

Steps Against Recurrent Stroke (STARS)



**National
STROKE
Association™**

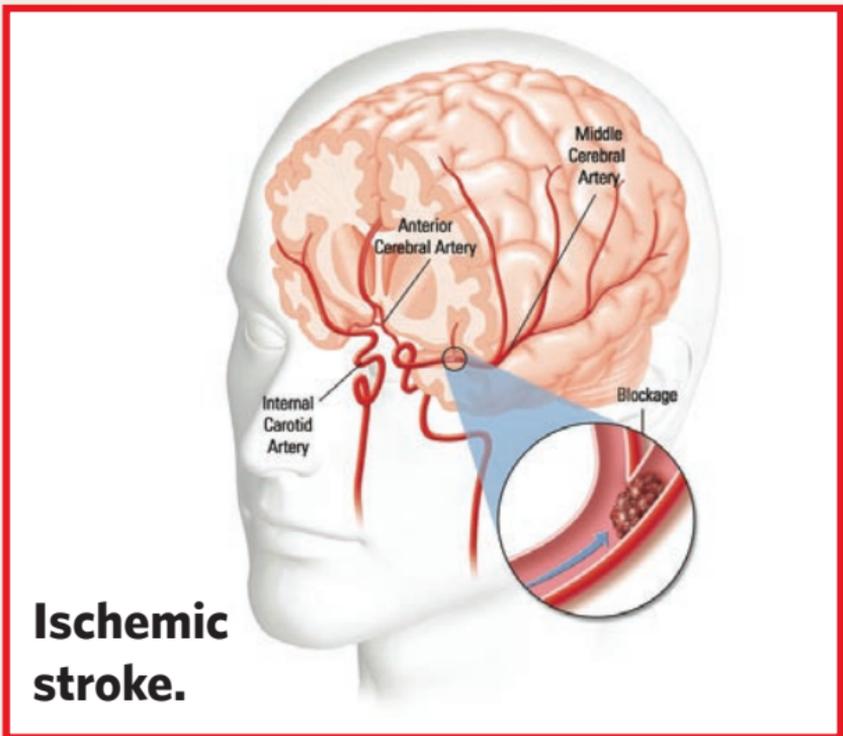
Take steps against recurrent stroke by making the necessary changes in your life.



Your Guide to Ischemic

What happened to me?

You had a stroke. The stroke you had was most likely an ischemic (is-keem-ik) stroke, the most common type of stroke.



An ischemic stroke occurs when a blood clot blocks an artery and keeps blood from reaching the brain. An ischemic stroke often occurs after cholesterol and other material (plaques) have built up in the arteries. You may have had a stroke as a result of plaques that built up in the main arteries to your brain. Or, your stroke may be due to a blood clot that traveled to your brain from your heart. It may just be that your blood tends to clot easily.

Stroke

What are the risk factors for stroke?

A risk factor is a certain condition that makes a person more likely to get a disease or have a stroke. There are two kinds of risk factors: the kind you can't change and the kind you can.

Uncontrollable risk factors:

- Age
- Gender
- Race
- Family history
- Previous stroke or transient ischemic attack (TIA)

Controllable risk factors:

- High blood pressure
- Atrial fibrillation
- High cholesterol
- Diabetes
- Atherosclerosis
- Circulation problems
- Tobacco use and smoking
- Alcohol use
- Physical inactivity
- Obesity

How can I reduce my risk of stroke?

You can reduce your stroke risk in a number of ways. **You may be able to reduce your risk of stroke by making some changes in your daily life:**

- If you smoke, stop.
- Enjoy some form of physical activity every day.
- If you drink, limit the number of alcoholic beverages you drink daily.

Work closely with your healthcare professionals. Even if you find it difficult at times, don't give up.

You may need to take medicine to reduce your stroke risk. For example, some stroke survivors take drugs that reduce the build up of plaque in the arteries.

- You may not be able to take some of these drugs if you have certain conditions.
- Ask your healthcare professional about the medicines you are taking and why you are receiving some and not others.

What should my blood pressure be?

What else should I be doing?

Ask your healthcare professional what your blood pressure and cholesterol levels should be. Work together with your healthcare professional to reach and stay at these goals through lifestyle modifications and/or treatment. Once you have reached them, do not stop taking your medicines unless your healthcare professional tells you to do so. If you do, your levels could become abnormal again and increase your risk for a new stroke.

For most people, a blood pressure reading of 120/80 mm Hg and a total cholesterol level of less than 200 mg/DL are desirable.

Several treatment goals should be regularly evaluated:

- Your “bad” cholesterol (LDL) and your blood pressure. Keep a personal and/or written record of your LDL and blood pressure levels.
- Your weight
- If you have diabetes, your hemoglobin A1c level
- If you smoke, it is very important to stop smoking and to keep track of your progress.

What happens next?

Before you leave the hospital, be sure to set up appointments with your healthcare professional. Try not to miss any, but if you do, call and make a new one right away. Keeping your appointments will help you stay on track with your treatment.

It is very important that you follow up with your healthcare professional and continue the treatments that were started while you were in the hospital.

Types of treatment

The following treatments are used to help stroke survivors lower their risk of recurrent stroke. Ask your healthcare professional which treatments are right for you. Then take the recommended steps to reduce your risk.

If you have questions about any treatment you are taking, ask your healthcare professional.

Antiplatelet agents—Antiplatelet agents are drugs that play a role in keeping platelets in your blood from sticking together and forming clots, which helps keep blood flowing and helps reduce your risk of a stroke or heart attack.

Anticoagulants—Anticoagulants reduce the ability of blood to clot. Healthcare professionals often prescribe these drugs for their patients with atrial fibrillation or deep vein thrombosis. Patients with atrial fibrillation, for example, can form blood clots in the heart. The clots could travel to the brain and cause a stroke.

Blood pressure medicines—Blood pressure medicines such as angiotensin-converting enzyme (ACE) inhibitors and angiotensin II receptor blockers (ARBs) are drugs used to lower high blood pressure. There are additional medications such as diuretics (water pills), calcium channel blockers and beta blockers that may be prescribed to help lower blood pressure.

Cholesterol-lowering medicines — Statins are drugs that manage cholesterol levels. In addition, your healthcare professional might prescribe other types of medicines that lower cholesterol.

Exercise—Exercise helps raise “good” cholesterol. It also keeps your arteries flexible, which in turn helps keep blood flowing and lowers blood pressure.

Once your healthcare professional says you can, try to exercise for at least 30 minutes three to four times a week. For example, walk, jog or ride a bike. Be sure to consult with your healthcare professional before beginning any exercise program.

Keep moving! Move as much as you can. For instance, if you park your car far away from the store, you will get a little more walking into your day. Instead of sitting and watching TV, work in the garden or clean a closet.



Diet—A healthy diet can help keep plaques from building up in your arteries. A low-fat, low-cholesterol diet can help you reach and stay at your ideal weight:

- Try to eat less than 200 mg of cholesterol a day. Check the nutrition labels of the food products you eat to figure out how much cholesterol they contain.
- High-fiber foods, such as oatmeal, dried beans and fruits, will help lower your cholesterol level.

Smoking cessation—If you smoke, stop! Smoking causes arteries to narrow and makes the blood more likely to clot. Both of these are risk factors for stroke. It also increases blood pressure—another major risk factor for stroke.

- If you don't stop smoking, you are five times more likely to have another stroke or a heart attack or to die.
- When you quit, your risk will go down quickly!

To help you quit, you may want to ask your healthcare professional about nicotine replacement therapy. You can also join a stop-smoking program in your community. Your family can help you by making sure that any members of your family who smoke also quit.

Learn more at
www.stroke.org/risk

Warning Signs

Learn the many warning signs of a stroke. Act **FAST** and **CALL 9-1-1 IMMEDIATELY** at any sign of a stroke. Use **FAST** to remember warning signs:

F **FACE:** Ask the person to smile. Does one side of the face droop? _____

A **ARMS:** Ask the person to raise both arms. Does one arm drift downward? _____

S **SPEECH:** Ask the person to repeat a simple phrase. Is their speech slurred or strange? _____

T **TIME:** If you observe any of these signs, call 9-1-1 immediately. _____

NOTE THE TIME WHEN ANY SYMPTOMS FIRST APPEAR. If given within *three hours* of the first symptom, there is an FDA-approved clot-buster medication that may reduce long-term disability for the most common type of stroke.

LEARN ABOUT MORE SUDDEN SIGNS OF STROKE AT

www.stroke.gov

of Stroke



e.org/symp

National Stroke Association's mission is to reduce the incidence and impact of stroke by developing compelling education and programs focused on prevention, treatment, rehabilitation and support for all impacted by stroke.

A stroke is a brain attack that occurs when a blood clot blocks an artery or a blood vessel breaks, interrupting blood flow to an area of the brain. Brain cells begin to die.

**CALL 9-1-1 IMMEDIATELY IF
YOU SEE ONE OR MORE SIGNS
OF A STROKE.**



1-800-STROKES
(787-6537)

www.stroke.org

All publications are reviewed by National Stroke Association's Publications Committee.

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