

THE STROKE AID SOCIETY

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NEWSLETTER JULY – AUGUST 2017

UPDATE FROM THE STROKE AID SOCIETY

A fax received from the **Soweto Group** highlights how urgently we need someone to **please help us** with a sponsorship or a donation for car repairs and petrol.

Attending our group is extremely important for these members. It's a chance for them to support one another and receive therapeutic exercises. It also prevents them from becoming isolated at home.

Please help them.



**We need
your help!**

Soweto Stroke Aid

C/O Soweto Old Age Home

White City

13 July 2017

The Management

Johannesburg Stroke Aid

Dear Sir/Madam

We write this letter to you as our management to inform you of our plight when it comes to attending our therapies. As we have from time to time been informing you through Sandra that Mr Makhoba as the one in charge of transport is struggling with transporting us due to problems he encounters with the vehicle, we end up not attending some of the therapies. This is due to the fluctuation of petrol prices.

What courses more problems is the expensive maintenance of the vehicle due expensive body parts, including the charges by the traffic department. We humbly request your permission to allow us to plead for donations through our name, maybe we can be able to patch here and there.

Hoping to receive your response as soon as possible.

Yours faithfully

Soweto Stroke Aid



In previous Newsletters, we requested feedback from our members and their families:

A member of South Rand's group **Maurice Poulton** recently passed away. He was the longest standing member there - 23 years.

His wife sent the following message after Sandra sent a message of condolence from the Stroke Aid team.

"Thanks so much for your messages everyone. Maurice had so many wonderful times being at Stroke Aid with so much support. This made such a difference in his life always coming back home feeling on top of the world. This gave him strength to carry on. This will never be forgotten. Our family have been so blessed to have you help us through his journey ever since having the stroke. This was such a long road for Maurice and having Stroke Aid and all the special people in his life gave him the courage to survive with learning to cope with his disability. Saying thank you is not enough and I know that the dedicated people at Stroke Aid what they do is a blessing from above. All our love Jean and Mike".



The Stroke Aid Society has been invited to join the **Angels Initiative's** campaign to raise awareness and improve the management of stroke.

Every day, 360 South African stroke patients who could have been saved, die or become permanently disabled. This is a national emergency and current stroke treatment and rehabilitation services are not able to adequately manage the size or complexity of stroke.

The **Angels Initiative** aims to bring partners together, with the aim of working together to address the public health burden of stroke and to change the landscape of stroke prevention, detection and care.

They trust that their campaign would be more impactful if they partner with stroke survivors, as inspirational personal stories will bring real experiences to life and strengthen other people's knowledge and awareness of the risk factors and decrease probability of disability due to stroke.

The campaign will be supported by leading public health and patient advocacy organisation, Heart and Stroke Foundation South Africa and the Angels Initiative of Boehringer Ingelheim. They are also in discussions with other possible partners, such as emergency medical care groups and transport associations.

The **Angels Initiative's** efforts would focus on **World Stroke Day on 29th October** - to use the month of October to dramatically increase public and medical sector's awareness on stroke and what can be done to tackle it better.

They have conceptualized a **Stroke Month multimedia campaign** with the following main components:

- Educational outreach to consumers in busy public places targeting different socio-economic groups.
- First-aid and stroke emergency training for #FASTAngel – individuals from different walks of life who participate in public education.
- Creation of PR and social media resources for dissemination across traditional and digital channels belonging to the Angels Initiative and partners.

More about the Angels Initiative

Initiated by the medical company Boehringer Ingelheim, **Angels Initiative** focuses on assisting hospitals in the public and private health sectors to improve stroke care throughout South Africa. This initiative was originally implemented in Europe and is endorsed by the European Stroke Organisation, as well as World Stroke Organization.

It is now garnering support from:

- Individual stroke experts in the fields of neurology, emergency medicine, radiology, cardiovascular health and rehabilitation.
- Academics and medical schools, including Witwatersrand, Pretoria, KwaZulu-Natal, Cape Town and Stellenbosch universities.
- Professional medical societies, among them Emergency Medicine Society (EMSSA), Emergency Care Society (ECSSA), SA Stroke Society (SASS), Resuscitation Council (RESUSS Council) and Faculty of Consulting Physicians (FCP).



FYI



George Scola from the Stroke Survivors Foundation, forwarded the following:

Dear WSO (World Stroke Organization) Board Members:

As discussed in Prague, we have launched the WSO Stroke Services Inventory. This is an assessment of current resources for acute stroke care. We have undertaken a pilot study with members of the WSO Global Quality Committee and received over 20 inventories so far. The data is very interesting.

We are now extending the data collection. We ask all WSO board members to share the link below and the survey (PDF attached) to organizations in their regions/country that provide acute stroke care services of any level. We want to capture information on smaller centres with fewer resources as well as the larger centres. We want to include the organizations in which every board member works as well.

This inventory is designed to help hospitals and stroke professionals better understand their current capacity for delivering key elements of stroke care to the population they serve. The inventory items have been drawn directly from the World Stroke Organization Global Stroke Services Guideline and Action Plan.

Based on the information we are able to collect, we will be able to determine the level of stroke services hospitals and clinics have in their regions (categorized as minimal, essential, advanced) and potentially help identify areas of opportunities and improvement.

We are hoping to reach as many hospitals, clinics, and stroke professionals as possible through this survey with your help. Please do your best to distribute the link to this survey as widely as possible so that we have a wide and representative sample.

The footer banner contains several elements: on the left, a blue bird logo for "the stroke survivors foundation" with the website "www.strokesurvivors.org.za"; in the center, contact information for "George Scola" (stroke survivor | director, world stroke organisation board of directors) including a cell number "+27 (0)82 900 1600" and email "george@strokesurvivors.org.za"; on the right, a small "About: Improve. Prager." logo. Below these is a red banner with the text "know the signs of stroke - ACT FAST!" and four boxes: "FACE is it drooping?", "ARMS can you raise both?", "SPEECH is it slurred or jumbled?", and "TIME 112 (FROM CELL) to call 10177 (FROM LANDLINE)".

WHAT'S NEW IN THE TREATMENT/PREVENTION OF STROKE

HORSE RIDING, MUSIC THERAPY BENEFIT LATE-STAGE STROKE

Published online: 15th June 2017 in "STROKE"



A new randomized trial suggests that even patients in a relatively late stage of stroke recovery can reap the benefits from a rehabilitation program.

The research showed that a multisensory program that involved horseback riding or rhythm and music therapy enhanced perceived recovery and improved gait, strength, balance and cognition in patients who had experienced a stroke up to 5 years earlier.

According to study author, Michael Nilsson (MD, PhD, director @ Hunter Medical Research Institute, New South Wales, Australia) - "This is adding to the increasing knowledge around brain plasticity and the ongoing capacity for change and learning. I'm very pleased to see that results are accumulating in support of long-term rehabilitation programs. Right now, there is not much available for stroke survivors after 12 months because of the old-fashioned view that nothing can be done after that point."

The study analysis included 122 patients, ranging in age from 50 to 75 years, who were recruited from a comprehensive hospital-based stroke register in Gothenburg, Sweden, where Dr Nilsson had been based. They had experienced a stroke within the last 5 years and had a range of cognitive and physical dysfunction.

Participants attended two sessions a week for 12 weeks.

Dr Nilsson commented that "It's not clear whether any individual component of either intervention can explain the improvements. In rehabilitation, it's very difficult to find a single turn-key solution". He suggested that an additive and even a synergistic effect on brain plasticity probably support stroke recovery.

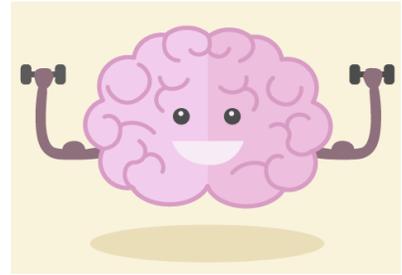
"Success probably depends on having an enriched environment that combines social interaction with physical and cognitive stimulation. I'm quite convinced that the functional networks in the brain are changed as a result of this intervention, but that needs to be studied further."

Although Dr Nilsson acknowledged that horseback riding may not be accessible, especially in urban areas, he noted that rhythm and movement are "very easy to implement" in a rehabilitation program, in outpatient settings, in homes or anywhere."

RESOURCE: <http://www.medscape.com/viewarticle/881744>



INTERESTING TRUE STORY



VEGETATIVE STROKE PATIENT, 36, WAS ABLE TO SPEAK AND MOVE JUST 16 DAYS AFTER BEING GIVEN A PARKINSON'S DISEASE DRUG

Published: 26th July 2017

A stroke patient aged 36 who was in a vegetative state and completely unresponsive to what was going on around her, regained complete consciousness just 16 days after being given a Parkinson's Disease drug, according to BMJ (British Medical Journal) Case Reports.

After nine months of progressive deterioration and unsuccessful treatment, doctors thought the unnamed woman's only option was to be admitted to a nursing home.

She was only being kept alive by medical intervention. Amantadine has previously been shown to ease uncontrollable muscle movements, which the patient was suffering from. Doctors therefore decided to try giving the patient Amantadine.

Within 16 days, she woke fully orientated and went from scoring five points on the coma recovery scale to 23.

To continue her rehabilitation, the patient was transferred to a specialist centre three months after first receiving amantadine.

Experts believe the drug may have pushed the woman, who was diagnosed with unresponsive wakefulness syndrome, 'above the threshold' for recovery.

Professor Hedley Emsley, a neurologist at Lancashire Teaching Hospitals NHS Foundation Trust, told MailOnline: 'There is no real evidence that the observed improvement is not merely coincidental.' A different expert argued the woman's brain scans reveal a large area that appeared undamaged by her stroke, which may have been sufficient to aid her recovery.

*** Amantadine is used to treat Parkinson's disease and flu. It is thought to increase levels of the 'feel-good' hormone dopamine in the brain.

Dopamine is involved in regulating movement.

RESOURCE: <http://www.dailymail.co.uk/health/article-4728810/Stroke-patient-speaks->

ON A LIGHTER NOTE ...

Submitted by: Sheila Haydock



THESE ARE ACTUAL COMPLAINTS RECEIVED BY "THOMAS COOK VACATIONS" FROM DISSATISFIED CUSTOMERS:



1. "On my holiday to Goa in India, I was disgusted to find that almost every restaurant served curry. I don't like spicy food."
2. "They should not allow topless sunbathing on the beach. It was very distracting for my husband who just wanted to relax."
3. "We went on holiday to Spain and had a problem with the taxi drivers as they were all Spanish."
4. "We booked an excursion to a water park but no-one told us we had to bring our own swimsuits and towels. We assumed it would be included in the price."
5. "The beach was too sandy. We had to clean everything when we returned to our room."
6. "We found the sand was not like the sand in the brochure. Your brochure shows the sand as white but it was more yellow."
7. "It's lazy of the local shopkeepers in Puerto Vallarta to close in the afternoons. I often needed to buy things during 'siesta' time -- this should be banned."
8. "No-one told us there would be fish in the water. The children were scared."
9. "Although the brochure said that there was a fully equipped kitchen, there was no egg-slicer in the drawers."
10. "I think it should be explained in the brochure that the local convenience store does not sell proper biscuits like custard creams or ginger nuts."

11. "The roads were uneven and bumpy, so we could not read the local guide book during the bus ride to the resort. Because of this, we were unaware of many things that would have made our holiday more fun."

12. "It took us nine hours to fly home from Jamaica to England. It took the Americans only three hours to get home. This seems unfair."

13. "I compared the size of our one-bedroom suite to our friends' three-bedroom and ours was significantly smaller."

14. "The brochure stated: 'No hairdressers at the resort.' We're trainee hairdressers and we think they knew and made us wait longer for service."

15. "When we were in Spain, there were too many Spanish people there. The receptionist spoke Spanish, the food was Spanish. No one told us that there would be so many foreigners."

16. "We had to line up outside to catch the boat and there was no air-conditioning."

17. "It is your duty as a tour operator to advise us of noisy or unruly guests before we travel."

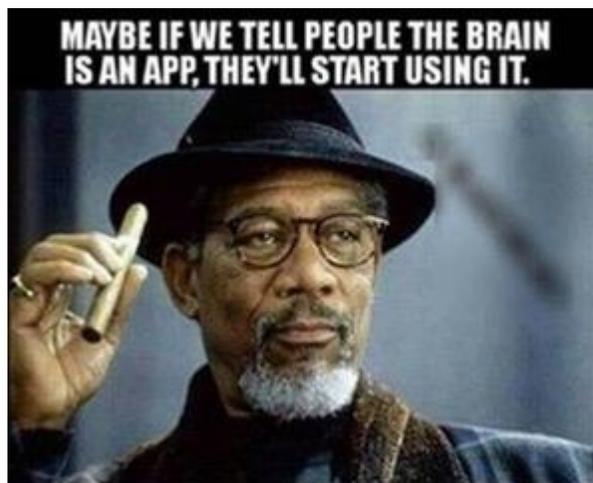
18. "I was bitten by a mosquito. The brochure did not mention mosquitoes."

19. "My fiancée and I requested twin-beds when we booked, but instead we were placed in a room with a king bed. We now hold you responsible and want to be re-reimbursed for the fact that I became pregnant. This would not have happened if you had put us in the room that we booked."



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TILL NEXT TIME
SANDRA & SHARLENE

