



Nearly 1/3 of men can't recognize even one stroke symptom so they can act FAST and help the women in their lives survive stroke.

Most people don't know that *stroke kills twice as many women as breast cancer* every year. Nearly 20% of women report they do not know any risk factors for stroke, such as high blood pressure, smoking, high cholesterol, diabetes, atrial fibrillation (irregular heartbeat), being overweight and family history.

More women than men die from strokes, yet 30% of women cannot recognize a stroke symptom.

It is estimated that *59% to 75% of caregivers are women*. The average caregiver is a married 46-year-old working woman earning \$36,000 per year.

Up to 80% of strokes are preventable. There are an estimated 750,000 strokes in our country each year, yet 1 in 4 Americans could not name a single stroke risk factor.



WOMEN *in Your Life* STROKE

Protect the women in your life!

Chances are you have a special woman in your life. Is it your mother, your sister, or your best friend? Is it you?

Understanding strokes or brain attacks and how they affect women is so important for the health and well-being of all the women in your life. Every day there is new information on treatments and new uses for previously approved treatments.

National Stroke Association (NSA) and our partners will bring you the latest information on stroke risk reduction, treatment and recovery on our website at www.stroke.org. Women and men need to know that there are options to protect themselves and their loved ones.

Stroke is the third leading cause of death in this country and the leading cause of adult disability. It kills 160,000 people every year. There are more than 4.7 million stroke survivors living today in our country and two-thirds of them are disabled.



What you need to know

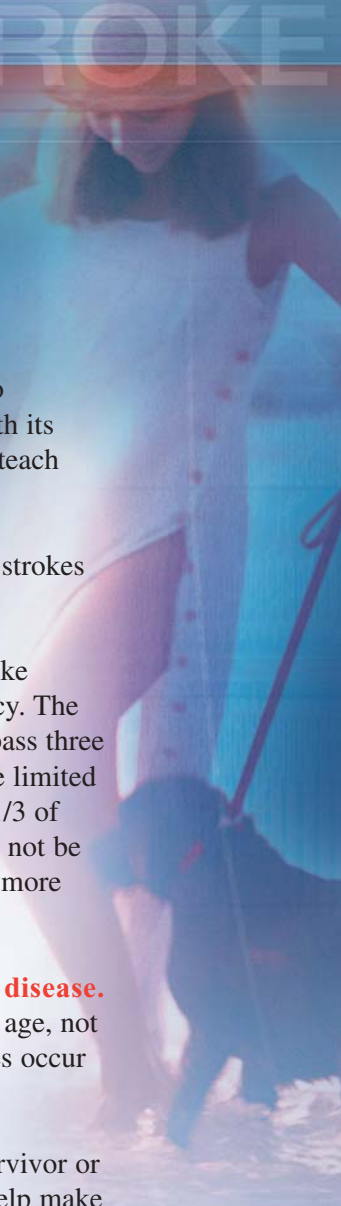
National Stroke Association is committed to changing how women and men view stroke. With its “Women in Your Life” campaign, NSA aims to teach both men and women that:

Stroke is preventable. Up to 80 percent of strokes can be prevented.

Stroke is treatable. Learn to recognize stroke symptoms and realize that stroke is an emergency. The first 3 hours are the most important. Once you pass three hours after the first signs of a stroke, doctors are limited in how or if they can treat your stroke. Almost 1/3 of Americans are unaware that stroke patients may not be eligible for treatment if they arrive at a hospital more than 3 hours after the first stroke symptom.

Stroke is not only your Grandmother s disease. Realize that stroke can happen to anyone at any age, not just the elderly – more than 30 percent of strokes occur in women before the age of 65.

Embrace life after stroke. You may be a survivor or a caregiver. Or you may be someone who can help make a difference in a stroke survivor’s life.





In Your Life

WOMEN

Women are uniquely affected by stroke:

- > More than 100,000 women died from stroke in 2002.
- > One-half of all African American women will die from stroke or heart disease.
- > African American women have a significantly higher number of strokes than Caucasian women.
- > While less than half of strokes will strike women (43%), more women than men will die (62%) from stroke.
- > Women significantly outnumber men as caregivers to stroke survivors (59%-75%).
- > A majority of American women mistakenly believe that they have a higher risk for cancer than stroke and heart disease. Stroke and heart disease will kill twice as many women as cancer.

Yes, strokes are preventable!

Regardless of age, women can start now to prevent a stroke later.

WOMEN, STROKE and

A photograph of a woman with dark hair, wearing a white top, drinking water from a clear plastic bottle. She is looking towards the camera with a slight smile. The background is a soft, out-of-focus blue and white.

What is a stroke?

A stroke is a brain attack! It occurs when a clogged artery stops the flow of blood and oxygen to the brain or when a blood vessel bursts in the brain. Without oxygen rich blood, brain cells begin to die, causing a stroke.

When stroke occurs because arteries to the brain are clogged with blood clots or fatty deposits, it is called an ischemic stroke. Hemorrhagic strokes occur when a blood vessel breaks and blood spills into the brain.

Stroke can be devastating. It is the leading cause of adult disability in America, and the number one reason for nursing home admission. Stroke can impair or completely take away your abilities to walk, talk, think, remember or even breathe.

Are you at risk?

Stroke risk rises if you have certain medical conditions. High blood pressure, diabetes, high cholesterol and atrial fibrillation (a form of irregular or racing heartbeat), can increase a woman's risk for stroke. Your lifestyle can also raise your stroke risk.

Smoking is one of the top risk factors for stroke. An unhealthy diet, physical inactivity and weight problems can also increase a woman's odds of having a stroke. Women who are on the "pill" and smoke significantly increase their stroke risk.

For men and women who don't have obvious medical risks but have stroke in their family, there is a new test called PLAC™. Ask your doctor about this simple blood test to find out your stroke risk. Stroke risk doubles for a woman if a relative in her immediate family has suffered a stroke.



Why should women care about stroke risk?

While strokes occur in both men and women, women have special stroke risk issues:

High Blood Pressure (Hypertension)

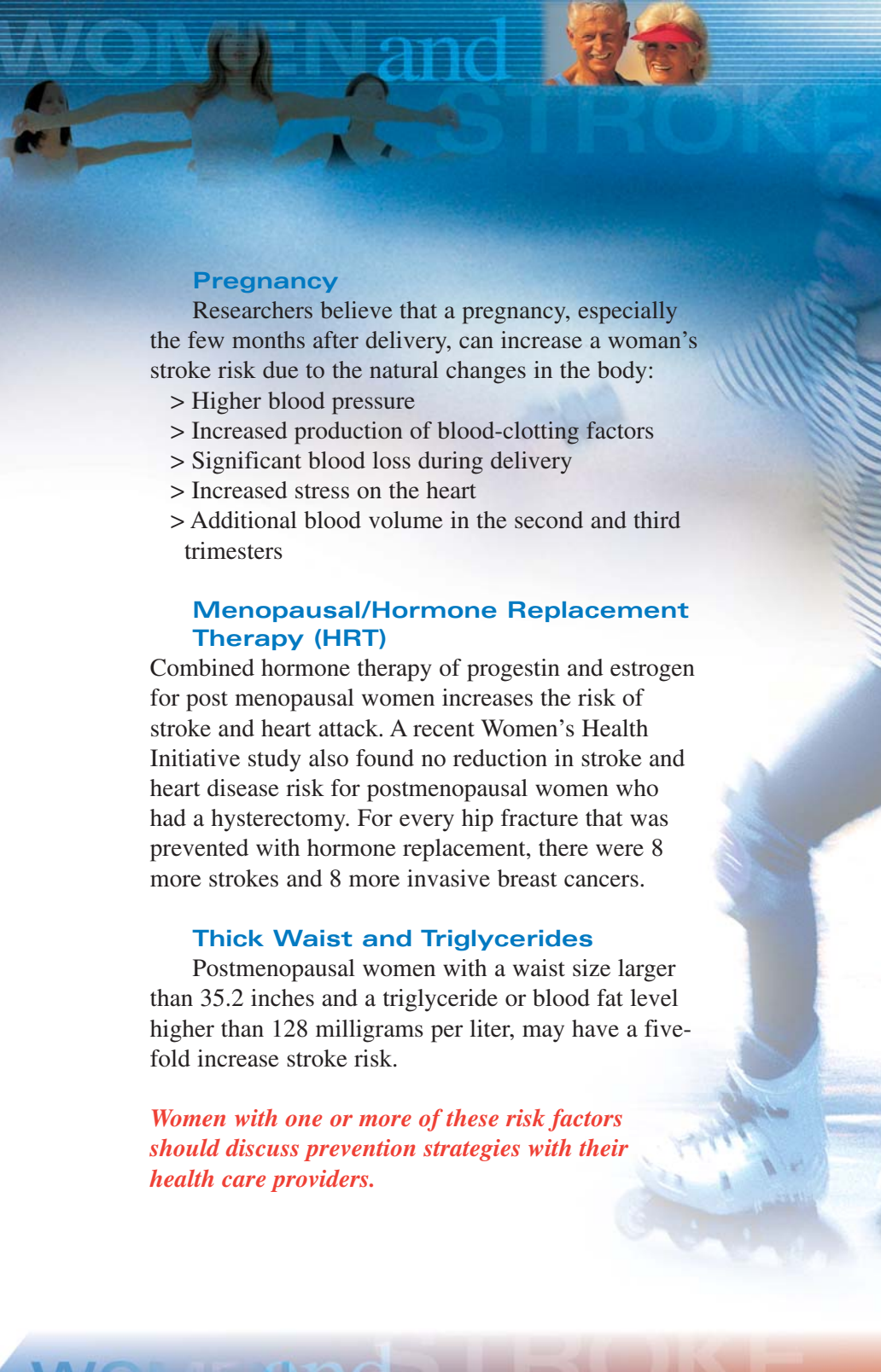
Nearly 29 million American women have high blood pressure, the most common cause of stroke. Women are at higher stroke risk if they are obese, take certain birth control pills, are pregnant or have a family history of high blood pressure, especially if they smoke. Older women are at higher risk; more than half of all women over the age of 55 will have high blood pressure. African American women are also more likely to have high blood pressure. Hypertension puts stress on blood vessel walls and can lead to strokes from blood clots or hemorrhages.

Diabetes

Diabetes affects a person's ability to move sugar out of the blood stream into cells. It is often called a "woman's disease" because after the age of 45, about twice as many women than men develop diabetes. People with diabetes have a higher risk of stroke.

Migraine Headaches

The majority of Americans who suffer migraines are women. These very painful headaches can increase a woman's stroke risk 3 to 6 times. If a woman smokes, has a history of migraines, and takes oral contraceptives, her stroke risk is increased as much as 34 times.



Pregnancy

Researchers believe that a pregnancy, especially the few months after delivery, can increase a woman's stroke risk due to the natural changes in the body:

- > Higher blood pressure
- > Increased production of blood-clotting factors
- > Significant blood loss during delivery
- > Increased stress on the heart
- > Additional blood volume in the second and third trimesters

Menopausal/Hormone Replacement Therapy (HRT)

Combined hormone therapy of progestin and estrogen for post menopausal women increases the risk of stroke and heart attack. A recent Women's Health Initiative study also found no reduction in stroke and heart disease risk for postmenopausal women who had a hysterectomy. For every hip fracture that was prevented with hormone replacement, there were 8 more strokes and 8 more invasive breast cancers.

Thick Waist and Triglycerides

Postmenopausal women with a waist size larger than 35.2 inches and a triglyceride or blood fat level higher than 128 milligrams per liter, may have a five-fold increase stroke risk.

Women with one or more of these risk factors should discuss prevention strategies with their health care providers.



WOMEN

and



IN YOUR LIFE

Reduce your stroke risk

While women need to be aware of their stroke risks, it's even more important to reduce those risks by making positive lifestyle changes.

National Stroke Association (NSA) publishes the following guidelines to help people take control of their health and prevent a first stroke. Talk with your doctor about how to reduce your stroke risk. A recent NSA poll showed that less than 30 percent of patients talked to their doctor about stroke during their annual exams.

Know your blood pressure. Have it checked every year. High blood pressure is 140/90 or higher. A blood pressure reading consistently higher than 120/80 is considered pre-hypertension. You and your doctor should closely monitor your blood pressure.

‡ **If you smoke, stop.**

‡ **If you drink alcohol, do so only in moderation.**

‡ **Know your cholesterol number.** Your combined LDL and HDL number should not exceed 200.

‡ **Find out if you have atrial fibrillation (AF).** If you have AF, work with your doctor.

‡ **If you are diabetic,** your doctor can help you control your diabetes.

‡ **Include exercise in your daily routine.**

‡ **Enjoy a low sodium (salt), low fat diet.**

• **Ask your doctor if you have circulation problems.**

If so, work with your doctor to control them.

Remember, ask your doctor about stroke!



WOMEN *in Your Life*



*Do you know
what a stroke “looks” like?
Recognizing strokes when they occur*

The first step is to recognize stroke symptoms. In a recent NSA poll 30 percent of women could not recognize stroke symptoms. Even more men (36%) were not able to identify even one stroke symptom.

Remember to think FAST when you see stroke.

F — Face

A — Arms

S — Speech

T — Time

Recognize and treat stroke as an emergency.

Stroke symptoms include:

**Sudden numbness or weakness of face, arm, or leg
— especially on one side of the body**

**Sudden confusion, trouble speaking or
understanding**

Sudden trouble seeing in one or both eyes

**Sudden trouble walking, dizziness, loss of balance
or coordination**

Sudden severe headache with no known cause

A new study reports up to 62% of women were more likely than men to describe unique stroke symptoms including: face and limb pain, hiccups, nausea, general weakness, chest pain, shortness of breath, and palpitations.



WOMEN *in Your* Life Responding correctly

Most strokes can be treated. Women need to be aware of their stroke risks and have a strong knowledge of stroke symptoms to get the treatment they need and deserve.

Studies have shown that women take 46 percent longer than men to get to the emergency room after stroke symptoms begin. They also can wait up to 49 percent longer to receive medical attention once they arrive at the hospital.

Treatments

The FDA-approved treatment for clot-caused stroke is t-PA, a clot-busting drug that dissolves the blood clot and restores blood flow to the brain. The treatment must be given within three hours of the first signs of stroke symptoms. Typically patients arrive 12 - 24 hours after the first stroke symptom.

Stroke patients who receive t-PA are at least 55% percent more likely to leave the hospital with little or no disability after three months. Currently, only one to three percent of ischemic stroke patients get tPA though approximately 50% are eligible.

The FDA has also approved a device called the Merci Retriever that is threaded through the arteries up into the brain. The corkscrew type device then pulls out the clot.



WOMEN and STROKE

Currently, there are new medicines and devices in development for the treatment of stroke. Go to www.stroke.org for the latest information.

Within five years of having a stroke, survivors have up to a 40% increased risk of suffering another stroke. Talk to your doctor about recurrent stroke prevention. NSA has published new Recurrent Stroke Prevention Guidelines for your doctor to use.

It is also important to know where stroke center hospitals are located in your area. These hospitals are specially equipped to handle stroke. Go to www.stroke.org for more information on stroke center hospitals and NSA's Recurrent Stroke Prevention Guidelines.

Life after stroke

Strokes can be life changing for stroke survivors and their caregivers. Women, in both roles, must maintain positive attitudes and seek emotional support. After a stroke, both survivors and caregivers can be concerned about being on their own at home.

Common concerns can include:

- > Fear of another stroke
- > Difficulty accepting the changes in how their bodies and minds work
- > Apprehension about keeping survivors at home or moving them to assisted living facilities
- > Overpowering responsibilities of round-the-clock caregiving
- > Fear of abandonment of friends and family



While depression is common for stroke survivors and caregivers, it should not be considered a “normal” part of recovery. If you suffer from depression, get help from professional counselors, stroke support groups and/or family members.

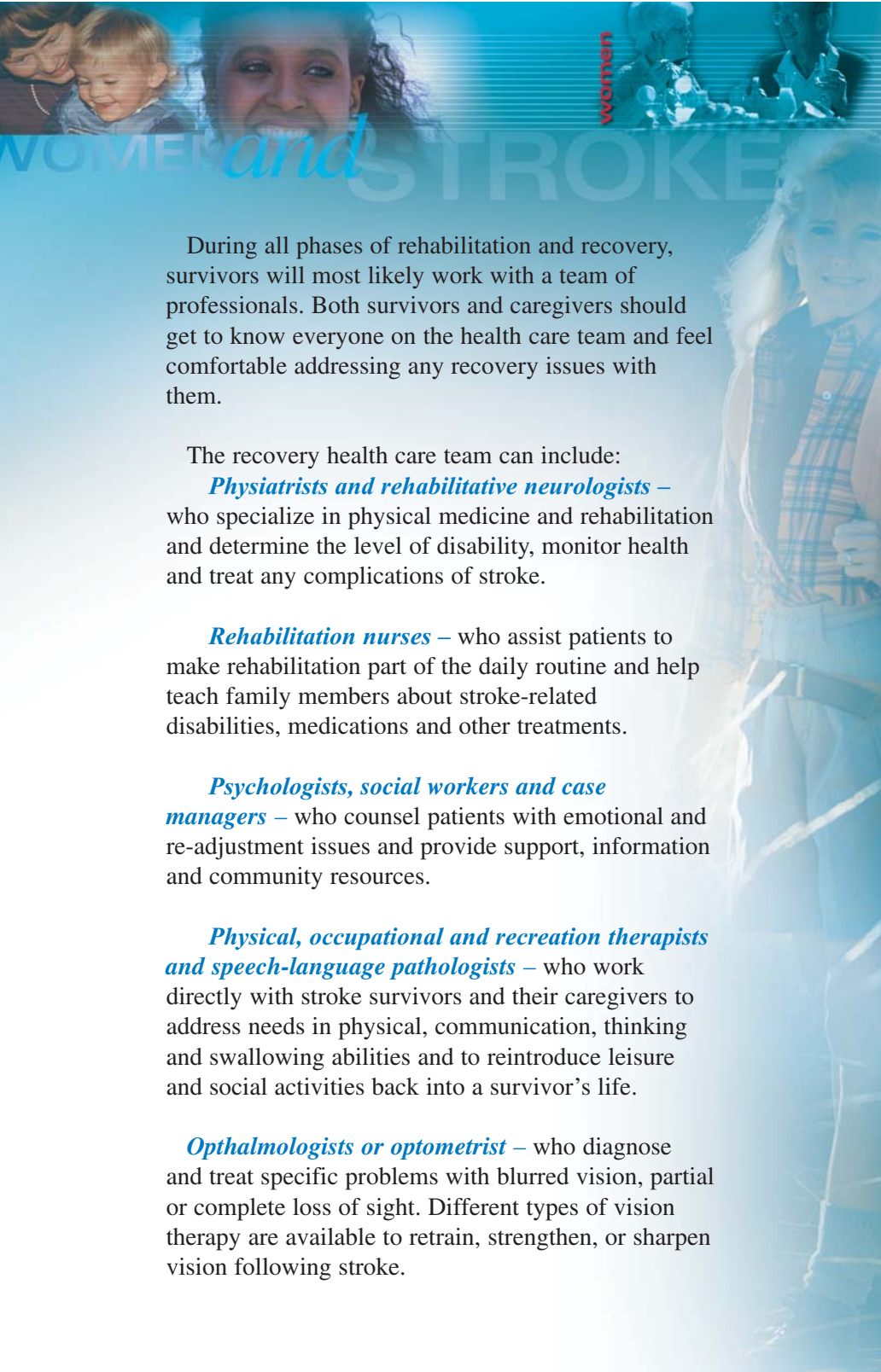
For the Survivor

To survive is to live through adversity. Nearly 250,000 women survive strokes each year. Stroke recovery can be long, but offers opportunities for growth and personal achievement.

Beginning the recovery through rehabilitation

The rehabilitation process will be determined by the severity of the stroke. Some survivors only need limited services while others need months of rehabilitation. The goal of stroke rehabilitation is to restore as much independence as possible by improving physical, mental and emotional abilities. Depending on the severity of the stroke, the cost and medical insurance, stroke rehabilitation can include:

- > In-hospital therapy services
- > Rehabilitation hospital
- > Home therapy
- > Day hospital
- > Community-based programs
- > Adult day services
- > Home with outpatient therapy



During all phases of rehabilitation and recovery, survivors will most likely work with a team of professionals. Both survivors and caregivers should get to know everyone on the health care team and feel comfortable addressing any recovery issues with them.

The recovery health care team can include:

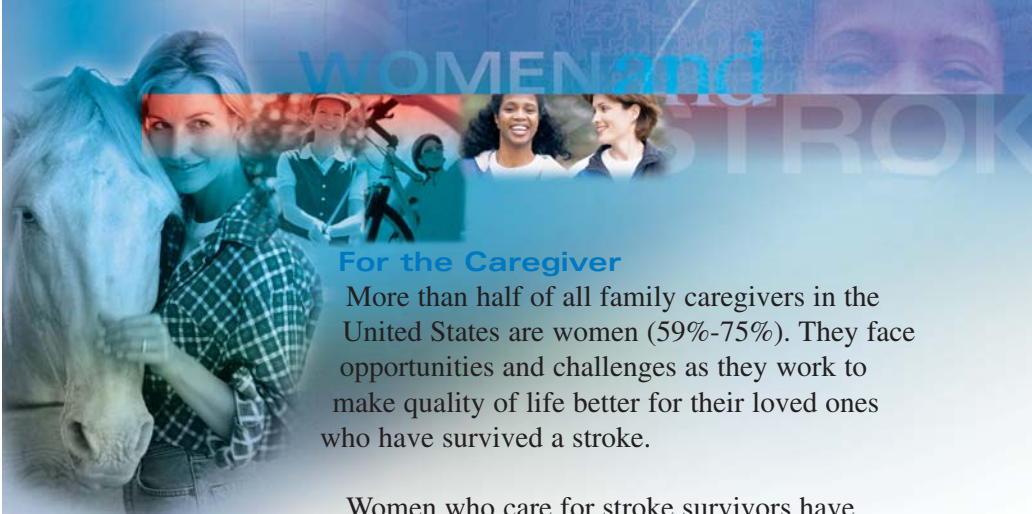
Physiatrists and rehabilitative neurologists – who specialize in physical medicine and rehabilitation and determine the level of disability, monitor health and treat any complications of stroke.

Rehabilitation nurses – who assist patients to make rehabilitation part of the daily routine and help teach family members about stroke-related disabilities, medications and other treatments.

Psychologists, social workers and case managers – who counsel patients with emotional and re-adjustment issues and provide support, information and community resources.

Physical, occupational and recreation therapists and speech-language pathologists – who work directly with stroke survivors and their caregivers to address needs in physical, communication, thinking and swallowing abilities and to reintroduce leisure and social activities back into a survivor's life.

Ophthalmologists or optometrist – who diagnose and treat specific problems with blurred vision, partial or complete loss of sight. Different types of vision therapy are available to retrain, strengthen, or sharpen vision following stroke.



For the Caregiver

More than half of all family caregivers in the United States are women (59%-75%). They face opportunities and challenges as they work to make quality of life better for their loved ones who have survived a stroke.

Women who care for stroke survivors have special challenges including:

- > Coping with emotional/behavioral changes
- > Learning to accept and address communication difficulties
- > Accepting possible physical limitations
- > Advocating for rehabilitation and other health services
- > Dealing with changes in home environment and day-to-day responsibilities

Caregiving can be overwhelming

There are steps caregivers can take to make the transition from hospital to home easier on everyone:

- > Try to encourage as much independence as possible
- > Allow your loved one to make decisions
- > Support participation in leisure activities
- > Try to take an occasional break from caregiving
- > Ask for help from family, friends or community organizations

Stroke recovery is a life-long process filled with achievements and setbacks. Take the good with the challenging and embrace life with your loved ones.

Both survivors and caregivers can take advantage of community resources to improve their emotional well-being and overall wellness.

Get acquainted with the community organizations in your area or refer to the back of this booklet for national resources for support and information.

Each box that applies to you equals 1 point. Total your score at the bottom of each column and compare with the stroke risk levels on the back.

Risk Factor	High Risk	Caution	Low Risk
Blood Pressure	> 140/90 or I don't know	120-139/80-89	<120/80
Cholesterol	>240 or I don't know	200-239	<200
Diabetes	Yes	Borderline	No
Smoking	I still smoke	I'm trying to quit	I am a non-smoker
Atrial Fibrillation	I have an irregular heartbeat	I don't know	My heartbeat is not irregular
Diet	I am overweight	I am slightly overweight	My weight is healthy
Exercise	I am a couch potato	I exercise sometimes	I exercise regularly
I have stroke in my family	Yes	Not sure	No

Score (each box=1)



National Stroke Association

CORPORATE ALLIANCE BOARD

Stroke Risk Scorecard

TO REDUCE YOUR RISK FOR STROKE:

1. Know your blood pressure. If high, work with your doctor to lower it.
2. Find out from your doctor if you have atrial fibrillation.
3. If you smoke, stop.
4. If you drink alcohol, do so in moderation.
5. Find out if you have high cholesterol.
If so, work with your doctor to control it.
6. If you are diabetic, follow your doctor's recommendations carefully to control your diabetes.
7. Include exercise in the activities you enjoy in your daily routine.
8. Enjoy a lower sodium (salt), lower fat diet.
9. "Ask your doctor" how you can lower your risk of stroke.
10. **KNOW THE SYMPTOMS OF STROKE.**

If you have any stroke symptoms, seek immediate medical attention.

Symptoms include:


- Sudden numbness or weakness of face, arm or leg - especially on one side of the body.
- Sudden confusion, trouble speaking or understanding.
- Sudden trouble seeing in one or both eyes.
- Sudden trouble walking, dizziness, loss of balance or coordination.
- Sudden severe headache with no known cause.


**If you have experienced any of these symptoms, you may have had a TIA or a stroke
— call 911 immediately!**


1-800-STROKES

1-800-787-6537

www.stroke.org

 If your RED score is 3 or more, please ask your doctor about stroke prevention right away

 If your yellow score is 4-6, you're off to a good start. Keep working on it!

 If your green score is 6-8, congratulations! You're doing very well at controlling your risk for stroke!