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From the WCMS: Stroke facts and prevention

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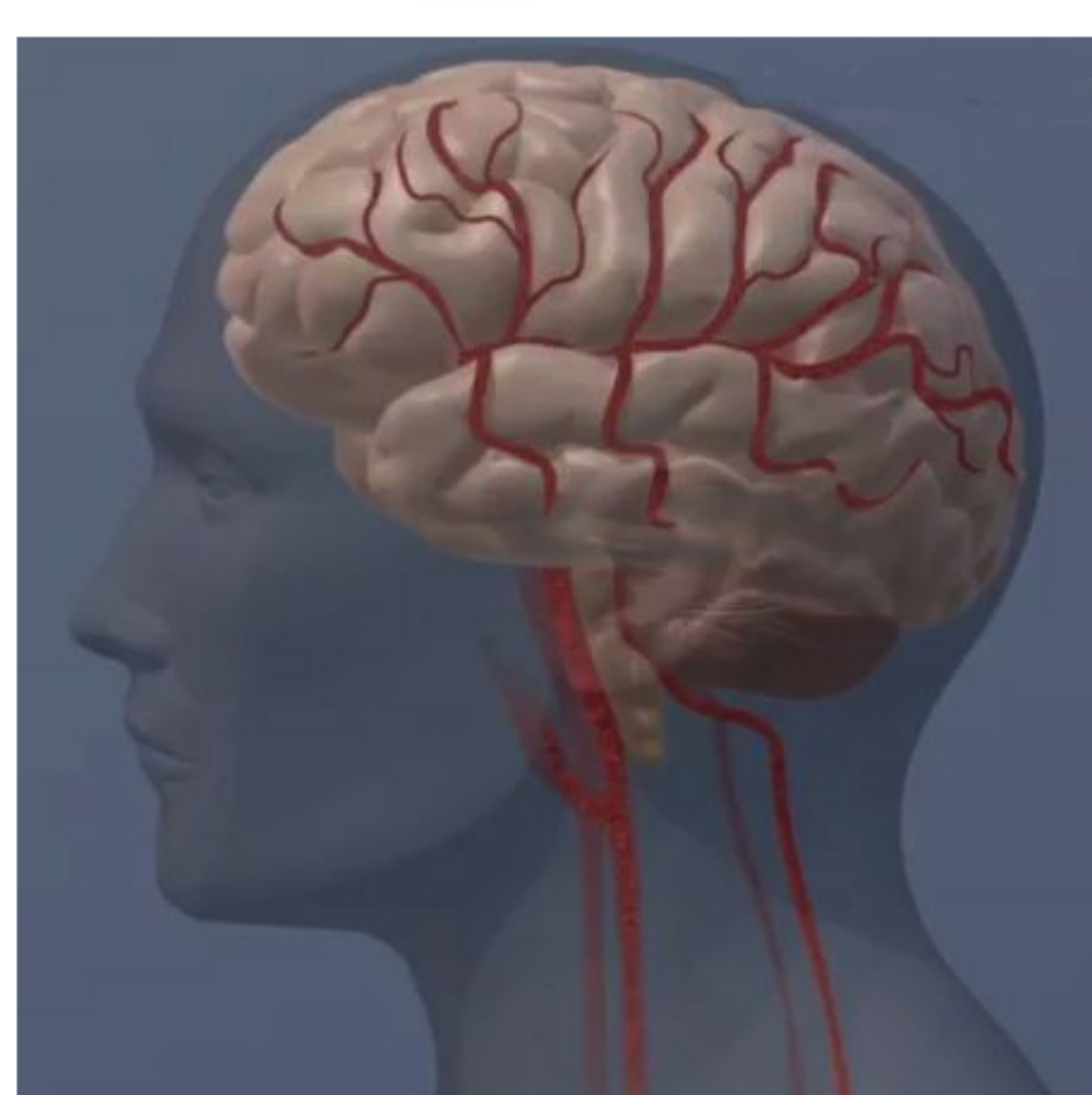
By Alex Schneider and Jennifer Jones on 05/10/2013 06:00 AM

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Stroke 101

Stroke is a potentially devastating and life threatening sudden illness. Stroke involves injury to the brain from disease in blood vessels that lead to or are in the brain. When a stroke occurs brain cells (neurons) are damaged and can die from lack of oxygen and nutrients that the blood vessels normally deliver. Stroke is a very serious illness and is the number one cause of adult disability in the US. It is also the fourth leading cause of death.

There are two main types of strokes. The first and most common type of stroke is called ischemic stroke. This occurs when a blood vessel (artery) develops a blockage or clot within it that cuts off the necessary oxygen and nutrients to that part of the brain. Depending on the location within the brain, a stroke victim may develop symptoms such as sudden weakness or numbness on one side of the body, sudden loss of speech, sudden loss of vision, or sudden inability to walk or coordinate movement.

The second type of stroke happens when there is bleeding in or around the brain due to disease of the brain blood vessels (arteries). These types of strokes are called hemorrhagic stroke. Bleeding within or around the brain causes direct injury to the brain cells (neurons) as well starves them of necessary oxygen and nutrients. The causes of hemorrhagic stroke vary and include ruptured aneurysms. Aneurysms are weakened areas along the artery wall that causes a ballooning out of the wall that could then eventually break open..

Stroke has a huge impact on individuals, their families, and the community at large with the risk of dying being 10-50 percent depending on the type of stroke. As many as 60 percent end up with some form of long-term disability. Costs for stroke care include medical treatment as well as long-term rehabilitation needs for those who survive and are disabled. Furthermore, indirect costs such as lost time from work add to the overall burden of stroke. Estimates for the cost of stroke in the US approximate \$40 billion annually. Prevention is the best strategy for stroke. However, treatment is available in many cases.

Ischemic stroke treatment is directed at restoring blood flow to the area of suffocating brain by opening up blocked arteries. "Time is brain:" the sooner the blockage is opened the more likelihood the treatment will be beneficial. You should view stroke as an emergency with your best treatment options given within the first 3 hours of stroke onset. Beyond 3 hours your treatment options become limited. Alteplase, also known as t-pa (tissue-plasminogen activator), is a clot-busting drug given intravenously over one hour. Another treatment involves catheters inserted into the groin artery and advanced from within to the arteries of the brain where the blockage can then be visualized. From there, specialized catheters are used to remove the clot and restore blood flow.

Hemorrhagic stroke requires a different approach to treatment. Many cases are managed by focusing on preventing complications and aggressive, early rehabilitation. However, in some instances surgical removal of a brain hemorrhage is necessary and requires the expertise of Neurosurgeons who are available at Mission Hospital. Aneurysm care is initially focused on performing procedures that lower the risk of further rupture and bleeding of the aneurysm.

In all cases, a comprehensive team of dedicated health professionals is required to care for ischemic and hemorrhagic stroke patients. Mission Hospital is the only hospital in western North Carolina to offer these comprehensive stroke services. The Mission Stroke Program also offers telehealth services to extend the reach of stroke specialists to assist with other emergency departments (ED) in the area to make critical stroke treatment decisions. This is performed through a remote robotic platform where a stroke specialist in Asheville controls a robot with audio-visual capability stationed in a remote ED. This means that the stroke specialist at Mission can thoroughly examine the patient without having to be on site. This has allowed smaller hospitals in western NC to receive specialized stroke services that would otherwise be unavailable.

Dr. Alex Schneider is a stroke specialist Neurologist and Medical Director of Mission Neurology and the Mission Stroke Program. After medical school at the University of Kentucky, he completed his Neurology residency at the University of Washington and a stroke fellowship at the University of Cincinnati. Dr. Schneider has had numerous publications regarding stroke and remains active in stroke research clinical trials. He has been part of the Asheville community since 2004 and is a member of the Western Carolina Medical Society.

Know the signs, know your risk factors

A stroke describes an injury to the brain from reduced blood flow. It can be caused by an artery (a large blood vessel) becoming clogged and blocking the flow of blood to the brain as well as by bleeding in the brain when a small blood vessel becomes weak. Strokes can result in permanent speech and language problems, vision loss, paralysis and difficulties walking, as well as death. Some risk factors can't be changed, but be aware of them so that if you are at higher risk, you can work to change those risk factors over which you do have control. Risk factors you can't change include getting older (if you're older than 55, you're at a greater risk for stroke), being African American and having a family history of stroke. Fortunately, you can address and control many additional risk factors for stroke.

The No. 1 risk factor for stroke that you can change is high blood pressure. Patients often do not know that high blood pressure is present because it does not have clinical symptoms associated with it and that is why it is known as "the silent killer." Ask your doctor to check your blood pressure on a regular basis. If you show high blood pressure over time (more than 140/90), then ask your doctor to treat it. Some of the same risk factors that lead to risks of heart attack are also related to risks of stroke. For example, did you know that cigarette smoking doubles the risk of stroke? If you are a smoker and you quit right now, your risk of stroke will decrease by 50 percent in the next year.

Another risk factor is high total cholesterol. Cholesterol is a fatty substance made by the body and found in some foods. There are two types of cholesterol and the LDL (low density lipoprotein) is the kind most associated with clogging arteries and stroke risks. The HDL (high density lipoprotein) is considered protective and higher HDL levels can be achieved through increased physical activity and exercise. Total cholesterol levels less than 200 can be associated with an increased stroke risk. Ask your doctor to check your cholesterol levels on a regular basis. If you have consistently high cholesterol, you can lower your levels by changing your diet —such as avoiding meat, eggs and cheeses — and through exercise. Sometimes diet and exercise just aren't enough. In that case, prescription medications such as statin drugs can help to decrease cholesterol levels.

One very important measure that can help prevent the permanent neurological injury associated with this a "mini-stroke." This is when the symptoms of a stroke occur but then resolve on their own. These can include symptoms of weakness or numbness of one side of the face, arm or leg, trouble speaking or understanding speech, confusion and vision loss. These symptoms can last from 5 minutes up to a full day. If this happens to you, immediately see your doctor. Even if your symptoms have resolved, see either your primary care physician or a local urgent care or emergency room. It is most unfortunate when a person had this kind of warning and opportunity to prevent a stroke but did not recognize the symptoms as an important warning sign. Even if the symptoms completely resolve, anyone who suffers transient neurological symptoms suggestive of a stroke should seek immediate evaluation. A prompt evaluation may mean the difference between permanent disability and remaining independent and functioning.

Dr. Jennifer Jones is a full-time general neurologist with Mission Neurology Associates and is also a member of the Western Carolina Medical Society. She attended medical school at the West Virginia School of Osteopathic Medicine with residency and fellowship training at the University of Connecticut and Emory University, respectively. She and her husband have been in Asheville for 7 years and find it a wonderful place to raise their children.

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