



**PRESS RELEASE FOR LOCAL MEDIA**

Central Michigan District Health Department  
*"Promoting Healthy Families, Healthy Communities"*

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**To: Senior Newspapers**

**From: Shelli Wolfe, Health Educator, CMDHD**

**RE: Stroke**

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**Stroke**

The "One in Six" motto of this year's World Stroke Day on October 29th was an important reminder that one in six people will suffer a stroke at some point during their life and that someone dies from a stroke every 6 seconds. The most common cause of a stroke is the blockage of an artery in the brain by a clot. The part of the brain that is supplied by the clotted blood vessel is then deprived of blood and oxygen. Because of the deprived blood and oxygen, the cells of that part of the brain die. Typically, a clot forms in a small blood vessel within the brain that has been narrowed due to a variety of risk factors.

The World Stroke Organization (WSO) points out that the victims consist of ordinary people who live everyday lives, however, 85% of these people have risk factors that can prevent a stroke if identified. Overall, the most common risk factors for stroke are: high blood pressure, high cholesterol, smoking, diabetes, and increasing age. When strokes occur in younger people (less than 50 years old), less common risk factors are considered including: illicit drugs, ruptured aneurysms, and genetic predispositions to blood clotting.

Similar to stroke, is the transient ischemic attack (TIA) which is a short-lived episode (less than 24 hours) of short-term impairment to the brain that is caused by a loss of blood supply. A TIA causes a loss of function in the area of the body that is controlled by the portion of the brain affected. A clot that suddenly forms in a blood vessel within the brain most often causes the loss of blood supply to the brain. However, it can also result from a clot that forms elsewhere in the body,

dislodges from that location, and travels, eventually lodging in an artery of the brain. A spasm and, rarely, a bleed are other causes of a TIA. Many people refer to a TIA as a "mini-stroke."

Some TIAs develop slowly, while others develop rapidly. By definition, all TIAs resolve within 24 hours. Strokes take longer to resolve than TIAs, but with strokes, complete function may never return and reflect a more permanent and serious problem. Although most TIAs often last only a few minutes, all TIAs should be evaluated with the same urgency as a stroke in an effort to prevent recurrences and/or strokes. TIAs can occur once, multiple times, or precede a permanent stroke. A TIA should be considered an emergency because there is no guarantee that the situation will resolve and function will return.

The symptoms that follow a stroke depend on the area of the brain that has been affected and the amount of brain tissue damage. When brain cells are deprived of oxygen, they cease to perform their usual tasks. Small strokes may not cause any symptoms, but can still damage brain tissue. These strokes that do not cause symptoms are referred to as silent strokes. According to The U.S. National Institute of Neurological Disorders and Stroke (NINDS), these are the five major signs of stroke:

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body, which can cause complete or partial loss of voluntary movement and/or sensation. There may also be an associated tingling sensation in the affected area.
- Sudden confusion or trouble speaking or understanding.
- Sudden trouble seeing in one or both eyes.
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden, severe headache with no known cause.

If any of the symptoms mentioned above suddenly appear, emergency medical attention should be sought and the ambulance should arrive as soon as possible.

Treatment for a stroke may include clot-buster drugs to dissolve the blood clot that is causing the stroke. There is a narrow window or timeframe to use certain drugs. The earlier medications are given, the better the result and the less potential for the complication of bleeding into the brain.

Blood pressure and cholesterol control are key factors to prevent future stroke events. In transient ischemic attacks, the patient may be discharged with medications even if the blood pressure and cholesterol levels are not quite acceptable. In an acute stroke, blood pressure will be tightly controlled to prevent further damage. In patients with diabetes, the blood sugar (glucose) level is often elevated after a stroke. Controlling the glucose level in these patients may minimize the size of a stroke. Finally, oxygen may be given to stroke patients when necessary.

When a patient is no longer acutely ill after a stroke, the healthcare staff focuses on rehabilitation and maximizing the patient's functional abilities. Since a stroke involves the permanent loss of brain cells, a total return to the patient's pre-stroke status is unfortunately not a realistic goal in many cases. Again, it is important to get medical attention to the stroke victim immediately.

For more information, visit [www.stroke.org](http://www.stroke.org) or [www.cmdhd.org](http://www.cmdhd.org). This article has been provided by Central Michigan District Health Department, which serves the local residents of Arenac, Clare, Gladwin, Isabella, Osceola, and Roscommon counties.

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