THE STROKE AID SOCIETY

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NEWSLETTER: March – April 2014

NEWS FROM STROKE AID

1. George Scola from The Stroke Survivors Foundation (http://www.strokesurvivors.org.za) organised for the producer of the 'Hello Doctor" TV show to film our members and staff on the 11th March 2014 at Paterson Park, during one of our weekly group sessions.
   "Hello Doctor" is a medical show hosted by Dr Michael Mol.
   The segment was intended to increase Stroke Awareness, especially among young adults.
   The segment was televised on SABC 2 on the 6th April 2014.
   Our members were delighted to appear on television, representing Stroke Aid in their bright orange T-shirts (our unique, signature T-shirts).

   To watch the segment, click on the YouTube link below:
   HD Ep22 Saltwatch Living With Stroke

2. Keeping Stroke Aid's "doors open" continues to be a struggle due to a **lack of funding**.
   We are desperately trying to find a Patron who can help keep us operational.
   We are however very grateful to all our members who have voluntarily paid more than their required monthly membership fees.
   We have also received a few donations via our Website and these donations are most appreciated.

3. Sadly, Irene Kaales who has been running groups at Paterson Park, has decided to relocate to the Cape Coast and will be resigning from Stroke Aid in July 2014.
   We will certainly miss her and thank her for her creative and invaluable input.

4. We are happy to report an increase in membership at both our South Rand and Soweto Groups.

5. The "Knitting Knutts" donated warm and colourful blankets to Stroke Aid, just in time for winter. Thank You ladies.

WHAT'S NEW IN THE TREATMENT/PREVENTION OF STROKE

PHARMACISTS MANAGING TREATMENT IMPROVES BP AND LIPIDS IN STROKE PATIENTS

According to the results of a new study which was published online on 14th April 2014 in CMAJ (Canadian Medical Association Journal), a program that allows pharmacists to initiate and manage treatment for high blood pressure and cholesterol levels in patients who recently suffered a Stroke, results in better control of these cardiovascular risk factors than nurse-led case management.

Whereas the nurses simply recorded blood pressure and cholesterol levels and reported the information back to the primary-care physician, active management by pharmacists involved starting therapy, titrating doses, adding drugs as needed and optimizing care. This resulted in improved blood pressure and cholesterol levels at six months compared with the nurse-led management.

"We saw that the current system isn't really working optimally," lead investigator Dr Finlay McAlister (University of Alberta, Edmonton) reported. "It's difficult for primary-care physicians to be able to squeeze extra patients into the day. The neurologist and the Stroke-prevention clinic might see a patient once or maybe twice. This is a way to have it highlighted for the patient that they are at increased risk and have somebody specifically manage their risk factors without taking over the job of the neurologist or the primary-care physician."

The study included 279 study participants from three Stroke-prevention centers in Alberta. Patients all had an Ischemic Stroke or Transient Ischemic Attack (TIA) confirmed by the Stroke Specialist and were eligible for the study if they had blood pressure or LDL-cholesterol levels above the Canadian Stroke guideline-recommended targets.

For the nurse-led management, which served as the control group, the attending neurologist provided treatment targets for vascular risk factors to the primary-care physician. A nurse met with the patient monthly and provided lifestyle advice and checked the patient's blood pressure and cholesterol levels. If the risk factors exceeded guideline targets, the nurses advised the patient to see the primary-care physician. They did not schedule the appointment for the physician.

"On the other hand, if the patient was over the targets for either blood pressure or cholesterol, the [pharmacists] actually gave them a prescription," said McAlister. The pharmacist actually did all medication modifications and would let the primary-care physician know about it."

At the start of the study, none of the patients met both treatment goals for blood pressure and LDL cholesterol set out by the clinical guidelines. By six months, there were significant improvements in both groups, but larger improvements in the pharmacist-led intervention.

McAlister said available data suggest that more than 75% of patients who have had a Stroke/TIA have inadequately controlled vascular risk factors six months following their clinical event. Although the present study highlights improvements in risk-factor control, it was too small and too short to detect whether such improvements would translate into reduced clinical events.

The present study suggests that case management by non - physician healthcare providers can improve vascular risk factor management for at-risk patients and that "case management is more effective if the case manager can actively modify medications rather than just feedback risk-factor levels to patients and/or their primary-care physicians," said McAlister.

In Alberta, community pharmacists can now be licensed to prescribe medications to certain patients, including Stroke and Cardiac patients, as part of team-based care.

REFERENCE: http://www.medscape.com

PRACTICAL INFORMATION/ADVICE

BALANCE AFTER A STROKE

About 40 percent of Stroke Survivors have serious falls within a year of their Stroke.

Women Stroke Survivors, who reported difficulty maintaining their balance while dressing, were seven times more likely to fall than women who didn't report balance problems.

A majority of Stroke Survivors have balance problems because one side of their body is stronger than the other.

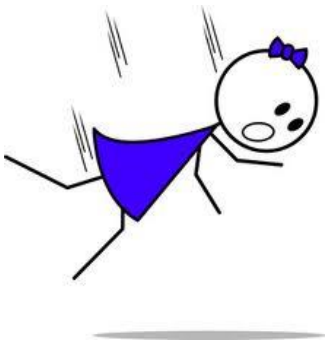
In addition, overall balance problems, dizziness or a "spinning" sensation as the result of Stroke are associated with a significant increase in the risk of falls.

Your body uses a combination of three systems to stay balanced: **vision, vestibular** and **somatosensory**.

The vestibular system helps by monitoring changes in your head movements with respect to the pull of gravity.
It includes two parts: the central system (housed in your brain) and the peripheral system (in your inner ear). These systems are connected by the vestibular nerve.

With the **somatosensory system**, your body uses information it receives from the pressure of your feet on the floor and your ankle positioning, to help balance your body.

If a Stroke affects your **vision**, you can learn to compensate.
If your feet are not on a flat surface eg: on foam, grass or sand, you can't use your feet to reference yourself and you are forced to use vision to balance yourself, thus strengthening this system.



MAKING WALKING SAFER FOR STROKE PATIENTS

For many people who have had a Stroke, simply walking again can be extremely daunting. And if there are steps to climb or narrow doorways to pass through, it may seem downright impossible.
Barriers to safe walking pop up in places that people wouldn't have considered dangerous terrain before having a Stroke. Suddenly there are hazards lurking in gravel parking lots, lawns of lush grass and on sidewalks full of cracked cement and uneven curbs.

Navigating indoors isn't much easier: Carpeting, throw rugs, stairs and slippery hardwood floors can also trip up the newly unsteady.

***SUGGESTIONS FOR SAFE WALKING AND PREVENTING FALLS*:**

- Use nightlights in bedrooms, bathrooms and hallways.
- Make sure light switches are easily accessible.
- Put a lamp next to the bed so there's never any reason to walk around in the dark.
- Remove throw rugs or secure them to the floor.
- Put double railings along stairways.
- Use cordless phones or make sure telephone cords are tucked away so that you cannot trip over them.
- Use bathmats with suction cups/non-adhesive strips in the tub.
- Sit on a bench or stool in the shower and use a hand-held showerhead.
- Don’t walk around in stocking or socks. Wear shoes or slippers that fit snugly.
- Use a sturdy step stool with a handrail when reaching items up high and store frequently used items at waist level.
- Review medications with your doctor as some may cause dizziness and imbalance.
- If you feel lightheaded when first sitting or standing up, sit down and stay seated until your head clears, then stand up slowly.
- Ask for help. If needed, a caregiver or family member should be ready, willing and able to help out.
- Slow down and take all the time you need when walking. There is no need to hurry, and it may be safer to go more slowly.
- Practice getting up from a lying position on the floor. This increases confidence that you can get up if you fall, which reduces your fear of falling.

REFERENCES: http://consumer.healthday.com
Last Updated: March 11, 2014

http://www.strokeassociation.org
Last Updated: January 16, 2014

WHAT TO DO AFTER A FALL… IF YOU CAN GET UP

- **The first thing to do is to catch your breath.**
- **Check and see if you are injured.**
- **Even if you think you're OK, take your time before getting up again.**

Follow These Five Steps for Getting Up

1. Lie on your side, bend the leg that is on top and lift yourself onto your elbows or hands.
2. Pull yourself toward an armchair or other sturdy object and then kneel while placing both hands on the chair or object.
3. Place your **stronger leg in front**, holding on to the chair or object.
4. Stand up.
5. Very carefully, turn and sit down.

Practice these steps often and be prepared in case you fall.

HOW TO GET UP FROM A FALL

PREPARE

Getting up quickly or the wrong way could make an injury worse.
IF YOU ARE HURT, CALL FOR HELP.

Look around for a sturdy piece of furniture, or the bottom of a staircase.
Don’t try and stand up on your own.

Roll over onto your side by turning your head in the direction you are trying to roll, then move your shoulders, arm, hips, and finally your leg over.

RISE

Push your upper body up.
Lift your head and pause for a few moments to steady yourself.

Slowly get up on your hands and knees and crawl to a sturdy chair.

Place your hands on the seat of the chair and slide one foot forward so it is flat on the floor.

SIT

Keep the other leg bent with the knee on the floor.

From this kneeling position, slowly rise and turn your body to sit in the chair.

Sit for a few minutes before you try to do anything else

WHAT TO DO AFTER A FALL… IF YOU CANNOT GET UP

If you feel any discomfort or are unable to get up, try to get help.

1. Call out for help if you think you can be heard.
2. If you have an emergency button or telephone at hand, use it.
3. If you don't, try to slide yourself towards a telephone or a place where you will be heard.
4. Make noise with your cane or any another object to attract attention.
5. Wait for help in the most comfortable position for you.
6. If you can, place a pillow under your head and cover yourself with a piece of clothing or a blanket to stay warm.
7. Try to move your joints to ease circulation and prevent stiffness.

WHAT TO DO AFTER A FALL… IF YOU ARE THE BYSTANDER

If you see someone fall, **resist the urge to get the person up immediately.**
Do NOT try to get the person up straight away!
First check their condition: Is the person conscious or unconscious?
Does the person appear to be injured?
Reassure the person.

Check for injuries.
If they are badly injured, such as with a broken bone, they need to stay where they are. Make them as comfortable as possible and call an ambulance. Keep them warm while you wait for the ambulance.

If the individual appears able to get up, proceed with care and follow the steps below.
It is important that the fallen person does the work.
The helper should only guide lightly, helping the person to roll onto their side.

1. Bring a chair close by; help the person turn onto the side and bend the upper leg; help the person into a semi-seated position.
2. Placing yourself behind the person and getting a firm grip on the hips, help the person to a kneeling position with both hands on the chair.
3. Holding on to the chair, the person should then place the stronger leg in front. You may help by guiding his or her leg.
4. With a firm grip on the hips, help the person to stand, then turn and sit on the chair.

SPECIFIC TECHNIQUES FOR A PERSON WITH HEMIPLEGIA

Hemiplegia is paralysis on one side of the body, either the left or the right and is usually caused by a Stroke.
Hemiplegia can cause limited mobility or complete paralysis of the affected side.

Plan and Execute the Transfer

- If possible, the person who has fallen should help with the transfer.
- Ensure the environment is safe.
- If possible, use a chair to assist you.
  Be sure the chair is closest to the unaffected side of her body.

If the person is able, they should try to transfer from the floor to a chair without assistance using above method.
To stand up from the floor, they should shift their weight over the hemiplegic leg, moving the unaffected foot forward.
From a half-kneel stand, they should lean their body forward until their head is over the front foot.
Then they should stand, bringing their affected foot next to the other one.

You can help by standing behind the person and either putting your hands under their arms or on their hips to help bring them into a standing position. Once in a standing position, they should do a half-pivot toward the chair, using the armrest to help lower themself into the chair.

If the hemiplegic person is unable to transfer independently, you will need to help.
Tell the person the exact steps you will take to help them transfer; it helps them feel more secure when they know what to expect.
If the person is lying on the floor, ease them into a sitting position.
Roll them onto the affected side. Facing them, slide your arm under the affected shoulder and place your hand on their shoulder blade. Wrap your other arm around their legs, and gently sit them upright.
Be sure you don't pull on the arm or leg on the affected side or you may injure the person.

Make sure you use good body mechanics when helping the person stand, so that you don’t injure yourself.
Keep your back straight, bend your knees and slide your arms under their arms from the front, putting your hands on their shoulder blades. Have the person place their arms over yours and onto your shoulders. Do not let them put their arms around your neck; if they do, you may be injured.

Help the person do a **half-kneel on the unaffected knee with the unaffected foot forward**. Lean back enough to equalize their weight with yours and bring them into a standing position.
Use your feet and knees as a wedge against the person's feet and knees to keep them from falling and then help them pivot, turning their hips towards the chair. Help them pivot on their toes, keeping their head and shoulders slightly forward, then lower them into the chair.

REFERENCE: http://www.ehow.com (By Kandace Lankford, eHow Contributor)
http://www.phac-aspc.gc.ca/seniors-aines/publications/public/injury
http://orthoinfo.aaos.org/topic.cfm
http://www.health.gov.au/internet/publications/publishing

FOOD FOR THOUGHT

Submitted by: Sheila Haydock

THIS IS GOOD NEWS FOR "OLDIES"

I knew there was a reason.....

** By Sarah Knapton, Science Correspondent

Older people do not decline mentally with age, it just takes them longer to recall facts because they have more information in their brains, scientists believe.

Much like a computer struggles as the hard drive gets full up, so to do humans take longer to access information, it has been suggested.
Researchers say this slowing down is not the same as cognitive decline.

"The human brain works slower in old age," said Dr. Michael Ramscar, "**but only because we have stored more information over time**."

"The brains of older people do not get weak.
On the contrary, they simply know more."

SO THERE!! OLDIES ARE ALL BRILLIANT!

JUST FOR LAUGHS

Submitted by: Sheila Haydock

HOW IT ALL BEGAN

In ancient Israel, it came to pass that a trader by the name of Abraham Com did take unto himself a young wife by the name of Dorothy.

Dot Com was an attractive woman, broad of shoulder and long of leg. Indeed, she was often called Amazon Dot Com.

And she said unto Abraham, her husband, "Why dost thou travel so far from town to town with thy goods when thou canst trade without ever leaving thy tent?"

And Abraham did look at her as though she were several saddle bags short of a camel load, but simply said, "How, dear?"
And Dot replied, "I will place drums in all the towns and drums in between to send messages saying what you have for sale, and they will reply telling you who hath the best price. The sale can be made on the drums and delivery made by Uriah's Pony Stable (UPS)."

Abraham thought long and decided he would let Dot have her way with the drums. And the drums rang out and were an immediate success.

Abraham sold all the goods he had at the top price, without ever having to move from his tent.

To prevent neighbouring countries from overhearing what the drums were saying, Dot devised a system that only she and the drummers knew.

It was known as Must Send Drum Over Sound (MSDOS), and she also developed a language to transmit ideas and pictures - Hebrew To The People (HTTP).

And the young men did take to Dot Com's trading as doth the greedy horsefly take to camel dung. They were called Nomadic Ecclesiastical Rich Dominican Sybarites, or NERDS.

And Lo, the land was so feverish with joy at the new riches and the deafening sound of drums that no one noticed that the real riches were going to that enterprising drum dealer, Brother William of Gates, who bought off every drum maker in the land.

Indeed he did insist on drums to be made that would work only with Brother Gates' drumheads and drumsticks.

And Dot did say, "Oh, Abraham, what we have started is being taken over by others." And Abraham looked out over the Bay of Ezekiel, or eBay as it came to be known.

He said, "We need a name that reflects what we are."
And Dot replied, "Young Ambitious Hebrew Owner Operators."

"YAHOO," said Abraham.

And because it was Dot's idea, they named it YAHOO Dot Com.

Abraham's cousin, Joshua, being the young Gregarious Energetic Educated Kid (GEEK) that he was, soon started using Dot's drums to locate things around the countryside.

It soon became known as G-d's Own Official Guide to Locating Everything (GOOGLE).

That is how it all began And that's the truth.

Until next time

Cheers
Sharlene