and emergency medical services (EMS). The Network is open to anyone who is a stroke champion, from hospital stroke coordinators and rehabilitation nurses, to EMS and community health educators. The benefits of joining ENCSN are many. First, the Network holds free quarterly meetings which offer continuing education credits for health professionals, as well as time for face-to-face meetings, networking, and sharing. In addition, each of the four ENCSN workgroups holds monthly conference calls to continue progress towards accomplishing their respective goals. Finally, an essential component to the Network's continued success is the ENCSN website (<http://www.encsn.org>). This website is regularly updated and provides community education materials, hospital stroke plans of care, and continuing education schedules, all free of charge.



India Foy



Elynor Wilson

For more information on ENCSN, visit <http://www.encsn.org>, or email Elynor Wilson, MPH at elwilson@pittcountync.gov, or India Foy, MPH at India.Foy@ncmail.net.

STROKE REHABILITATION SERVICES AND COMMUNITY RESOURCES AT YOUR FINGER TIPS

By Alexander White

Getting a jump-start on finding information on stroke rehabilitation services and community resources located throughout North Carolina just got a whole lot easier.

Thanks to a project conducted by the Stroke Advisory Council (SAC) to NC's Justus-Warren Heart Disease and Stroke Prevention Task Force, health information consumers searching online for stroke rehabilitation resources and services in any county can begin their search at the NCcareLINK website (<https://www.nccarelink.gov>). NCcareLINK is a statewide database of human service providers that was established in 2007.

The SAC's Rehabilitation Work Group created an ad hoc project team that pulled together information on 1060 programs or agencies into one database, and transferred that information to the NCcareLINK program operated by the NC Department of Health and Human Services, Office of Citizen Services. At the project's start, a search for the keyword "stroke" produced nearly 30 results. Currently, the same search produces 763 results. That number will continue to grow as programs are added. The list of stroke resources or services can be narrowed by selecting any one of a number of sub-categories, which include: nursing facilities, exercise classes, or even caregiver support groups.

To qualify, a program has to be either a state agency, a non-profit organization, accept Medicaid and Medicare patients, be free of charge, or charge fees on a sliding scale basis. Programs that are not currently listed can contact the NCcareLINK program for details on how to be added to the system.

Programs that are conducted in various locations throughout the state are listed only once where a link to the program's main website is offered. Consumers can check that website for participating locations near them.

If you want to see what stroke rehabilitation services and resources are offered nearby, you can do a search by keyword "stroke" and narrow that search by, county, city or zip code. However you conduct the online search, the results display the human service provider's contact information and, in some cases, a brief description of what they offer.

It is not necessary to become a registered user to search the NCcareLINK system. However, signing up allows the consumer to save previous searches, web site links, or documents found on the website.

There are immediate plans to do a onetime printing of the complete database, and send it out to healthcare providers, libraries, and organizations that will help carry out the goals of this project, which is to link stroke rehabilitation related human services with the people who need them. A web link to a PDF version of this document will be placed on the state's Heart Disease and Stroke Prevention Program's website locate at <http://www.startwithyourheart.com/>.

For all general questions and concerns about NCcareLINK, please contact the North Carolina Department of Health and Human Services' CARE-LINE toll-free within North Carolina at 1-800-662-7030 (English/Espanol) or 919-855-4400 (local or out of state) or 1-877-452-2514 (TTY Dedicated), 24 hours a day, 7 days a week including state holidays. You may also e-mail your questions or concerns to NCcareLINK@ncmail.net.



NORTH CAROLINA STROKE ASSOCIATION'S 6TH ANNUAL BIKE TOUR CYCLE FOR LIFE...2009

SATURDAY, OCT. 8, 2009

AT THE HANOVER PARK VINEYARD IN YADKINVILLE, N.C.

Presenting Supporters

Alphagraphics • Forsyth Stroke & Neurovascular Center
First Community Bank • Wake Forest University Baptist Medical
Center Comprehensive Stroke Center • BB&T

Cycle For Life 2009 Chairman:

Jonathan Bailey, Wake Forest University Baptist Medical Center

Rider Information:

Hanover Park Vineyard
1927 Courtney-Huntsville Road, Yadkinville, NC 27055
Phone: 336.463.2875 / hanoverp@hanoverparkwines.com

Location:

Yadkin County - Take Hwy 421 to Hwy 601. Go south 4 miles.
At 2nd blinking light, turn left on Courtney-Huntsville Road.
Vineyard is 1 mile on left. From I-40, take exit 170 for Hwy 601.
Go north 9.8 miles and turn right onto Courtney-Huntsville Rd.
Vineyard is 1 mile on left. See map at www.ncstroke.org

Date:

Saturday, October 3, 2009 • Event will take place rain or shine.

Tour Categories

65 mile
40 mile
25 mile
7.5 mile

Registration Start Time

8:00am
8:15am
8:30am
9:00am

Tour Begins

9:00am
9:15am
9:30am
10:00am

The bicycle route will have SAG support until 3:00 p.m. Mechanic support will be available at the Start and at Rest Stop #2.

Route and Rest Stops

65 mile: A challenging route with many hills through four counties.
Four rest stops will be provided.

40 mile: Intermediate distance ride through three counties.
Two rest stops will be provided.

25 mile: A gentle ride through the countryside of two counties.
One rest stop will be provided.

7.5 mile: Gentle route one hill, no rest stops.

View route maps at www.ncstroke.org

Join us after the tour to enjoy wine tasting and a hearty lunch.



Wake Forest University Baptist Medical Center
Sticht Center • Medical Center Boulevard
Winston-Salem, NC 27157
Telephone: 336-713-5052
Fax: 336-713-5051
Email: beparks@wfbumc.edu
www.ncstroke.org

Stroke Prevention Guidelines

What can you do if you suspect someone is having a Stroke?

ASK THEM TO:



Smile



Raise both arms



Speak a simple sentence



If the person has difficulty with any of these tasks, call 911 immediately!

1. Know your blood pressure.

- *High blood pressure (called hypertension) is a leading cause of stroke.*
- *Blood pressure checked at least once each year – more often if you have a history of high blood pressure.*
- *The top number is called systolic. The bottom number is called diastolic. If the top number is greater than 120 or the bottom number is greater than 80, consult your doctor.*

2. Find out if you have Atrial Fibrillation (called AF).

- *AF can cause blood to collect in the chambers of your heart. This blood can form clots and cause a stroke.*
- *Your doctor can detect AF by carefully checking your pulse.*

3. Know your cholesterol number.

- *Your total cholesterol number should be 200 or less.*
- *Cholesterol less than 200 may also reduce your stroke risk. Cholesterol greater than 200 may increase your heart disease risk, a stroke risk factor.*
- *High cholesterol can be controlled for many people with exercise and diet. However, some individuals require medication.*

4. Know if you are diabetic, follow your doctor's guidelines carefully to control it.

- *Diabetes puts you at an increased stroke risk.*
- *Diabetes can often be controlled by paying careful attention to what you eat. Your doctor might suggest a nutrition program. Your doctor might suggest lifestyle changes and, sometimes, medication.*

5. Find out from your doctor if you have circulation problems.

- *Arteries can become blocked by fatty deposits. These arteries carry blood from your heart to your brain. This kind of blockage can cause a stroke.*

6. Stop Smoking.

- *Smoking DOUBLES your stroke risk. Your risk factor for stroke will begin to decrease the day you stop smoking.*

7. Moderate your alcohol usage. If you do not drink, do not start.

- *“Moderate” drinking means limiting what you drink to no more than one drink per day (one drink = 1.5 oz. hard liquor; OR 4 oz. of wine; OR 12 oz. of beer).*
- *Alcohol is a drug and it can interact with other medications you are taking and could even be harmful.*

8. Include exercise in your daily activities.

- *A brisk walk, a swim or other exercise activities, for as little as 30 minutes on most days, may reduce your stroke risk. You can also improve your overall health by exercising.*

9. Lower the amount of salt (also called sodium) and fat in your diet.

- *Lowering the amount of salt and fat in your diet may lower your blood pressure and your stroke risk.*

10. Know stroke symptoms. The most common stroke symptoms are:

- *Sudden weakness or numbness of the face, arm or leg, especially on one side of the body.*
- *Sudden confusion, trouble speaking or understanding.*
- *Sudden trouble seeing in one or both eyes.*
- *Sudden trouble walking, dizziness, loss of balance or coordination.*
- *Sudden, severe headaches with no known cause (for hemorrhagic stroke).*

Call “911” IMMEDIATELY if you have any of these symptoms. Stroke is a medical emergency. Treatment can be more effective if stroke is detected early. Every minute counts!



Wake Forest University
Baptist Medical Center
Sticht Center
Medical Center Boulevard
Winston-Salem, NC 27157

Beth Parks, Executive Director

Phone: 336-713-5052
beparks@wfubmc.edu

Margaret Rudisill

Director of Program Development
margrudisill@yahoo.com

www.ncstroke.org

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