

What are the Effects of Stroke?

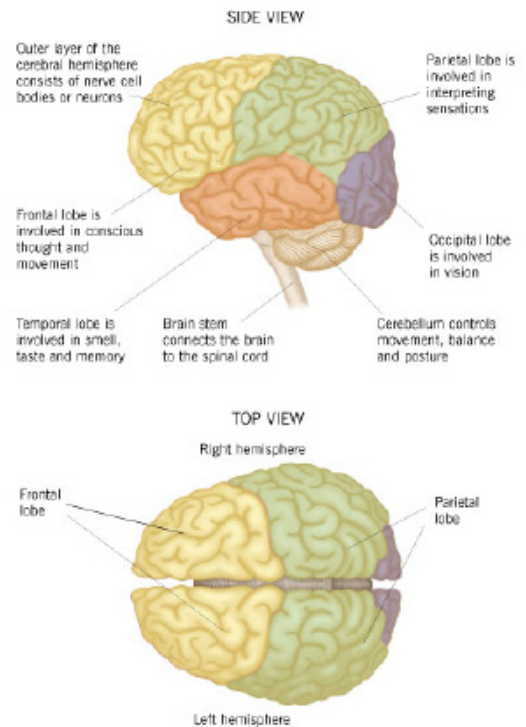
Understanding why a stroke survivor may be behaving a certain way or experiencing certain symptoms can oftentimes assist the one providing care.

The effects of a stroke depend on the type of stroke, the area of the brain where the stroke occurs, and the extent of brain injury. A mild stroke can cause little or no brain damage. A major stroke can cause severe brain damage and even death.

Strokes can occur in different parts of the brain. The brain is divided into four main parts: the right hemisphere (or half), the left hemisphere (or half), the cerebellum, and the brain stem.

A stroke in the right half of the brain can cause:

- **Problems judging distances** – The stroke survivor may misjudge distances, fall often or have difficulty picking up objects.
- **Impaired judgment and behavior** – The stroke survivor may try to do things that she should not do, such as driving a car. Those with poor judgment must be guided when making important decisions. Additionally, sudden laughing or crying for no apparent reason and difficulty controlling emotional responses can affect many stroke survivors. There may be no happiness or sadness involved, and the emotional display will end as quickly as it started.
- **Short-term memory loss** – The stroke survivor may be able to remember events from many years ago, but not what was eaten for breakfast that morning.



A stroke in the left half of the brain can cause:

- **Speech and language problems** – Some stroke survivors are unable to understand others or speak at all. Others may speak, but do not make sense. Some survivors can no longer read or write, and many have difficulty pronouncing words. Communication problems are among the most frightening after-effects of stroke for both the survivor and the family, often requiring professional help.



- **Slow and cautious behavior** – The confused or cautious stroke survivor will fare better in an ordered environment. The apathetic stroke survivor, on the other hand, should not live in a world so orderly and quiet that there is little to react to. The caregiver needs to be aware of the reasons for the stroke survivor's behavior, without overlooking the fact that he or she may also be depressed.
- **Memory problems** – The stroke survivor may not remember what was done ten minutes ago or may have a hard time learning new things. Sometimes memory loss can be so subtle that the family may not notice it at first. A stroke survivor may need a reminder to finish a sentence or know what to do next. Some stroke survivors have difficulty with numbers and calculating. Keeping things in the same place, doing things in the same sequence, telling the stroke survivor in advance what is going to happen and possibly taking over some responsibilities will help a stroke survivor to feel less anxious. Therapies or medicines almost never fully restore memory after a stroke. But many people do recover at least some memory, and some improve through rehabilitation.

A stroke in the cerebellum, or the part of the brain that controls balance and coordination, can cause:

- Abnormal reflexes of the head and upper body
- Balance problems
- Dizziness, nausea (feeling sick to the stomach), and vomiting

A stroke in the brain stem:

Strokes in the brain stem are very harmful because the brain stem controls all of the body's subconscious functions such as eye movements, breathing, hearing, speech, and swallowing. Because impulses that start in the brain must travel through the brain stem on their way to the arms and legs, patients with a brain stem stroke may also develop paralysis, or not be able to move or feel on one or both sides of the body.

Stroke damage to the front of the brain:

A stroke can also damage the front of the brain. In this case, one is more likely to lose the ability to control and organize thoughts and behavior. This makes it hard to think through the steps to complete a task. However, front-brain strokes may not affect one's ability to do or remember specific things.

Other stroke symptoms:

- In many cases, a stroke weakens the muscles, making it hard to walk, eat, or dress without help. Some symptoms may improve with time and rehabilitation or therapy.
- Depression is nearly universal among people who have had a stroke. A depressed person may refuse or neglect to take medications, may not be motivated to perform exercises which will improve mobility or may be irritable with others. The stroke survivor's depression may dampen the family's enthusiasm for helping with recovery or drive away others who want to help. This deprives the stroke survivor of the social contacts which could help dispel depression, and creates a vicious cycle. If necessary, chronic depression can be treated with individual counseling, group therapy or antidepressant drugs.

- Some stroke survivors neglect the side of their world corresponding to the side of their brain which was injured by the stroke. Those with left-sided neglect do not perceive what is on their left side. For example, the stroke survivor with left-sided neglect may ignore the left side of the face when washing or not eat food on the left side of the plate. If the stroke survivor's head is moved to the left, neglected objects may become apparent. If the plate is turned around, he or she will finish eating the meal.
- A stroke survivor may suffer pain for many reasons. The weight of a paralyzed arm can cause pain in the shoulder. Improperly-fitted braces, slings or special shoes can cause discomfort. Often the source of pain can be traced to nerve damage, bed sores or an immobilized joint. Lying or sitting in one position too long causes the body and joints to stiffen and ache.

After a stroke, both the stroke survivor and the family often are apprehensive about being on their own at home. Common concerns are that a stroke might happen again, the survivor might be placed in a nursing home, or the family caregiver may not be prepared to face the responsibility of caring for the stroke survivor. **Independence-4-Seniors** understands these concerns and will work with a family to provide an in-home care solution that works best for each individual situation. For further information on strokes or care in the home, please call **(630) 323-4665**.

*Tips courtesy of the National Stroke Association
and WomensHealth.gov*

