

STROKE SERIES SSI

# STROKE: A GUIDE TO YOUR RECOVERY

Chest  
Heart &  
Stroke  
Scotland



# Chest Heart & Stroke Scotland



**Chest, Heart &  
Stroke Scotland, is  
an independent  
medical charity  
which aims to  
improve the quality  
of life for people in  
Scotland affected by  
chest, heart and  
stroke illnesses,  
through medical  
research, advice and  
information and  
support in the  
community.**

## **FUNDRAISING**

CHSS is an independent Scottish medical charity. We receive no Government funding and rely entirely on the Scottish public to raise the £5 million a year we need to help people with chest, heart and stroke illness throughout Scotland.

## **RESEARCH**

We are one of Scotland's largest charitable funders of medical research, with a programme worth over £600,000 a year. We fund research projects throughout Scotland into all aspects of the prevention, diagnosis, treatment and social impact of chest, heart and stroke illness.

## **PERSONAL SUPPORT GRANTS**

We provide small grants to people in financial difficulty, because of chest, heart or stroke illness, for items ranging from disability equipment and household goods to respite care and holidays. Applications are submitted through local Social Work Departments, or health professionals.

## **VOLUNTEER STROKE SERVICE (VSS)**

We give support to people whose communication skills are impaired after a stroke. The VSS provides weekly group meetings and home visits for patients.

## **CHSS NURSES**

Our nurses provide independent practical advice and support to those who have chest, heart and stroke illnesses, their families, carers and health professionals. There are dedicated nursing services in Fife, Grampian, Highland, Lanarkshire, Lothian and Dumfries and Galloway. There is also a Scotland wide nurse led Advice Line (0845) 077 6000. Calls are charged at a local call rate (out of hours answerphone). We have a wide range of booklets, factsheets and videos on chest, heart and stroke illnesses.

## **COMMUNITY SUPPORT NETWORK**

CHSS provides support to affiliated chest, heart and stroke clubs through the Community Support Network. The clubs are independent and are run by local volunteers. The groups provide a range of activities and offer people support, stimulation and companionship in a friendly and relaxed environment. Please ask for more information.

**FOR FURTHER INFORMATION ABOUT ANY  
OF THE SERVICES ABOVE PLEASE CONTACT  
HEAD OFFICE BY PHONING 0131 225 6963 OR  
VISIT THE CHSS WEBSITE: [www.chss.org.uk](http://www.chss.org.uk)**

<b>WHAT IS A STROKE?</b>	<b>5</b>
Ischaemic strokes	6
Haemorrhagic strokes	7
Initial healing process	8
Impact of your stroke:	9
• Impact of location of stroke	10
• Impact of severity	11
Possible recovery outcomes	11

<b>HOW STROKE AFFECTS YOU</b>	<b>12</b>
The most common effects of stroke	12
Communication problems	13
Swallowing problems	15
Thinking (cognitive) problems	15
Emotionalism	16
Tiredness	16
Central post stroke pain	17
Epilepsy after stroke	18

<b>YOUR STROKE JOURNEY</b>	<b>19</b>
<b>Assessment, diagnosis and investigation</b>	<b>20</b>
Clinical assessment	20
Tests and investigations	20

<b>Acute phase</b>	<b>23</b>
How you may feel	23
Immediate treatment:	23
• Thrombolysis	23
• Blood thinning treatment	25
Taking care of personal needs	25
Early mobilisation	25

# STROKE: A GUIDE TO YOUR RECOVERY

**Rehabilitation 27**

Where does rehabilitation take place 27

Person centred approach 27

Cyclical process 28

Being realistic 29

Your role in stroke recovery 29

Stroke Team approach 31

- Medical staff 32
- Nursing staff 32
- Physiotherapists 33
- Occupational therapists 33
- Speech and language therapists 34
- Dieticians 35
- Clinical psychologists 36

Asking for explanations 36

When formal rehabilitation ends 36



**Going home 38**

Planning for discharge 38

Home visit 38

Transition 39

Getting assistance 40

Back to work? 40

Residential and nursing home care 42

**MOVING ON 43**

Fight isolation 43

Maintain social contact 44

Set up a daily routine 44

Looking after carers 45

Getting accustomed to noise 46

Overcoming practical difficulties 46

Company of others 46

<b>Emotional impact of stroke</b>	<b>47</b>
Coming to terms	47
Depression	47
Sharing your worries	48
<b>GETTING HELP</b>	<b>49</b>
Social work department	49
Benefits and allowances	50
Aids and adaptations	51
Equipment	51
<b>REDUCING THE RISK OF FURTHER STROKE</b>	<b>53</b>
Drug treatment to reduce the risk of stroke	53
Lifestyle changes	55
<b>The Future</b>	<b>56</b>
<b>Help from Chest, Heart &amp; Stroke Scotland (CHSS)</b>	<b>57</b>
<b>Act Fast</b>	<b>59</b>
<b>USEFUL ADDRESSES AND WEBSITES</b>	<b>60</b>

## INTRODUCTION

The aim of this booklet is to explain what a stroke is, what to expect in the recovery process and where to get help. Strokes come on suddenly and without warning. It is quite normal for the shock, disbelief and sense of loss to affect you and your family like a grief reaction.

### **How to use this booklet**

You will not be able to take in all this information at once!

This booklet takes you through the journey of recovery and is divided up in to small sections with an easy to use contents page. You can use this to find the information you want at the most appropriate time for you. Use this booklet along with the other booklets in the stroke series, as listed inside the back cover.

### **This booklet does not deal with Subarachnoid haemorrhage (SAH)**

SAH is a bleed into the outside of the brain, usually when a blood vessel near the surface of the brain ruptures.

Once a diagnosis of SAH is made, treatment and recovery is very different from a stroke caused by a clot or a bleed **within** the brain.

For this reason this booklet does not deal with SAH.

Please contact the Brain and Spine Foundation Helpline for written information as well as advice:

Brain and Spine Foundation

Helpline 0808 808 1000

Fax 020 7793 5939

[www.brainandspine.org.uk](http://www.brainandspine.org.uk)

A stroke happens when the blood supply to part of the brain is interrupted. As a result **brain cells** are deprived of the oxygen and nutrients which they need. Some brain cells become damaged and others die.

This is why no two strokes are the same and why recovery is so variable.

**There are two ways a stroke happens:**

Most strokes occur when a blood clot blocks one of the arteries which carries blood to the brain. This type of stroke is referred to as an **ischaemic stroke** since the term ‘ischaemia’ means an inadequate flow of blood.



## WHAT IS A STROKE?

*A clot can block an artery (thrombosis).*

However, some strokes are caused by bleeding within or around the brain from a burst blood vessel. This type of stroke is referred to as a **haemorrhagic stroke**, since haemorrhage is the medical term for the bleeding.



*An artery can 'burst' and bleed (haemorrhage).*

Everyone's stroke will be different even if they are of the same type.

### **Ischaemic strokes**

There are basically two different ways in which an ischaemic stroke can occur, cerebral thrombosis and cerebral embolism. In both cases the blood supply cannot continue past the point of blockage.

#### **Cerebral thrombosis**

You may hear your stroke referred to as a cerebral thrombosis. This means that a blood

clot, known as a thrombus, has formed in an artery supplying blood to your brain and blocked the flow of blood. A thrombus quite often forms where there is a damaged spot on the artery wall. The thrombus is more likely to block the flow of blood if the lining of the artery has become furred up with fatty deposits over the years. This furring up is known as ‘atheroma’ or ‘atherosclerosis’.

### **Cerebral embolism**

If your stroke is described as a cerebral embolism, this means it has been caused by an embolus. An embolus is a clot which formed elsewhere in your body and then travelled through your blood vessels to the brain, where it blocked an artery. The embolus may have formed in one of the blood vessels in your neck or it may have formed in your heart and then become dislodged. An embolus can form in the heart following a heart attack or be caused by an abnormal heart rhythm, or a problem with one of the valves of the heart.

### **Haemorrhagic strokes**

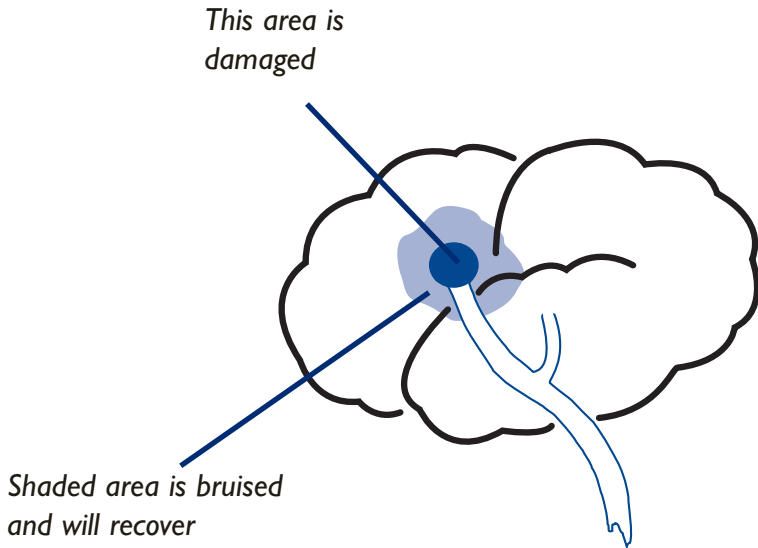
#### **Intra-cerebral haemorrhage**

If your stroke is described as an intra-cerebral haemorrhage, this means that it was caused by bleeding inside the brain itself. The term intra-cerebral means within the brain.

## **Initial healing process**

The stroke causes swelling around the affected area and this interferes with the normal function of some cells. This swelling gradually settles down and the affected cells are able to recover their function.

However there is no way of predicting how a person will be affected long term. You have to wait for time to pass and allow this initial healing process to take place.



Sometimes this feels like no-one is telling you what is going on but this is not the case it is just too early to know what the outcome will be.

This can take several weeks to months but during this time you may notice a lot of improvement in some of your symptoms or effects of stroke.

When this improvement slows down it may be clearer what the long term effects of the stroke are going to be.

- Some cells will recover
- Some cells will be damaged or die
- Other cells may take over from damaged cells

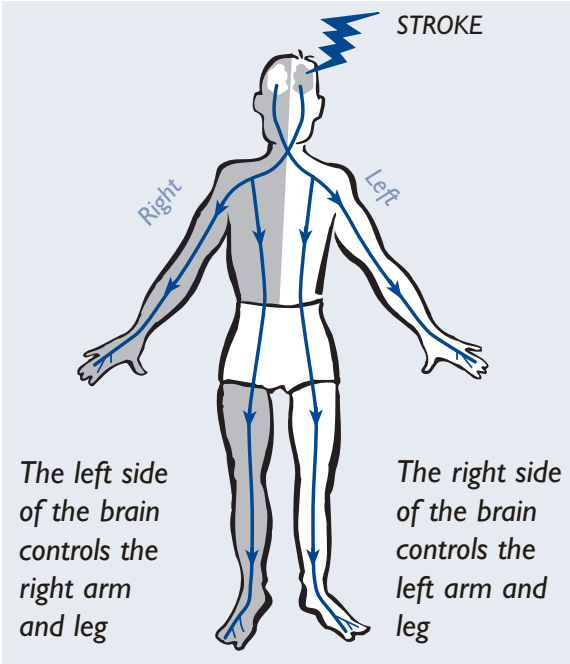
## **Impact of your stroke**

How your stroke affects you depends on:

- Which part of the brain has been affected – the location
- How severe the stroke is – the extent of the damage caused
- Your age and general health before the stroke

### Impact of location of the stroke

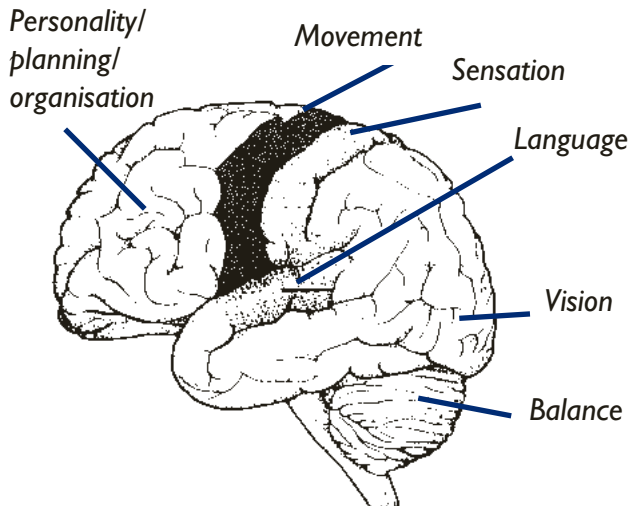
The location of your stroke will dictate which side of the body is affected – opposite side of the body to brain – and which functions will be affected.



The left side of the brain normally controls reading, writing, speaking and understanding. So you are more likely to have speech problems if the stroke affects the right side of your body.

The right side controls art, music and maths.

Movement, sensation, vision, hearing and memory are controlled by both sides of the brain. Therefore these functions can be affected whichever side of the brain is damaged.



## **Impact of severity of the stroke**

The severity of the stroke determines how much looking after you will need, initially and longer term and will determine the rest of your stroke journey:

- Those with severe strokes, experiencing effects such as reduced conscious level, difficulty swallowing, and loss of power in a limb(s), will require more nursing care and therapy and need to be admitted to hospital. Aspects such as skin care, continence, constipation and pain, require monitoring and intervention to avoid complications. Research has shown that the best outcomes come from people being admitted to specialist stroke units.
- People with less severe strokes may be able to return home having had tests and investigations done at a local hospital.
- In the longer term, rehabilitation can also be carried out in various ways such as admission to a stroke rehabilitation unit, community hospital, outpatient clinic or day hospital or by community therapists visiting at home.

## **Possible recovery outcomes**

Recovery begins immediately and goes on indefinitely.

The level of recovery depends on many different things and it is impossible to know how long or how well someone's recovery is going to be:

- Some people may make a complete or near complete recovery within weeks or months.
- About half may take months to years to gradually achieve near or complete recovery.
- Less than a third will not make a full recovery.

# HOW STROKE AFFECTS YOU

There are many different effects of stroke and you may only experience some of them. You or your family should ask your doctor for explanations of any symptoms that you find puzzling.

## **The most common effects of stroke are:**

- Weakness, clumsiness, heaviness, loss of movement and/or sensation down one side of the body. (This may affect an arm or a leg, one side of the face, or the whole of one side of the body)
- Unable to stand
- Communication problems: speaking, understanding, reading, writing, calculating numbers
- Cognitive effects: concentration, memory, the ability to process information (perception)
- Swallowing difficulties
- Disturbed vision
- Loss of bladder / bowel control
- Balance upset, dizziness
- Psychological effects: behaviour, mood swings, anxiety, depression
- Tiredness

Many of these topics are looked at in more detail in this booklet.

Further information about these and other effects of stroke are available from CHSS.

See the full list of booklets and factsheets at the end of this booklet or on our website:  
[www.chss.org.uk](http://www.chss.org.uk)

## Communication problems

It is important for family to realise that difficulty in communicating is not the same as being confused.

Communication problems after a stroke include:

- difficulty understanding what is being said
- difficulty making yourself understood
- difficulty with reading and writing
- difficulty with numbers

The general term for communication problems is Aphasia.

For those who have communication problems there are a host of other difficulties in making your wishes and feelings known and having your fears and worries addressed.

Frustration is huge especially because of the suddenness of the onset.

You may feel angry and cross or very emotional. You might even find other unplanned ways of expression come out such as swearing or singing. This is common and people will help and support you with this difficulty.

Careful assessment by a speech and language therapist is essential in identifying where the problems with language lie and explaining how to find ways of communicating.



Once a proper assessment is made the speech and language therapist can show you ways to work on improving communication difficulties.

**Aphasia Friendly resources from CHSS**

The use of picture cards and boards can be helpful, as well as establishing at least a ‘yes’ and ‘no’ with the person affected. Thumbs up or down can easily be developed into a simple conversation.

**See the CHSS Aphasia Friendly Resources:**

- **3 part Your Stroke Journey:**
  - *Early days*
  - *Rehabilitation*
  - *Moving on*
- **Conversation Support Book**
- **Helping someone with communication problems**
- **Aphasia ID card**

**Chest, Heart & Stroke Scotland**

**Aphasia Friendly Resources From CHSS**

**'Your Stroke Journey'** is designed for people who have had a stroke and have difficulty in reading, writing, understanding and thinking. It is 100 pages long.

**Stroke Journey** (3 parts): Early days, Rehabilitation, Moving on.

**Aphasia ID Card** - This card is a great way to let others know you have aphasia. It provides information to help others understand what you can and cannot do. It is available in English and other languages.

**Conversation Support Book** - This is an A5 book with pictures and symbols. It is designed to help you communicate with others. It is available in English and other languages.

**Facisheet** - This is a sheet of paper that can be used to help someone with aphasia. It is available in English and other languages.

**65 North Castle Street, Edinburgh EH2 3LT**

**Phone: 0131 225 6963**  
**Fax: 0131 220 6213**  
**Email: publications@chss.org.uk**

## Swallowing problems

Some people have difficulty in swallowing after a stroke and this is why most people are not allowed to eat or drink straight away.

Once swallowing has been assessed it can be decided what form of eating and drinking is safe. Swallowing problems often improve quite quickly and thickened fluids, soft diet and then normal diet can follow. However it may be necessary to be given fluids by a drip (intravenous infusion) to avoid dehydration.

In some cases swallowing does not return or remains impaired and other methods have to be used to maintain nutrition such as tube feeding. In all these situations a speech and language therapist and the dietician are likely to be involved in your care.

*See the CHSS factsheet ‘Swallowing problems after stroke’ for more information.*

## Thinking (cognitive) problems

Some of the other problems to do with how the brain functions are known as ‘cognitive’ problems, in relation to the ‘thinking’ process of the brain.

This affects things such as:

- language
- recognising objects
- identifying familiar faces
- learning new information
- other intellectual processes such as memory and concentration

The loss or disruption of these ‘thinking’ abilities can result in anxiety, fear and depression. They are also not always recognised in the immediate recovery period and may only become clear when you start to resume activities.

*See the CHSS booklet ‘Thinking and behaviour problems after stroke’ for more information.*

**You will need to  
work towards  
goals which are  
realistic**

## **Emotionalism**

Apart from feeling emotional some people experience something called ‘emotionalism’ as a result of their stroke. This has the effect of extremely emotional reactions that are out of context or proportion. For example laughing or giggling inappropriately or crying for no apparent reason.

## **Tiredness**

Tiredness or fatigue is very common after a stroke. It is one of the most commonly mentioned symptoms but it is not part of a medical diagnosis.

It is quite common for people to be very sleepy for much of the time immediately after a stroke but this usually passes in the first few months. Many people experience a different tiredness, a profound fatigue that can go on for weeks, months and sometimes as much as a year or two after the stroke.

Often other effects of a stroke are exacerbated by tiredness making them temporarily worse. This especially affects things such as speech, concentration and memory.



As there is a tendency to overdo it on better days the result is feeling twice as tired the next day. This can add to frustration with your overall impression of your progress.

*See the CHSS fact sheet ‘Coping with tiredness’ for more information.*

### **Central Post Stroke Pain (CPSP)**

A small percentage of people who have strokes develop central post stroke pain (CPSP) some time afterwards. This is a burning, shooting and throbbing pain that is not eased by painkillers.

It can be treated, but the condition is not widely understood and can be difficult to diagnose.

Speak to your GP, Stroke Nurse, Stroke Physician or phone the CHSS Advice Line 0845 077 6000 for more information.

## **Epilepsy after stroke**

In a few people, the scar that results from the stroke can irritate the brain and cause seizures, sometimes weeks or months or even years later. Most people who experience seizures are prescribed medication to control this.

If someone has a seizure:

- clear a space around the person
- loosen tight clothing
- place the person in recovery position once the seizure has run its course

Don't

- lift or move the person unless they are in danger
- try to restrain or put anything in the mouth
- offer anything to drink until the person is fully recovered

You should phone 999 if:

- it is the person's first seizure
- the jerking phase lasts more than 5 minutes
- there are repeated seizures without recovery in between
- the person has been badly injured

For detailed information about the different types of seizures and treatment for epilepsy contact Epilepsy Scotland.

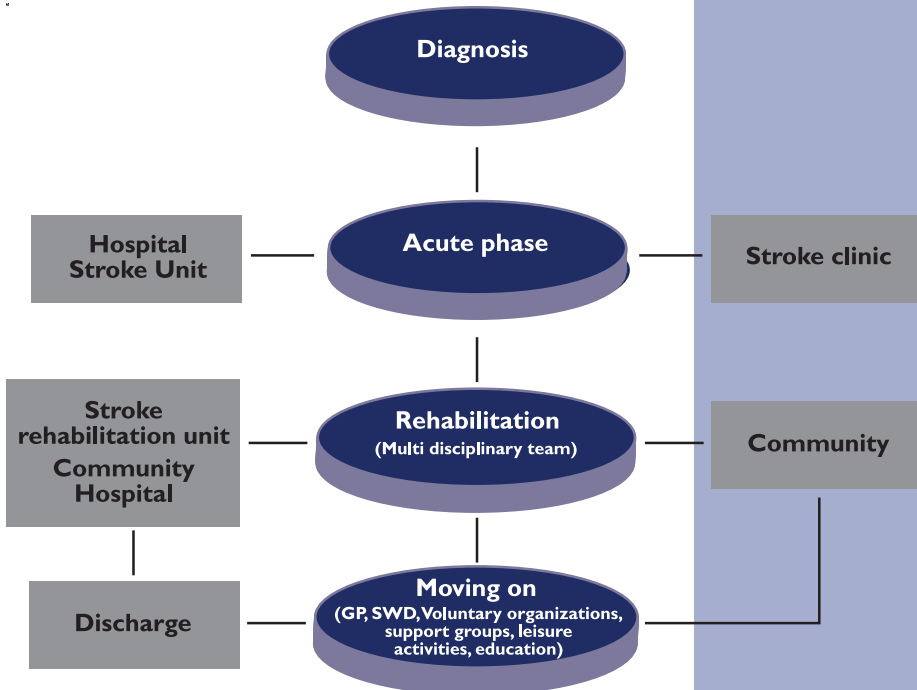
# YOUR STROKE JOURNEY

Your stroke journey begins the minute you have your stroke and covers your individual recovery. The aim of recovery is to become as independent as possible within the limitations of the stroke.

We have divided the journey into 4 sections.

- Assessment, diagnosis and investigation
- Acute phase
- Rehabilitation
- Moving on

## The stroke recovery journey



## **ASSESSMENT, DIAGNOSIS AND INVESTIGATION**

It is recommended that anyone with symptoms of stroke should go to hospital immediately for assessment and investigations.

In order to get a diagnosis, tests and investigations will be carried out.

### **Clinical Assessment**

This is the thorough examination by a doctor or doctors to see exactly how you have been affected by your stroke. This helps determine how to proceed with treatment and which route of care is most relevant for you depending on your individual requirements.

### **Tests and investigations**

Tests and investigations may be carried out for several reasons:

- To confirm that your symptoms were caused by a stroke and not by another condition that may give similar symptoms.
- To find out what type of stroke you have had, where it is and how severe it was.
- To monitor your condition and try to establish how you can best be helped to make the maximum possible recovery.
- To try to identify any contributing factors to your stroke such as heart conditions, blood clotting problems, high blood pressure and diabetes.

The following are some of the tests which may be considered necessary for you. It is unlikely for someone to need all these tests – your doctor will decide which ones are appropriate for you. Ask to speak to the doctor about your diagnosis and test results.

### **Blood tests**

These can be used to check for certain conditions that may have contributed to your stroke, such as diabetes or problems with blood clotting.

### **Chest X-ray**

This looks for underlying conditions such as heart or chest complaints that may have contributed to the stroke.

### **Electrocardiogram (ECG)**

This test measures the rhythm and activity of your heart. Irregular heart rhythms can cause strokes and need to be treated.

### **Brain scans**

#### **• CT (computed tomography) scan**

A CT scan is recommended for most people presenting with symptoms of a stroke. It identifies what kind of stroke you have had and the extent of damage the stroke may have caused. It is also used to exclude other types of illness that have similar symptoms to stroke. Ideally a CT scan should be done immediately on presentation / within 48 hours and certainly within 7 days of having a stroke.



- **Magnetic resonance imaging (MRI) scan**

This is another type of brain scan which gives a different picture to a CT scan. It is often used for patients whose symptoms indicate either a small stroke or those who present later than 7 days.

**(Carotid) Doppler or Duplex ultrasound scan**

This scan is used to find out whether narrowing in the carotid arteries (blood vessels in the neck) caused a stroke. This is necessary prior to carotid surgery.

**Echocardiogram** (or cardiac ultrasound scan) this may be used to look for any heart problems that may have contributed to your stroke.

## ACUTE PHASE

Acute phase refers to the immediate and early part of stroke recovery. It can be the time when somebody is at their most ill and almost certainly will be the most frightening.

### How you may feel

You may:

- Feel tired and sleepy
- Feel unsure about what is happening
- Feel worried about what the future holds
- Have difficulty remembering information
- Find it helpful to get reassurance and have someone to tell you what has been happening.

The nurse in charge can arrange for you or your family to speak to any member of the team. The doctors, nurses and therapists will help you and can provide more information.

### Immediate treatment

How your stroke is treated depends on:

- what type of stroke you have had
- any other medical conditions you may have
- the results of your brain scan

### Thrombolysis – ‘clot-busting’ treatment

‘Clot-busting’ drugs are often used to treat people with heart attacks.

Thrombolysis treatment in stroke can be used under certain circumstances to dissolve a clot. This treatment is not appropriate if your stroke has been caused by a bleed.

The drugs are given through a drip into your arm and you will have to be closely observed for 24 hours after.

### **What are the benefits and risks of thrombolysis treatment?**

Thrombolysis treatment must be thought about carefully. Thrombolysis treatment can improve the blood supply to your brain and reduce both the effects of the stroke and the level of disability for some people. Overall, more people may get better with thrombolysis treatment. About one person in ten, or 10%, treated will make a better recovery than expected. However, because thrombolysis dissolves blood clots there is a risk of bleeding for the first day or so after treatment. For a small number of people about 1 in 20, or 5%, bleeding in the brain could make your stroke worse or be fatal.

- Thrombolysis can only be given in hospitals equipped to offer this treatment.
- Only suitable for ischaemic stroke i.e. if you have had a scan which shows you have not had a bleed.
- Not suitable for everybody – doctors will have to decide.
- Clot-busting drugs have to be given within 4.5 hours of symptoms starting.

*See the CHSS booklet ‘Thrombolysis treatment after stroke’ for more information.*

### **Blood thinning treatment**

Most people who have not had a bleed will commence aspirin 300mg within 48 hours for at least 14 days.

### **Taking care of personal needs**

The nursing staff will provide help to ensure that all your needs are attended to, depending on how much you are able to do for yourself. You may need help with everyday tasks such as getting washed and dressed, transferring from bed to chair, and going to the toilet.



### **Early mobilisation**

Early mobilisation is about preventing complications through movement and correct positioning. It is very important to listen to the advice of the physiotherapists and nurses about what will help movement to return and the correct positioning of affected limbs.

*See the CHSS factsheet ‘Positioning and stroke’ for more information.*

It is important because it:

- helps prevent limbs becoming stiff and sore
- helps recover posture, balance and movement
- makes it easier to eat and drink
- reduces risk of blood clots in the legs
- reduces risk of developing chest infections

It is very important to avoid prolonged time in bed even in the early days.

This is not to say that you will not need adequate rest. Most people after a stroke find they are overwhelmingly tired and want to sleep a lot. Ideally activity should be paced throughout the day, allowing rest and various therapy and activity periods to take place at different times of the day, not one after the other.

## **REHABILITATION**

The aim of recovery and rehabilitation are the same – to become as independent as possible within the limitations of the stroke. The difference between them is that recovery begins immediately and goes on indefinitely.

A programme of rehabilitation may be limited by time and progress, and may involve eventually reaching an end. (This can apply to out patient therapy as well as being discharged home from a rehabilitation unit).

### **Where does rehabilitation take place?**

Organised or ‘formal’ rehabilitation may not commence immediately. Once an individual has been stabilised, assessed and investigated a decision will be made as to how to progress.

This could be in:

- an Acute Stroke Unit in hospital
- a Rehabilitation Unit in hospital
- a Community Hospital
- an Out Patient Clinic
- a Day Hospital
- your home by Community Therapists

### **Person centred approach**

Rehabilitation is centred on the individual and is carried out using a Stroke Team Approach. The focus is on finding new ways to achieve tasks as well as maximising and improving functions that are lost or impaired.

Successful rehabilitation depends on:

- amount of damage to the brain
- skill on the part of the rehabilitation team
- co-operation of family and friends. A caring family can be one of the most important factors in rehabilitation.
- timing of rehabilitation – the earlier it begins the more likely a person is to regain lost abilities and skills

### **Cyclical Process**

The conventional approach to rehabilitation is a cyclical process

- assessment – needs are identified and quantified
- goal setting – goals are defined for improvement as long/medium/short term
- intervention – to assist in the achievement of the goals
- re-assessment – progress is assessed against the agreed goals

Goals can be considered at several levels

- aims – often long term and referring to situation after discharge
- objectives – usually multi professional, at the level of disability
- targets – short term, time limited goals

**Assessment is an on-going process**

Assessment is an on-going process that continues throughout your rehabilitation. Your progress will be monitored and, if necessary, the therapy you are receiving will be adjusted so that together you can work towards short term goals.

**A care plan**

Once you have been assessed it is likely that an individual care plan will be drawn up for you. This will set out the details of your rehabilitation and how you and the professionals involved intend to work towards them.

The care plan should be drawn up together with you and your family.

**Being realistic**

The professionals involved in your care have to work with you towards achieving long-term goals that are realistic. If they feel the goals that you have in mind are over ambitious, they might encourage you to look at other ways to achieve what you want to do.

**Your Role In Stroke Recovery****Therapy**

Remember that rehabilitation goes on 24 hours a day, even though you will spend much less time than that having sessions with a therapist.

It is important that you do as much for yourself as you can and put into practise anything you have learned during your therapy sessions throughout the day.



Your therapists may ask you to practise specific exercises or movements between sessions. Ask how each exercise will help you achieve your long-term goals such as walking and talking again. Understanding this will help keep you motivated.

Remember that therapy after a stroke can only be tolerated for short periods of time and will only achieve a little at a time. It may be easier to concentrate and to avoid tiredness if you practise your exercises for short periods several times a day rather than doing one long session.

### **Think Positive**

There may be times when you find rehabilitation exhausting or you feel downhearted at slow progress. Try to remember that recovery after a stroke is often very gradual so you do need to persist. Perseverance and endurance are needed to remain motivated during rehabilitation. This is where encouragement and support from family and friends can be so helpful.

### **Limitations**

Although your cooperation and determination are important factors in your rehabilitation you should not feel that you are to blame if you cannot make progress beyond a certain point. If your improvement does not continue in spite of your efforts these limitations are due to your stroke.

## Stroke Team Approach

Rehabilitation after a stroke is best achieved by a team approach, made up of the different professionals who will assist you with your recovery. This team is often called the multi disciplinary team or MDT.

The team will work closely with you and your family and involve you in any decisions made about your rehabilitation. A stroke team may include the following:

- medical staff
- nursing staff
- physiotherapists
- occupational therapists
- speech and language therapists
- dieticians
- clinical psychologists
- social workers



An MDT works best by communicating regularly with each other at weekly meetings. This allows everyone the chance to share progress reports and discuss developments or problems arising with anyone else who might be involved.

## **Medical staff**

### **General Practitioner (GP)**

Your GP will be in charge of your care if you remain at home. If you are admitted to hospital your GP will resume charge once you return home. If you have any worries about the effects of your stroke, you should consult your GP who can refer you to other professionals and services.

### **Consultant**

If you were admitted to hospital, you will be under the care of a consultant, a doctor specialising in a particular branch of medicine. The consultant usually works with a team of other fully-qualified but less senior doctors. What kind of consultant you are referred to may depend on your age, your type of stroke or the situation locally. You may be referred to a stroke physician, general physician, a geriatrician or a neurologist.

## **Nursing staff**

Nurses provide nursing care and rehabilitation 24 hours a day. This close involvement provides valuable input to therapists involved in the care of the person affected and plays a major role in the recovery process.

### **Nurses can:**

- build on the advice received from therapists on how to manage activities like eating, drinking, washing, dressing and moving into your day
- provide information, explanations and support to you and your family
- help sort out any problems. You should have a named nurse responsible for your individual care who you should talk to first of all.

## Physiotherapists

Physiotherapists will provide an assessment of your movement and ability to balance. Early treatment will include guided movements of your limbs and correct positioning in bed or chair and transferring from bed to chair or to the toilet.

### Physiotherapists can help with:

- using both sides of your body
- mobility
- treating shoulder pain
- preventing contractures (painful spasm in the arm or leg)
- preventing falls
- providing equipment such as splints, walking aids or wheelchairs

## Occupational therapists

Occupational therapists (often known as OTs) will initially assess which activities are physically difficult for you to carry out. The affect of a stroke on things like memory and concentration and the interpretation of what we see or hear around us can cause a variety of problems. This is also assessed.

Depending on your specific difficulties an OT can work out ways to deal with problem areas. Taking part in a range of activities, such as playing board games will have a specific purpose, although this may not always be immediately obvious to you.



**OTs can help with:**

- everyday tasks like dressing, washing, eating, and possibly preparing simple food and drinks
- other practical daily activities such as shopping and managing money
- social activities that are important to you, such as gardening, painting, or getting out to see friends
- trying new hobbies
- developing skills you may need if you hope to return to work, either in your previous job or in a new career better suited to any limitations caused by your stroke
- adaptations to your home such as ramps or handrails to help your mobility and independence at home

**Speech and language therapists**

Speech and language therapists help people who have difficulties with speaking, understanding speech, reading and writing and/or problems with swallowing.

After doing a detailed assessment of communication difficulties the speech and language therapist can work out which techniques will be of particular help.

If your communication difficulties are likely to be long lasting, your speech and language therapist may help you find alternative ways of communicating.

Depending on the effects of your stroke, this might be by using gestures or by using a



communication aid or a computer. It is helpful to practice these new communication skills with your family and with the nurses who are caring for you.

If your stroke has caused swallowing difficulties, it means that there may be difficulty eating and drinking. Your speech and language therapist may carry out a thorough assessment to diagnose the exact problem.

## **Dieticians**

Dieticians see people who have difficulties with their dietary needs or who have any problems with eating and drinking to ensure they get all the nutrition they need.

In hospital they will oversee any special dietary requirements and advise you and those caring for you on appropriate and safe ways for you to eat and drink.

## **Clinical psychologists**

Clinical psychologists are often involved in helping and assessing people whose stroke has caused problems with thinking, learning, concentrating, remembering, making decisions, reasoning and planning. These are known as cognitive problems. Psychological problems such as depression or anxiety, or difficulties relating to other people may be referred for psychotherapy or counselling.

## **Asking for explanations**

Whether you were admitted to hospital after your stroke or remained at home, you will find that a variety of professionals may be involved in your care. You will probably have a number of questions to ask. It may help if you or someone in your family writes these questions down beforehand as it is all too easy to forget what you want to say during the discussion. It may also be useful if you or a relative can write down any important information you are given during the meeting since it will be hard to remember everything that has been said.

Always ask professionals or anyone else who is helping you with problems concerning your stroke, to go over any points you are unclear about or to explain them in a simpler way.

If your stroke has caused difficulties in understanding what is being said, or if English is not your first language, make sure you have someone with you to help you communicate.

## **When ‘formal’ rehabilitation ends**

The time will come when your ‘formal’ rehabilitation ends and you will no longer have



therapy session with professionals. This does not mean the professionals concerned do not expect you to make any further recovery.

Progress does not necessarily stop just because therapy sessions have finished. Continue to set yourself realistic goals and work towards them by continuing to use the knowledge and skills which you have learned during your rehabilitation.

There is no fixed ration of rehabilitation that is right for everyone – how long your rehabilitation continues will depend on the problems you have and the progress you are making as well as the resources available in your area.

As time goes by after your stroke your situation may change. New problems may arise or old ones resurface. If this happens to you, you may ask your GP to refer you back to the appropriate therapist for a reassessment of your problem and for further treatment or advice.

## GOING HOME

### Planning for discharge

If you have been in hospital it is a big step to think about going home. Although that is what most people want, there can be problems that need to be identified before it is possible to do so.

- It might be helpful to work out any particular skills you will need before going home.
- Plans need to be made so that as much is in place as possible for your return. This can be anything from aids or adaptations to the house, to arranging care or help to do the things you can not manage.

To do this your home environment needs to be looked at to see how suitable it is for your return.

### Home visit

A home visit is often arranged with either a Physio or OT or both and you may be asked to go along. The purpose is to have a look at where you live and assess how well you will be able to manage at home.

The visit highlights problem areas such as any special equipment you might need, perhaps handrails to help you get up and down stairs or lowering kitchen work surfaces so that you can reach them from a wheelchair or adaptations for your bath or toilet seat.

The therapist will also check for safety such as loose carpets and other potential hazards.

It is useful for any carer who is going to be helping you at home to be there for the visit. So

that they can then be involved in planning and see what their role will be.

After this visit, your hospital-based OT will send a report to OT's working for the local council's social work department, who are responsible for providing the aids and adaptations recommended for you.

### **Trial period at home**

A short trial period at home may be arranged before you are discharged. This can help identify any problems that may arise after you go home for good. It will also help you and your family to prepare for your homecoming.

After you go home, your OT may make follow-up visits to ensure you are using the aids and equipment correctly and that they are helping you. There may be a charge for some equipment or adaptations, depending on your means and the policy for charging in the area where you live.

### **Transition**

Many services now have a stroke liaison nurse or stroke nurse who as well as seeing you in hospital can help with the transition from hospital to home and continue to visit after discharge to help with any subsequent problems.

The ward can be quite a protective environment with people on hand to ask for help or information.

Many people find that once back into their 'normal' environment, problems make themselves apparent that were not really a difficulty in hospital.

In particular this relates to thinking problems such as memory, concentration and perception.

Practical difficulties become apparent due to eye and continence problems.

It is very important to get as much information as possible about how to get help and who to ask once you have left the hospital, before you go home.

### **Getting Assistance**

If you remained at home or have had a spell in hospital you may need to have assistance from someone else with certain activities of daily living (ADL) or with cooking and looking after the house. Apart from family members taking on the role of carers most other support services are provided by the Social Work Department.

*More information about this in the 'Getting Help' section of this booklet*

### **Back to work?**

The effect of stroke on a working person's life can create particular challenges because as well as the losses the stroke has caused there is also a huge impact on a working person's life in terms of earning a living and their role within society and the family.

Some people can be unrealistic about returning to work and take on too much too soon.

Tiredness, cognitive problems such as memory loss and difficulty concentrating can cause as many hurdles in the work place as physical disability. Your old job may not suit you any more. It is very important that you speak frankly to your employer so that you do not put yourself under too much pressure to perform. Working reduced hours and with a reduced workload is sensible as you may find being very over tired



makes things more difficult. Working every day might be too much to begin with. Give yourself a chance and don't be too hard on yourself if things don't work out the way you want them to.

Many people do make a success of returning to work. Many see it as an opportunity to try something else, work from home, and take up new challenges.

See a Disability Employment Advisor at your local job centre. They will be able to give you advice about careers and retraining. They can also put you in touch with organisations that specifically provide opportunities for people with disabilities.

## **Residential and nursing home care**

If your stroke was quite severe and left you with lasting problems, you, your family and your doctor or social worker may feel that you need residential or nursing home care. A nursing home must have qualified nurses on the premises and is able to offer more intensive support. Some people are eligible for financial help towards the cost of nursing and personal care while in a nursing home.

The Scottish Government can provide a free booklet called 'Thinking about moving into a care home?'

It is available to download or view on the website [www.scotland.gov.uk](http://www.scotland.gov.uk)

Blackwell Bookshop

53-62 South Bridge

Edinburgh

EH1 1YS

Tel: 0131 622 8222

Fax: 0131 557 8149

Email: [Edinburgh@blackwell.co.uk](mailto:Edinburgh@blackwell.co.uk)

## MOVING ON

It is important to find ways of getting the most out of life after your stroke. In the first few months you may be concentrating on relearning old skills or acquiring new ones. However, once you know how much recovery is likely, you will need to come to terms with the restrictions imposed by your stroke. You can then try to find ways around them to enable you to enjoy life as much as possible.

### **Fight isolation**

Fight feelings of isolation by asking family members to get involved in your rehabilitation and care. At the same time strive for as much independence as you can and use any opportunities that arise to boost your confidence e.g.

- getting involved in making decisions
- asking for help with your appearance
- becoming familiar with your abilities
- obtaining more information about your condition and progress



## **Maintain social contact**

Many people who have had strokes feel embarrassed about their weakness or speech difficulties. They may feel self-conscious and lacking in confidence. They may feel reluctant to see friends or to go out.

Friendships might be lost that were based on a shared activity that you can no longer do.

Encourage friends to visit, perhaps start with a visit from one person and plan a short return visit to them.

See friends and go out together right from the start, if you can.

Don't be disheartened before you try.

## **Set up a daily routine**

To set up a daily routine you and anyone else at home and/or whoever cares for you also needs to be considered.

You should try and work out everybody's needs together.

Think about the necessary daily tasks that have to be done and work out which ones you:

- can do independently
- are re-learning
- will need help with

Plot the time that will be needed for these.

Draw up a list of small steps towards relearning some of the missing skills.

It is important to keep as active as possible at all ages. Build in short, but frequent, periods in the day to practise movements, exercises and skills.

Ensure time is set aside to have a regular rest if you get easily tired.

You may have a best time of day – use this for the things you most want to do, not for tedious tasks. Try to continue with hobbies, interests, social or other regular commitments and plan time for these as well.

### **Looking after carers**

If a family member helps to take care of you make sure they get a rest and some time to themselves. Enlist the help of friends or other family members. People who offer to help usually genuinely want to. You need to tell them how. Like you, they may be anxious about your situation and grieving for the way it has affected both your life and theirs. They may also sometimes feel resentful about the changes they have had to make because of your stroke or about the demands of caring for you and they may experience guilt at having these feelings.

*See the CHSS booklet ‘Stroke : A guide for carers’ for more information.*

### **Getting accustomed to noise**

Some people find the mental stimulus of crowded places or a lot of background noise uncomfortable and difficult to deal with after the stroke. This can lead to anxiety. You should gradually get accustomed to busier places over short periods.

## **Overcoming practical difficulties**

There may be practical difficulties in going to places you went to before, and you may have fears of not managing when out. It may seem easier to stay at home in your safe comfort zone – but this leads to isolation and worsens your fears. There are solutions. Find out where to get help.



## **Company of others**

You may need to build up new friendships and social activities with people who share your interests.

Many people find being in the company of other people who have had a stroke to be beneficial. Chest, Heart & Stroke Scotland (CHSS) has many stroke clubs and Volunteer Stroke Service (VSS) groups around the country.

There may be other community activities you may find helpful.

## **EMOTIONAL IMPACT OF STROKE**

### **Coming to terms**

It is quite normal for the shock, disbelief and sense of loss to affect you and your family like a grief reaction.

You are likely to feel very anxious or upset in the weeks and months following your stroke. This is quite normal, particularly if your recovery is slow or uncertain. You may be angry about what has happened to you, frustrated that you can no longer do what you did before, or frightened by lapses in your memory or difficulties in communication. You may grieve for the loss of abilities you once took for granted and wonder if you will ever regain them. You might feel scared that another stroke will happen. Sometimes the effects of your stroke may make you more irritable or demanding. You may also find that you are affected by mood swings, which can make it even more difficult for you and your family to cope.

### **Depression**

Feeling down for some of the time is a very natural reaction after a stroke. However, if you are feeling very low for most of the time you could be depressed. Sometimes people do not realise how depressed they are especially when they have been feeling the same for a long time, or if they have more physical symptoms than emotional. Some symptoms of depression could be a direct result of your stroke and it can be difficult to decide what is caused by what. This is all the more reason to get some advice.

## Sharing your worries

Feelings are often much easier to handle if you share them. You and your family may find that it helps to be more open with each other about your worries. However, you may find it difficult to discuss painful feelings with those who are closest to you. If this is the case then you should each try to find someone outside the family who will listen and understand. It might be a health professional, a good friend, counselling services, a support worker for CHSS or another voluntary agency.

*See the CHSS booklet 'Coming to terms with stroke' for more information.*



## **Social work department**

### **Assessment of your needs**

In order to receive support services, you will first need an assessment from social work.

People with disabilities have a right to an assessment under Section 4 of the Disabled Person's (Services, Consultation and Representation) Act 1986.

### **How an assessment is arranged**

If you were admitted to hospital following your stroke, the hospital social worker may arrange for an assessment. If this does not happen, or if you are being cared for at home, you can contact social work direct to ask for an assessment or ask your GP to do so for you.

### **Assessment of your carer's needs**

If you have a carer, he or she also has the right to an assessment of needs under the Carers (Recognition and Services) Act 1995. However, although some social work departments have carer support teams which offer support specifically to carers, they are not obliged to offer services to carers.

### **Financial assessment**

Social work can charge for support services. Any assessment of your needs will include an assessment of your financial situation to find out how much, if anything, you can afford to pay. The amounts charged for services will vary from area to area but they should be reasonable and take into account your ability to pay.

### **Services**

The person carrying out your assessment may ask other people to visit you and may discuss

# GETTING HELP

your situation with colleagues. If it is clear you are in need of particular services, social work should ensure these are provided. Social work should review your situation from time to time to take account of any changes in your needs. However, if there has been a change in your situation and you need more or different kinds of help, don't wait for a review. Get in touch with your local social work department immediately.

### **Benefits and allowances**

The benefits system is complex, and changes frequently, so it is a good idea to get advice about what you are entitled to, and how to fill in claim forms. There are different benefits and allowances for people who are ill or disabled, for people who are carers and for people who are on low incomes. People on low incomes may also get housing benefit to help with the cost of rent, help with Council Tax and help with NHS costs such as travel to and from hospital.

Some benefits are taxed; some cancel each other out, some act as passports to other benefits.

Your benefits will be handled by your local Department for Work and Pensions formerly known as the Benefits Agency.

### **Independent Advice**

Citizens Advice Scotland knows their way round the benefit system and can give you independent advice if you are trying to work out what you should claim for. Your local council office can give you details about any

local welfare or benefits advice shops that you can visit or phone.

## **Aids and adaptations**

Aids are things like seating aids for bathing, or using the toilet, kitchen equipment and blocks to raise the height of chairs or beds.

Adaptations to the house itself may involve assessing your financial situation, (means testing), to see if you can contribute to the cost. This could be for sloping ramps for wheelchair access, rails and handles to help getting up stairs or steps and sometimes stair lifts.

## **Equipment**

**Assist UK** has details of local Disabled Living Centres where you can try things out before buying. (Contact details in useful addresses section.)

Even if you have to buy items yourself you may benefit from the advice of the OT on what is the best for you and where to obtain them.

There are also many companies that specialise in this sort of equipment and most do catalogues to let you see what they have. They often have shops displaying equipment for you to try. It is best to get advice and try things out before buying.

***CHSS Advice Line can provide a list of some useful suppliers.***

**Wheelchairs** are a special provision that is usually funded by the health service although more complex outdoor and motorised wheelchairs often have to be self funded. It is important that you are actually prescribed the



correct chair and cushion for your particular needs. You and/or your carer has to be able to use a wheelchair effectively. It also has to fit through the internal doors of your house and you have to have ramps and no steps to actually get out of the house. Special motors can be bought that can be used with manual wheelchairs to make it easier to get around.

A personal support grant from CHSS may be available to help with costs of disability equipment. Applications are available through local social work departments or health professionals.

## REDUCING THE RISK OF STROKE

High blood pressure, cholesterol, diabetes and lifestyle factors can be addressed by people with no previous history of stroke illness. **This is called primary prevention.**

Your age and general health also have to be taken into consideration

Having a stroke increases your risk of having another. However there is a lot that can be done to help. This is called **secondary prevention:**

- taking medication to thin your blood,
- controlling high blood pressure
- controlling cholesterol
- controlling diabetes
- altering your lifestyle to reduce known risk factors

You will need the help of doctors and nurses to identify individual problems and make sure they are well controlled. More complex situations may need access to specialist services such as preventative surgery.

Lifestyle changes can be done by you.

### **Commonly use drug treatment to reduce the risk of further stroke**

**Antiplatelets** – used to thin the blood to help prevent clots forming.

Most people with ischaemic stroke will continue with a combination of low dose aspirin 75mg daily and dipyridamole 200mg modified release twice daily.

Clopidogrel 75mg daily can be used as an alternative if aspirin or aspirin and dipyridamole can't be tolerated due to sensitivity.

**Statins** – used to lower cholesterol. Most people with an ischaemic stroke will be given statins even if their cholesterol is not high. Those already taking statins should continue treatment.

**Anticoagulants** – prevent blood clots from forming. Warfarin may be given to people with ischaemic stroke who are found to be in atrial fibrillation.



**Anti-hypertensives** – used to control high blood pressure. Ace inhibitors and diuretics may be given to people with ischaemic stroke even if their blood pressure is not raised. After a bleed, treatment with ace inhibitors and diuretics should also be considered if blood pressure is raised.

Medicines can be provided in other forms if you have difficulty swallowing.

It is very important to take your medicines regularly, as prescribed by your doctor.

### **Addressing lifestyle changes:**

- Stop smoking
- Eat a healthy, varied diet
- Control your weight
- Keep as active as you can within your abilities
- Drink alcohol moderately
- Avoid recreational drugs

See the CHSS booklet ‘Reducing the risk of stroke’ for more detailed information about these topics or phone the Advice Line to speak to one of our nurses.

Tel: 0845 077 6000

## THE FUTURE

It is important for you and your family to find ways of getting the most out of life after your stroke. In the first few months you may be concentrating on relearning old skills or acquiring new ones. However, once you know how much recovery is likely, you will need to come to terms with the restrictions imposed by your stroke. You can then try to find ways around them to enable you to enjoy life as much as possible.



## **HELP FROM CHEST, HEART & STROKE SCOTLAND (CHSS)**

**Volunteer Stroke Service (VSS)** The aim of the VSS is to support people who have had a stroke, particularly those left with communication problems. The VSS offers weekly stroke groups, including groups specifically for younger people, home visits, a hospital visiting service and carers support.

### **Community Support Network (CSN)**

The aim of the CSN is to support local volunteer led groups, which provide social support and activities for people affected by chest, heart or stroke illness.

### **Health Information**

A full range of booklets and fact sheets are available by contacting the Health Information Department:

- Telephone: 0131 225 6963
- Fax: 0131 220 6313
- Email: [publications@chss.org.uk](mailto:publications@chss.org.uk)
- CHSS website: [www.chss.org.uk](http://www.chss.org.uk)

### **CHSS Advice Line: 0845 077 6000**

The advice line is staffed by nurses and provides confidential, independent advice on all aspects of stroke illness to those people affected, their families, carers and health professionals. All calls are charged at the local rate. Out of hours answer machine. Monday – Friday 9.30-12.30 and 1.30 – 4.00. See back cover for more details.



### **CHSS Stroke Nurses**

CHSS provides dedicated services in Dumfries & Galloway, Fife, Forth Valley, Grampian, Highland, Lanarkshire and Lothian, facilitating a smooth transition from hospital back into the community for people who have had a stroke and their families.

### **Other Services**

CHSS also provide Personal Support grants, and funds research into stroke.

Phone Head Office on 0131 225 6963 for further information on any of these services or look at the website [www.chss.org.uk](http://www.chss.org.uk)

## ACT FAST

### Stroke is a medical emergency.

To help people recognise the symptoms of stroke quickly, Chest, Heart & Stroke Scotland promotes the FAST test (Face- Arm- Speech- Time) which is used by paramedics to help diagnose stroke. Prompt action can help someone reach hospital quickly and receive the early treatment they need.

FAST looks for three specific and common symptoms of stroke.

- **Facial weakness** – Can the person smile? Does one side droop?
- **Arm weakness** – Can the person raise both arms? Is one weak?
- **Speech problems** – Is their speech slurred or muddled?
- **Time to call 999**

If a person has failed any one of these tests it is important to call 999.

By calling 999 people can help someone reach hospital quickly and receive early medical treatment.

Resources to promote FAST are available from CHSS.



A stroke can happen at any time. Think FAST & save a life. Call 999.

How to check if someone is having a stroke **FAST**

**F**ace – Can they smile? Does one side droop?  
**A**rm – Can they lift both arms? Is one weak?  
**S**peech – Is their speech slurred or muddled?  
**T**ime – To call 999.

A stroke is a medical emergency. If you see these signs call **999** FAST.

Chest, Heart & Stroke Scotland 

[www.chss.org.uk](http://www.chss.org.uk)

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## USEFUL ADDRESSES AND WEBSITES

### **Age Concern and Help the Aged in Scotland**

Causewayside House,

160 Causewayside,

Edinburgh EH9 1PR

Tel: 0845 833 0200

Fax: 0845 833 0759

Textphone: 0845 226 5851

The Scottish Helpline for Older People: 0845

125 9732

[www.ageconcernandhelptheagedscotland.org.uk](http://www.ageconcernandhelptheagedscotland.org.uk)

*Provide information and advice on a range of topics for older people.*

### **Assist UK**

Redbank House

4 St Chad's Street

Manchester M8 8QA

Tel: 0870 770 2866

Fax: 0870 770 2867

Email: [general.info@assist-uk.org](mailto:general.info@assist-uk.org)

Website: [www.assist-uk.org](http://www.assist-uk.org)

*Assist UK provides details of locally situated Disabled Living Centres which provide impartial information and advice on products and equipment for easier living.*

*There are Disabled Living Centres in Dundee, Edinburgh, Elgin, Grangemouth and Paisley.*

**Bladder & Bowel Foundation**

SATRA Innovation Park

Rockingham Road

Kettering, Northants, NN16 9JH

Nurse helpline for medical advice: 0845 345 0165

Counsellor helpline: 0870 770 3246

General enquiries: 01536 533255

Fax: 01536 533240

Email: [info@bladderandbowelfoundation.org](mailto:info@bladderandbowelfoundation.org)

Website: [www.bladderandbowelfoundation.org](http://www.bladderandbowelfoundation.org)

*The Bladder and Bowel Foundation provide information and support for people with bladder and bowel disorders.*

**British Red Cross – Scotland**

4 Naysmith Place

Hillington

Glasgow G52 4PR

Tel: 0141 891 4000

Website: [www.redcross.org.uk](http://www.redcross.org.uk)

*Have local branches which can lend or hire equipment for people with disabilities. They also can help with transport and first aid training.*

**Carers Scotland**

The Cottage, 21 Pearce Street

Glasgow G51 3UT

Tel: 0141 445 3070

CarersLine: 0808 808 7777

Wednesday and Thursday

10am-12pm and 2pm-4pm

Email: [info@carerscotland.org](mailto:info@carerscotland.org)

Website: [www.carerscotland.org](http://www.carerscotland.org)

*Carers Scotland is provides information on all matters relating to caring.*

**Diabetes UK Scotland**

The Venlaw  
 349 Bath Street  
 Glasgow  
 G2 4AA.  
 Telephone 0141 245 6380  
 Fax 0141 248 2107  
 Email [scotland@diabetes.org.uk](mailto:scotland@diabetes.org.uk)  
 Website: [www.diabetes.org.uk](http://www.diabetes.org.uk)

*Diabetes UK Scotland is dedicated to putting the interests of people with diabetes first, through the best in campaigning, research and care.*

**Depression Alliance Scotland**

11 Alva St  
 Edinburgh EH2 4PH.  
 Tel: 0845 123 23 20 (10am - 2pm Mon, Tues,  
 Thurs and Fri)  
 Email [info@dascot.org](mailto:info@dascot.org)  
 Website: [www.dascot.org](http://www.dascot.org)

*Depression Alliance Scotland is working towards a future where depression is recognised, understood and acknowledged to be a common and treatable medical condition, just like any other. They run a telephone information service and self-help groups as well as producing a number of publications about depression.*

**Different Strokes**

9 Canon Harnett Court  
Wolverton Mill, Milton Keynes MK12 5NF  
Strokeline: 0845 130 7172  
Fax: 01908 313 501  
Email: [info@differentstrokes.co.uk](mailto:info@differentstrokes.co.uk)  
Website: [www.differentstrokes.co.uk](http://www.differentstrokes.co.uk)

*Different Strokes is a national charity set up by young stroke survivors for young stroke survivors. It provides information, support and exercise opportunities, a telephone service and counselling.*

**Disabled Living Foundation**

380-384 Harrow Road, London W9 2HU  
Helpline: 0845 130 9177  
Textphone: 020 7432 8009  
Email: [advice@dlf.org.uk](mailto:advice@dlf.org.uk)  
Website: [www.dlf.org.uk](http://www.dlf.org.uk)

*Disabled Living Foundation has become the leading source of information and advice on products, equipment and technology for people with disabilities. Specialist training and comprehensive databases provide solutions to problems that limit an individual's independence.*

**Epilepsy Scotland**

48 Govan Road, Glasgow G51 1JL  
Tel: 0141 427 4911  
Fax: 0141 419 1709  
Helpline: 0808 800 2200  
Email: [enquiries@epilepsyscotland.org.uk](mailto:enquiries@epilepsyscotland.org.uk)  
Website: [www.epilepsyscotland.org.uk](http://www.epilepsyscotland.org.uk)

*Provides information, counselling, support and advice.*

**Lead Scotland**

Princes House, 5 Shandwick Place

Edinburgh EH2 4RG

Tel: 0131 228 9441

Fax: 0131 229 8082

Email: [enquiries@lead.org.uk](mailto:enquiries@lead.org.uk)

Website: [www.lead.org.uk](http://www.lead.org.uk)

*Lead Scotland exists to enable disabled adults and carers in Scotland to access education and lifelong learning opportunities.*

**NHS 24**

Tel: 08454 24 24 24

Website: [nhs24.com](http://nhs24.com)

*This phone service is designed to help you get the right help from the right people at the right time. The service is now running throughout Scotland and works in conjunction with General Practitioners, Accident and Emergency, Ambulance and Community Pharmacy services.*

*The website provides comprehensive up-to-date health information and self care advice for people in Scotland.*

**PINNT**

(Patients on intravenous and naso-gastric nutrition therapy)

Scottish contact: Mrs Sharon Bell

59 Loanfoot Avenue, Knightswood, Glasgow  
G13 3DG

Tel: 0141 959 6701

*This is a charity that offers support for people receiving parenteral or enteral nutrition therapy. It also aims to promote awareness and understanding and works in conjunction with health professionals to improve life at home.*

**Princess Royal Trust for Carers**

(Glasgow Office)

Charles Oakley House, 125 West Regent Street

Glasgow G2 2SD

Tel: 0141 221 5066

Fax: 0141 221 4623

Email: [infoscotland@carers.org](mailto:infoscotland@carers.org)

Website: [www.carers.org](http://www.carers.org)

*Provide advice and support to carers on all topics and providing information about what services are available locally. Centres all over Scotland but will put you in touch with another carer organisation if necessary.*

*They offer written advice and information about many aspects of life with nutritional therapy, a newsletter and local support groups.*

**RNIB Scotland**

12-14 Hillside Crescent

Edinburgh

EH7 5EA

Tel: 0131 652 3140

Website: [www.rnib.org.uk](http://www.rnib.org.uk)

Email: [rnibscotland@rnib.org.uk](mailto:rnibscotland@rnib.org.uk)

*Provide a wide range of specialised information and services for partially sighted and blind people.*

**Relationships Scotland**  
**(Formerly known as Relate Scotland)**

18 York Place

Edinburgh

EH1 3EP

Tel: 0845 119 2020

Fax: 0845 119 6089

Website: [www.relationships-scotland.org.uk](http://www.relationships-scotland.org.uk)

*Relationships Scotland offer confidential relationship counselling and sexual therapy for couples and individuals. These services are provided across Scotland.*

**Sexual Dysfunction Association (SDA)**

Suite 301, Emblem House

London Bridge Hospital

27 Tooley Street

London SE1 2PR

Helpline: 0870 774 3571

E-mail: [info@sda.uk.net](mailto:info@sda.uk.net)

Website: [www.sda.uk.net](http://www.sda.uk.net)

*The SDA is committed to helping and supporting people, and partners of people, with all forms of sexual dysfunction by raising awareness and providing information and education on male and female sexual problems.*

## **Speakability**

1 Royal Street

London SE1 7LL

Tel: 0207 261 9572

Fax: 0207 928 9542

E-mail: [speakability@speakability.org.uk](mailto:speakability@speakability.org.uk)

Helpline: 0808 808 9572

Website: [www.speakability.org.uk](http://www.speakability.org.uk)

*Speakability is a national charity that supports people living with aphasia and their carers through its information service, network of groups, activities programme and range of booklets.*

## **Visibility**

2 Queens Crescent, Glasgow G4 9BW

Tel: 0141 332 4632

Fax: 0141 353 2981

Email: [info@visibility.org.uk](mailto:info@visibility.org.uk)

Website: [www.visibility.org.uk](http://www.visibility.org.uk)

*Provides a range of services and activities for people who are visually impaired.*

**Phone/Textphone the Chest,  
Heart & Stroke Advice Line for  
confidential, independent advice  
from one of our nurses.**



**The line is open  
Monday – Friday  
9.30 – 12.30 and 1.30 – 4.00**

**0845 077 6000**

**Charged at local call rate.**

**Out of hours answering machine.**

**Email: [advice@chss.org.uk](mailto:advice@chss.org.uk)**

**Fax: 0131 220 6313**

The information contained in this booklet is based on current guidelines and is correct at time of printing. The content is also put out to peer, patient and expert review. If you have any comments about this booklet please contact Lorna McTernan, Health Information Manager, at the address on the facing page.

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S10	Thrombolysis after stroke	<b>General Factsheets</b>	
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<b>Stroke Factsheets</b>		F21	Illustrated risk factors (general target)
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Heart &  
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**Monday – Friday**

**9.30am - 12.30 and 1.30pm - 4.00pm**

**0845 077 6000**

**Fax us: 0131 220 6313**

**Email us: [advice@chss.org.uk](mailto:advice@chss.org.uk)**

**Text us: text chss followed by your message to 07766 40 41 42**

Chest, Heart & Stroke Scotland and CHSS are operating names of The Chest, Heart & Stroke Association Scotland, a registered Charity No. SCO18761

**October 2009**