A stroke occurs when the blood supply to your brain is interrupted or reduced. This deprives your brain of oxygen and nutrients, which can cause your brain cells to die.

A stroke may be caused by a blocked artery (ischemic stroke) or a leaking or burst blood vessel (hemorrhagic stroke). Some people may experience a temporary disruption of blood flow through their brain (transient ischemic attack, or TIA).

**Ischemic stroke**

About 85 percent of strokes are ischemic strokes. Ischemic strokes occur when the arteries to your brain become narrowed or blocked, causing severely reduced blood flow (ischemia). The most common ischemic strokes include:

**Thrombotic stroke.** A thrombotic stroke occurs when a blood clot (thrombus) forms in one of the arteries that supply blood to your brain. A clot may be caused by fatty deposits (plaque) that build up in arteries and cause reduced blood flow (atherosclerosis) or other artery conditions.

**Embolic stroke.** An embolic stroke occurs when a blood clot or other debris forms away from your brain — commonly in your heart — and is swept through your bloodstream to lodge in narrower brain arteries. This type of blood clot is called an embolus.

**Hemorrhagic stroke**

Hemorrhagic stroke occurs when a blood vessel in your brain leaks or ruptures. Brain hemorrhages can result from many conditions that affect your blood vessels, including uncontrolled high blood pressure (hypertension) and weak spots in your blood vessel walls (aneurysms).

A less common cause of hemorrhage is the rupture of an abnormal tangle of thin-walled blood vessels (arteriovenous malformation) present at birth. Types of hemorrhagic stroke include:

**Intracerebral hemorrhage.** In an intracerebral hemorrhage, a blood vessel in the brain bursts and spills into the surrounding brain tissue, damaging brain cells. Brain cells beyond the leak are deprived of blood and damaged.

High blood pressure, trauma, vascular malformations, use of blood-thinning medications and other conditions may cause intracerebral hemorrhage.

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When to see a doctor

Seek immediate medical attention if you notice any signs or symptoms of a stroke, even if they seem to fluctuate or disappear.

Think "FAST" and do the following:

**Face.** Ask the person to smile. Does one side of the face droop?

**Arms.** Ask the person to raise both arms. Does one arm drift downward?

**Speech.** Ask the person to repeat a simple phrase. Is his or her speech slurred or strange?

**Time.** If you observe any of these signs, call 911 immediately.

Call 911 or your local emergency number right away. Don't wait to see if symptoms go away. Every minute counts.

The longer a stroke goes untreated, the greater the potential for brain damage and disability. To maximize the effectiveness of evaluation and treatment, you'll need to be treated at a hospital within three hours after your first symptoms appeared.

If you're with someone you suspect is having a stroke, watch the person carefully while waiting for emergency assistance.

**Risk factors**

Many factors can increase your risk of a stroke. Some factors can also increase your chances of having a heart attack. Stroke risk factors include:

**Lifestyle risk factors**

Being overweight or obese

Physical inactivity
Heavy or binge drinking
Use of illicit drugs such as cocaine and methamphetamines

**Potentially treatable risk factors**

High blood pressure — risk of stroke begins to increase at blood pressure readings higher than 120/80 millimeters of mercury (mm Hg). Your doctor will help you decide on a target blood pressure based on your age, whether you have diabetes and other factors.

Cigarette smoking or exposure to secondhand smoke.

High cholesterol — a total cholesterol level above 200 milligrams per deciliter (5.2 millimoles per liter).

Diabetes.

Obstructive sleep apnea — a sleep disorder in which the oxygen level intermittently drops during the night.

Cardiovascular disease, including heart failure, heart defects, heart infection or abnormal heart
rhythm.

**Other risk factors**

Personal or family history of stroke, heart attack or transient ischemic attack.

Being age 55 or older.

Race — African-Americans have higher risk of stroke than do people of other races.

Gender — Men have a higher risk of stroke than women. Women are usually older when they have strokes, and they are more likely to die of strokes than are men. Also, they may have some risk from some birth control pills or hormone therapies that include estrogen, as well as from pregnancy and childbirth.

**Complications**

A stroke can sometimes cause temporary or permanent disabilities, depending on how long the brain lacks blood flow and which part was affected. Complications may include:

**Paralysis or loss of muscle movement.** You may become paralyzed on one side of your body, or lose control of certain muscles, such as those on one side of your face or one arm. Physical therapy may help you return to activities hampered by paralysis, such as walking, eating and dressing.

**Difficulty talking or swallowing.** A stroke may cause you to have less control over the way the muscles in your mouth and throat move, making it difficult for you to talk clearly, swallow or eat. You also may have difficulty with language (aphasia), including speaking or understanding speech, reading, or writing. Therapy with a speech and language pathologist may help.

**Memory loss or thinking difficulties.** Many people who have had strokes experience some memory loss. Others may have difficulty thinking, making judgments, reasoning and understanding concepts.

**Emotional problems.** People who have had strokes may have more difficulty controlling their emotions, or they may develop depression.

**Pain.** People who have had strokes may have pain, numbness or other strange sensations in parts of their bodies affected by stroke. For example, if a stroke causes you to lose feeling in your left arm, you may develop an uncomfortable tingling sensation in that arm.

People also may be sensitive to temperature changes, especially extreme cold (central stroke pain or central pain syndrome). This complication generally develops several weeks after a stroke, and it may improve over time. But because the pain is caused by a problem in your brain, instead of a physical injury, there are few treatments.

**Changes in behavior and self-care ability.** People who have had strokes may become more withdrawn and less social or more impulsive. They may need help with grooming and daily chores.

As with any brain injury, the success of treating these complications will vary from person to person.

**Coping and support**

A stroke is a life-changing event that can affect your emotional well-being as much as your physical function. You may experience feelings of helplessness, frustration, depression and apathy. You may also have mood changes and less of a sex drive.

Maintaining your self-esteem, connections to others and interest in the world are essential parts of your recovery. Several strategies may help you and your caregivers, including:

**Don't be hard on yourself.** Accept that physical and emotional recovery will involve tough work and that it will take time. Aim for a "new normal," and celebrate your progress. Allow time for rest.

**Get out of the house even if it's hard.** Try not to be
Organ Donor Registry

Recently a long time member of the UC family passed away, leaving behind the gift of life. Kathy Warzala was an organ donor and through the generous actions of her family, her kidneys, liver and corneas live on in others.

Most people know you can sign the back of your driver license to indicate that you are an organ donor, but did you know that there is a national registry which puts that information instantly into the hands of professionals.

If you want to give the gift of life, please go to: Organdonor.gov and put yourself on the registry.
Please join us
Thursday, May 22
5:30-7:30pm

SUNYIT student center multipurpose room

Moderator: Kelli Corisanti of Studio 8 Fitness

Guest Speakers:

Dave Mancuso—Studio 8 Fitness & Time For Me Wellness Center
Val LoPata—Bodywise Pure Pilates
Pat Jones—Healing Adventures
Susan Roback—WindSpirit Holistics
Jennifer Kemp Quintana—Massage Therapist
Tim DelMedico—DelMedico Chiropractic

For directions: http://www.sunyit.edu/directions
http://www.sunyit.edu/pdf/campus_map.pdf

For info: Caren Summers at cbsummers@utica.edu

Don’t forget to book your chair massage! https://www.utica.edu/hr/wellness/chairmassage.cfm?