

Life after your stroke

Practical tools and techniques
to help you lead a fulfilling life



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Introduction

A lot can change after a stroke. You may be faced with some life changes, whether it be in your bodily function, your independence, your ability to think and communicate and in your relationships with people. You can still live a fulfilling life.

In this booklet you will find some information to increase your understanding of stroke as well as some tools and techniques to improve your health and wellbeing during your recovery.

While this information may help you, it is not a substitute for medical advice and it is important for you to maintain an ongoing relationship with your doctor, any medical specialists you may have, and any other health professionals that are within your medical team.

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Understanding your stroke

Your brain is an organ that helps to control different functions throughout your body such as thought processes, movement, communication and receiving sensory messages (such as sight, smell or touch).

Different parts of the brain control different functions, so to keep all these functions working properly, blood needs to be able to circulate through all parts of the brain to deliver oxygen and nutrients.



A stroke happens in one of two ways:

1. When there is a blockage of an artery (a type of blood vessel) in your brain, which restricts blood flow to parts of the brain; or
2. When there is a rupture or break in the wall of an artery in your brain, which causes bleeding in the brain.

Blocked artery (causing Ischaemic Stroke)

Over time, and as a result of some lifestyle factors, the walls of arteries can become damaged and narrow due to the build-up of fatty materials, called plaque.

When a section of plaque breaks away, blood cells and other parts of the blood stick to the damaged area and form blood clots or blockages. Strokes that are caused by a clot or an entire blockage in an artery are called ischaemic strokes. There are two types of ischaemic strokes: embolic stroke and thrombotic stroke.

An embolic stroke occurs when a blood clot forms somewhere in the body (often in the heart) and moves to a smaller blood vessel in the brain where it gets stuck and stops blood flow.

A thrombotic stroke occurs when an artery which supplies the brain becomes narrower due to a plaque formation, until it eventually stops blood getting through.

Bleed in the brain (causing Haemorrhagic Stroke)

Over time, or as a result of some long standing factors such as high blood pressure and cerebral aneurysms, weakening can occur in the blood vessels of the brain.

Haemorrhagic strokes are caused by a rupture or break in the wall of an artery supplying the brain. When there is a break, blood begins to leak into the brain, which stops the delivery of oxygen and nutrients.

One in five strokes are haemorrhagic strokes¹ and there are two types, named according to their location: intracerebral haemorrhage and subarachnoid haemorrhage.

An intracerebral haemorrhage is bleeding that occurs within the brain tissue. This is often as a result of an artery bursting in the brain due to high blood pressure.

A subarachnoid haemorrhage is bleeding that occurs on the surface of the brain between the closest membrane layer to the brain and the second closest layer (there are three layers in total).



MEDICAL TERMS YOU MIGHT HEAR

Ischaemic Stroke: the type of stroke that happens when there is a blockage or clot that occurs in a blood vessel supplying the brain

Embolic Stroke: a type of ischaemic stroke that occurs when a clot travels from another part of the body (usually the heart) and get stuck in a blood vessel in the brain, stopping blood flow

Thrombotic Stroke: a type of ischaemic stroke that occurs when a clot forms in a blood vessel supplying the brain and eventually stops blood from getting through

Aneurysm: a bulge in the wall of a blood vessel, as a result of a weakness in the wall

Haemorrhagic Stroke: the type of stroke that happens when there is a rupture in the wall of an artery supplying the brain, causing blood to leak into the brain

Intracerebral haemorrhage: a type of haemorrhagic stroke that happens when bleeding occurs within the brain tissue

Subarachnoid haemorrhage: a type of haemorrhagic stroke that happens when bleeding occurs on the surface of the brain

Transient Ischaemic Attack (TIA): a 'mini stroke' whereby the signs of a stroke are present but go away within 24 hours

Mini strokes (Transient Ischaemic Attack or 'TIA')

A mini stroke, which is medically termed as a Transient Ischaemic Attack or 'TIA' is characterised by the signs of stroke which are present, but go away within 24 hours. The causes and symptoms of a TIA are similar to those of a stroke and should not be ignored. Having a TIA puts you at greater risk of having a major stroke, so it is important to receive medical investigation and treatment immediately to reduce the risk of any further complications.

Every stroke is different. This is because depending on the location of the stroke, as well as its severity, different brain functions will be affected.



It is important not to ignore a TIA.

Approximately 1 in 5 people who experience a TIA will have a major stroke within the next 3 months. The risk of this is highest in the first few days of a TIA.

TIA's require emergency investigation and treatment.

4 OUT OF 5 STROKES ARE ISCHAEMIC STROKES¹

What risk factors can cause a stroke?

There are many risk factors that can contribute to strokes. There are some factors which you cannot change, but many that you can.

Some risk factors you cannot change

Age

As you get older, your risk of having a stroke increases.

Gender

Men are at higher risk of stroke compared with women.

Family history

Both the risk of stroke and risk factors for stroke (such as high blood pressure and high cholesterol) are strongly linked to family history.

Other medical risk factors

Having certain conditions such as fibromuscular dysplasia (a condition where some blood vessels grow abnormally) and atrial fibrillation (an irregular pulse) can increase your risk of stroke, but can be controlled with certain medications and in some cases with medical procedures.

Some risk factors you can change

High blood pressure

High blood pressure or 'hypertension' is the leading preventable risk factor. Having persistently high blood pressure levels can speed up the build-up of fatty deposits onto the artery walls, which can then block the blood flow in arteries – including ones that supply the brain. Consistently high blood pressure can also weaken the walls of arteries, which can lead them to burst.

Smoking

Both active smoking and being exposed to second-hand smoke increases your risk of having a stroke. This is due to the fact that it reduces the amount of oxygen in your blood and damages blood vessel walls which can increase the chance of blood clots forming in the arteries of the brain and heart.

Overweight or obesity

Carrying too much body weight can increase your risk of developing high blood pressure, diabetes and atherosclerosis.

High cholesterol

High cholesterol can contribute to the fatty deposits on the walls of an artery, which can restrict the blood flow to the brain, or dislodge and block an artery in the brain.

Diabetes

Diabetes occurs as a result of the body's poor ability to regulate blood glucose levels (i.e. blood sugar levels), which over time can damage arteries.

Physical inactivity

Being physically active and reducing too much sedentary behaviour can reduce your risk of developing high blood pressure, high cholesterol and becoming overweight or obese.

Unhealthy eating habits

Having a diet that is consistently high in saturated or trans fats and high in sodium (salt) can increase your risk of a stroke. Eating a varied diet of healthy foods can help with your weight, blood pressure and cholesterol.

Drinking too much alcohol

Drinking large amounts of alcohol (six or more standard drinks per day) increases your risk of stroke.

STROKE IS ONE OF AUSTRALIA'S BIGGEST KILLERS AND A LEADING CAUSE OF DISABILITY², BUT **80% OF STROKES CAN BE PREVENTED**³

Go to page 11 to find out more about how you can control your risk factors by making simple lifestyle changes.

WHAT IS HIGH BLOOD PRESSURE?

Blood pressure is a measurement of the force of your blood pushing against the side of your blood vessels. It is measured in two numbers: the systolic blood pressure and the diastolic blood pressure.

Let's take the example blood pressure reading of 120/80:

Systolic pressure

In this example, the systolic pressure is 120. This represents the force that blood is pushing against the sides of your blood vessels when the heart pumps or contracts.

Diastolic pressure

In this example, the diastolic pressure is 80. This represents the force that blood is pushing against the sides of your blood vessels when the heart is relaxed in between beats.

Blood pressure risk classification

A blood pressure of 120/80 is considered normal. If your blood pressure is consistently over 140/90, you have high blood pressure.



MEDICAL TERMS YOU MIGHT HEAR

Atherosclerosis: a term to describe when the inside of your arteries becomes clogged with fatty material called 'atheroma' or plaque



ASSESSING A HEALTHY WEIGHT

These goals are a general guide. Work with your doctor to set your personal healthy weight goal.

BODY MASS INDEX (BMI)

How to measure BMI

$$\text{Weight (kg)} \div \text{Height (m}^2\text{)} = \text{BMI}$$

For example, a 75kg person with a height of 1.75m:

$$75 \div (1.75 \times 1.75) = 24.5 \text{ BMI}$$

Risk Classification

BMI	Classification	Risk
Less than 18.50	Underweight	Low*
18.50 – 24.99	Normal range	Average
25.00 – 29.99	Overweight/Preobese	Increased
30.00 – 34.99	Obese Class 1	Moderate
35.00 – 39.99	Obese Class 2	Severe
40.0 or greater	Obese Class 3	Very severe

* Risk of other clinical problems increased

WAIST MEASUREMENT

How to measure your waist

STEP 1

Using a tape measure, wrap around your waist at the halfway point between the top of your hips and your lowest ribs

STEP 2

Breathe out normally and make sure the tape is directly against skin, without pulling in too tight

Risk Classification

Waist	Risk
Less than 80cm	Average
80 – 88cm	Increased
Greater than 88cm	Greatly increased
Less than 94cm	Average
94 – 102cm	Increased
Greater than 102cm	Greatly increased

EVERY 9 MINUTES AN AUSTRALIAN WILL HAVE A STROKE⁴

Understanding your stroke

What are the signs of a stroke?

Stroke is one of Australia's biggest killers and a leading cause of disability². It is important to be familiar with the symptoms of a stroke and call an ambulance as soon as possible.

The Stroke Foundation recommends the F.A.S.T. test as an easy way to remember the most common signs of stroke.

Recognise **STROKE** Think **F.A.S.T.**

F Has their **FACE** drooped?

A Can they lift both **ARMS**?

S Is their **SPEECH** slurred and do they understand you?

T Call 000. **TIME** is critical.

If you see any of these symptoms **Act FAST call 000**

Stroke FOUNDATION

Facial weakness, arm weakness and difficulty with speech are the most common symptoms or signs of stroke, but other signs of stroke may be:

- Weakness, numbness or paralysis of the face, arm or leg on either or both sides of the body
- Difficulty speaking or understanding
- Dizziness, loss of balance or an unexplained fall
- Loss of vision, sudden blurring or decreased vision in one or both eyes
- Headache, usually severe and abrupt onset or unexplained change in the pattern of headaches
- Difficulty swallowing.

These signs can appear alone or in combination. When symptoms disappear within 24 hours, this may be a mini stroke or Transient Ischaemic Attack (TIA).

If you are rushed to hospital with a suspected stroke, your health care team will do some tests to confirm the diagnosis and determine which treatment is best for you. They may include:

Brain scan

Computer Tomography (CT) or Magnetic Resonance Imaging (MRI) are tests that can tell you what type of stroke you have had and its location.

Heart tests

An Electrocardiogram (ECG) records the electrical activity of your heart. It can help to detect heart disease or abnormal heart rhythms. Sometimes an echocardiogram (a type of ultrasound) is performed to check for a clot or enlargement in one of the chambers of your heart.

Blood tests

When you have a stroke, your body releases substances in your blood. Blood tests can measure the levels of these substances and show if, and how much of, your brain has been damaged. In addition to this, your clotting ability, blood fats (such as cholesterol) and other minerals are also measured.

Neurological tests

Ultrasounds, Magnetic Resonance Imaging (MRI) or angiogram (dye test) look for blockages or narrowing of the main arteries in your neck which supply the brain (carotid artery).

Other tests

Regular observations will be taken to monitor your blood pressure, heart rate, oxygen levels and blood sugar levels. Certain tests such as urine tests or chest X-rays may also be done to check for infections.

Treating your stroke

When you have a stroke, you will receive treatments, medications and advice to improve your future outcomes. While not a complete list, here are some of the ways you could be treated for a stroke.



MEDICAL TERMS YOU MIGHT HEAR

Carotid Artery: the main arteries located on either side of the neck which supply blood to the brain and neck

Procedures and surgery

To reduce your risk of another stroke, you may need to have a procedure to improve blood flow to the brain such as:

Carotid endarterectomy and stent implantation

A procedure where fatty deposits or 'plaque' are removed from a section of the carotid artery which is narrowed, causing reduced blood flow to the brain. This procedure is useful for those who have severely blocked arteries, rather than fully blocked arteries. In some cases, a tiny tube called a stent may be used to keep the artery open.



Take your medicines as prescribed by your doctor. Discuss any possible side effects, and how to reduce them. To do this, establish good routines and plan ahead with any disruptions in your normal routine.

Medications

For those who have suffered from an ischaemic stroke, early treatment may be performed within the first few hours of the stroke to minimise damage. While not an exhaustive list, here are some of the most common medications that may be used when treating a stroke:

- Thrombolysis: a procedure where a clot-busting drug called rt-PA is used to break down blood clots. This helps to reduce narrowing and blockages in blood vessels, which improves blood flow to the brain
- Antihypertensives: blood pressure lowering agents (e.g. ACE inhibitors or Angiotensin II receptor antagonists 'ARA') which work by stopping the production of chemicals in your body that constrict blood vessels. This helps to manage blood pressure and reduce the risk of stroke
- Anti-clotting agents: anti-platelet agents (e.g. aspirin, clopidogrel, dipyridamole and ticlopidine) or anti-coagulants (e.g. warfarin and heparin) which act to thin your blood and stop clots
- Antihyperlipidaemic agents: lipid lowering agents (e.g. statins) which help to lower cholesterol levels
- Diuretic agents: these remove excess fluid and salt from the body to help lower blood pressure.

Recovering after your stroke

CLOSE TO **470,000** AUSTRALIANS ARE LIVING WITH THE IMPACT OF STROKE⁴

Seeing your doctor

It is important for you to see your family doctor after you are discharged from hospital. They will be an important person in helping you manage your health in the future and to help reduce your risk of further problems.

To help them give you the best advice, it is important to provide them with as much information as possible including:

- Your list of prescribed medications
- Your discharge notes
- Any results from tests taken in hospital.

Attending a rehabilitation program

After you have had your stroke, you may be referred to a stroke rehabilitation program. This medically-supervised program will help you regain skills and adopt coping techniques for any change in function, in order to maximise your quality of life and reduce the risk of further problems.

A stroke rehabilitation program can help you, your family and your friends tackle any associated physical, emotional, psychological, sexual and work-related issues. It can include:

- Individual assessment and risk factor modification
- Tailored exercise programs
- Education and counselling
- Behaviour modification strategies
- Support for self-management, including taking prescribed medications.

The medical team can involve a range of health care professionals including doctors, nurses, occupational therapists, physiotherapists, dietitians, speech pathologists, psychologists, and social workers.

Participating in a stroke rehabilitation program will improve your quality of life, increase your chance of survival and reduce your risk of rehospitalisation.

"After a stroke, you're thrown into the deep end and left with uncertainty of what's going to happen next – whether it be in your physical health, your relationships, your financial situation, or your career.

"Taking part in a rehabilitation program played a pivotal role in my stroke recovery journey. My health care team brought a sense of certainty to my recovery and recognised my potential. With this support, I gained the confidence to achieve things beyond what I thought were possible after my stroke."
–William Lo



COMMON EFFECTS AFTER A STROKE

There are a range of problems that you might experience after having a stroke. These will depend on the location and severity of the stroke. Every stroke is different so you may experience one or more of the following dysfunctions, or you may have other dysfunctions that are not listed below.



Difficulty in controlling and coordinating **movements** (e.g. sitting and standing, or using cutlery)



Weakness on one side of the body



Difficulty recognising one side of the body, also known as '**neglect**'



Difficulty in **communicating** (e.g. talking and reading and writing comprehension)



Problems with **cognition**, such as memory, poor attention and solving everyday problems



Difficulty in **talking**, due to weakness in facial muscles that control speech



Problems with **vision** and depth perception (i.e. knowing how close something is)



Changes in **sensation** such as numbness and the ability to feel pain, temperature or touch



Problems with **incontinence** including bladder control and controlling bowel movements



Difficulty in **swallowing**, due to weakness in facial muscles that control the swallowing reflex



Pain, often associated with the side of the body that experienced the stroke



Loss of **appetite**



Problems with or loss of **sexual function**, including disinterest in or anxiety around sex as a result of any physical changes that result from stroke



Changes in **behaviour and personality**, including impulsive or inappropriate behaviour, lack of judgement and inability to control emotion (e.g. laughing or crying) regardless of emotion that you are actually feeling

Speak to your doctor about any side effects or dysfunction that you may be experiencing, so that they can help you to manage your condition appropriately

Recovering after your stroke

Eating well after your stroke

After having a stroke, you are at risk of poor nutrition.

This may be because of:

- Loss of appetite
- Swallowing problems
- Problems with arm and hand movements, which may affect how you feed yourself
- Problems with memory and thinking, which may cause you to forget how to eat.

If you are experiencing any difficulties in eating, it is important to speak to a dietitian to make sure you are getting the nutrients you require to improve your recovery. Your dietitian may suggest some particular foods, various portion sizes and in some cases, supplements that may help prevent poor nutrition.

SWALLOWING PROBLEMS

For some people, their swallowing can be affected after a stroke as a result of damage to the face, throat or neck muscles that control the swallowing reflex. This is called dysphagia.

Dysphagia can impact many functions such as drinking, chewing, controlling saliva and stopping food and fluid from going into the airway.

It is important to make sure that any swallowing problems are addressed to avoid choking, chest infections, malnutrition and dehydration. Many people who experience dysphagia after a stroke recover completely. In some cases it is permanent.

A speech pathologist can help to assess your swallowing ability and recommend some modified textures and thicknesses of food and fluid to help you swallow safely. A dietitian can make sure that you are getting enough nutrients in your body by assessing your diet.

If you have continued difficulty with swallowing, your medical team might suggest some other feeding solutions in the short or long term.



If you are experiencing any difficulties in eating, speak to an Accredited Practising Dietitian (APD) to make sure you are getting the nutrients you require to improve your recovery.

Visit www.daa.asn.au to find an APD that is right for you.



Other healthy eating habits that can reduce your risk of further strokes include:



Reducing your salt (sodium) intake

Too much salt in your diet may raise your blood pressure and therefore increase your risk of stroke. To lower your salt intake you can:

- Avoid adding salt to meals
- Limit highly processed foods like salty snacks, sauces, takeaway foods and processed meat
- Choose 'no added salt' or 'reduced salt' products
- Learn to check the nutritional panel on foods you buy. Salt is also called sodium. Aim for less than 4g of salt or 1600mg of salt per day.



Avoiding unhealthy fats

Unhealthy fats, known as saturated and trans fats can raise your cholesterol levels. You often find these types of fats in foods that contain animal fats, as well as in coconut and palm oil. To reduce your saturated and trans fat intake you can:

- Avoid butter, cream, lard, dripping
- Choose lean meats with little marbling (and choose to trim the fat) and skinless poultry
- Choose reduced or low fat dairy products such as milk, yoghurt and cheese
- Limit highly processed foods such as pastries, cakes, biscuits, crisps, fried and fast foods
- Avoid coconut oil and palm oil (and note that many blended vegetable oils contain high levels of palm oil).



Choosing heart healthy fats

Heart healthy fats, also known as unsaturated fats can help to regulate your cholesterol levels and reduce your risk of stroke. You can find these types of fats in plant based foods such as raw nuts, seeds (such as linseed, canola and sunflower), olives and avocado.

Make sure you don't eat too much if you are trying to maintain or lose weight. All fats, regardless of type are high in kilojoules.



Limiting your alcohol intake

The Australian Guidelines To Reduce Health Risks From Drinking Alcohol⁵ recommend no more than two standard alcoholic drinks per day.



Eating plenty of fruit and vegetables

The Australian Dietary Guidelines⁶ recommend that adults consume two serves of fruit and five serves of vegetables every day. This is because they contain:

- Antioxidants, which can help reduce damage to blood vessels. Make sure you choose a variety of colours in fruit and vegetables
- Fibre, which can help to lower cholesterol
- Folate (found in green leafy vegetables), which may reduce the risk of stroke
- Potassium, which can help control blood pressure.



Eating plenty of wholemeal or wholegrain breads and cereals

Wholegrain breads, cereals (such as oats), pasta and rice. This is because they contain:

- Fibre, which can help to lower cholesterol
- Folate, which may reduce the risk of stroke.



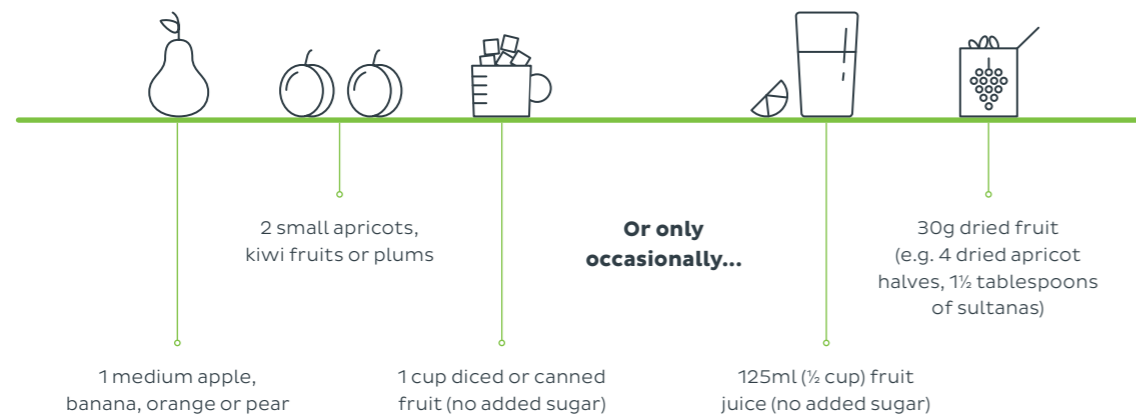
Drinking at least 8 – 10 cups of fluids

You should aim to drink 8 – 10 cups of fluid per day (this is unless you are on a fluid restriction). Water is the best choice. Getting the right amount of fluid is particularly important if you are only drinking thickened fluids (because of a swallowing problem).

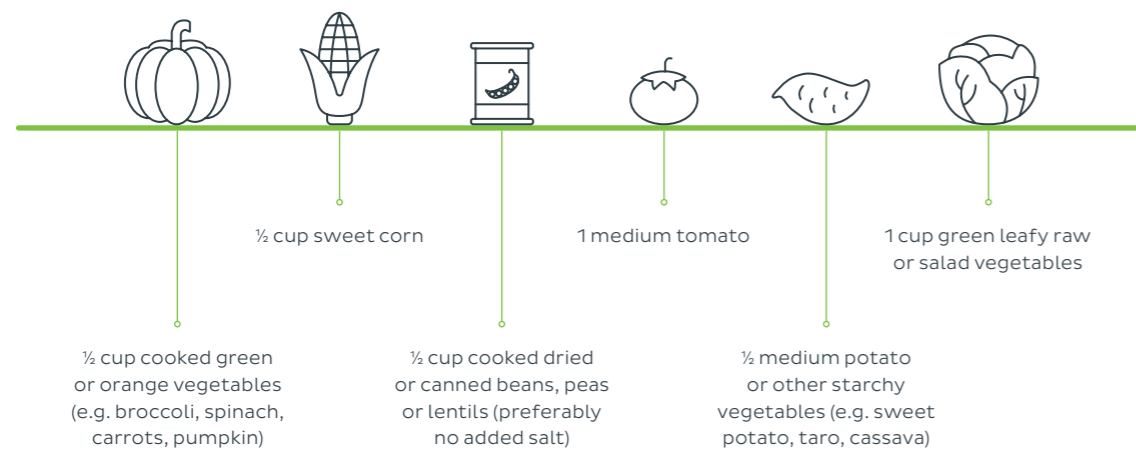


WHAT IS A STANDARD SERVE OF FRUIT OR VEGETABLES?

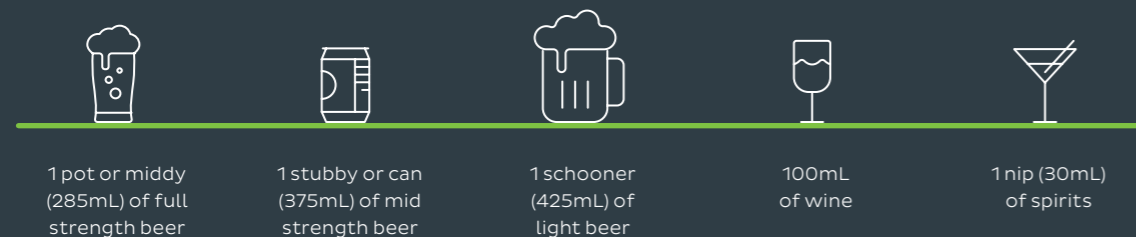
According to the Australian Dietary Guidelines (2013), one standard serve of fruit is about 150g (350kJ), or:



And one standard serve of vegetables is about 75g (100–350kJ), or:



WHAT IS A STANDARD DRINK?



Recovering after your stroke

Exercising after your stroke

Engaging in physical activity is an important part of your stroke recovery process and can reduce your risk of future strokes by helping to control your weight, cholesterol levels and blood pressure.

Exercise can also improve your mental health and help to improve your energy levels.

Because a stroke can affect different parts of the brain, it can change your ability to control some parts of your body because of weakness or paralysis.

It is important to remember that stroke affects the function of your brain, not the function of your arm, leg or other body part. The muscle is still intact, so exercise is important to make sure that you maintain the strength of your muscles.

Recovery can be a long process because you may have to retrain your brain. Most recovery happens in the first six months after your stroke, so it is important to practice movements as early as you can.

WHAT ABOUT SEX?

After a stroke, it is common to lose interest in sex in the short term, and it can take time for relationships to get back to normal. Some medication may have an effect on sexual function.

Most of these disruptions are temporary and most people can start to have sex soon after their stroke.

While there is often a lot of fear and hesitation due to problems with mobility, health, and self-esteem, there is no reason to fear that sex can trigger another stroke. Studies have shown that this is not the case.

Speak to your partner or doctor about your feelings and concerns and get answers to your questions from your trusted health professional.



TIPS FOR RECOMMENCING ACTIVITY

1 Have a full mobility assessment

It is important to assess your ability to move by looking at how you move your arms and legs and how well you can perform functions like standing, sitting and walking (with or without aids and assistance). This assessment is performed by a physiotherapist and provides them with a good baseline for what therapy they provide you in your recovery.

2 Start slow and build up

It is important that you reintroduce movement and physical activity as soon as possible after a stroke, and increase it gradually. Start with simple things like rolling over in bed, sitting, and standing, or short bouts of light walking. Make sure that you feel comfortable while exercising and that you are able to maintain a conversation without getting short of breath.

Over time, aim to build up to 30 minutes of moderate intensity activity on most or all days of the week. Physical activity doesn't have to be all in one go; it can be accumulated in shorter sessions of 10 minutes if required.

3 Talk to your doctor or physiotherapist

It is important to talk to your doctor or physiotherapist about increase the intensity of your work out, or starting a new exercise program

4 Keep up the good work

Once you have recovered it is important to continue doing regular physical activity. It may be difficult and frustrating but it is important to keep practicing activities that you have difficulty doing. Physical activity is an important part of your recovery, but also an important part of your life.



Recovering after your stroke

Managing your emotional health

A lot can change after a stroke. You may be faced with some changes in your independence, in your physical ability to move, in your ability to think and communicate, in your ability to work, and in your relationships with people.

It is therefore common to experience a range of emotions after you have had a stroke. These can range from anger, frustration, fear, gratitude and hope.

It is also common to experience depression and anxiety. In fact, up to two thirds of people who have had a stroke experience depression and anxiety at some point.

Emotions can come and go, but it is important to address depression and anxiety that lasts longer than two weeks. With the right treatment, most people recover from anxiety and depression.

UP TO **TWO THIRDS** OF PEOPLE WHO HAVE A STROKE EXPERIENCE DEPRESSION AND ANXIETY AT SOME POINT⁷

CARERS, FAMILY MEMBERS AND FRIENDS OF PEOPLE WHO HAVE A STROKE CAN OFTEN EXPERIENCE DEPRESSION AS WELL

What is depression?

Depression is more than just sadness or a low mood – it's a serious condition that can have severe effects on both physical and mental health. Depression is more common in the first year after a stroke. You may have difficulty functioning everyday and in the capacity that you used to.

While some of the following symptoms may be as a result of your stroke, they could indicate depression. If you have any of the following symptoms, talk to your doctor.

Have you:

- Lost or gained a lot of weight or had less or more appetite?
- Had sleep disturbance?
- Felt slowed down, restless or overly busy?
- Felt tired or had no energy?
- Felt worthless or felt excessively guilty?
- Had poor concentration, difficulties thinking or been very indecisive?
- Had recurrent thoughts of death or dying?

What is anxiety?

Anxiety is more than just feeling a bit stressed – it's a serious condition that can make it difficult to cope with day to day life.

While some of the following symptoms may be as a result of your stroke, they could also indicate anxiety. If you have any of the following symptoms, talk to your doctor.

Are you:

- Feeling very worried or anxious most of the time?
- Finding it difficult to calm down?
- Feeling overwhelmed or frightened by sudden feelings of intense panic or anxiety?
- Experiencing recurring thoughts that cause anxiety, but may seem silly to others?
- Avoiding situations or things which cause anxiety (e.g. social events or crowded places)?

Treating depression and anxiety

There are several different treatments that work for people with depression. These can vary between people. Treatment may include:

- Lifestyle changes: exercise, maintaining a healthy weight and reducing alcohol intake
- Psychological therapies, such as Cognitive Behavioural Therapy (a type of 'talking therapy') and/or medication. This can vary depending on any changes in your memory and communication ability.

Your doctor may refer you to a mental health specialist like a psychiatrist, psychologist or social worker to help you with your recovery.

- Psychiatrists are doctors who specialise in mental health. They can perform medical and psychological tests and prescribe medication. Some psychiatrists use psychological treatments like cognitive behavioural therapy (CBT) or integrated psychological therapy (IPT). Your doctor can refer you to a psychiatrist
- Psychologists, social workers and some occupational therapists specialise in providing non-medical psychological treatment for depression and other related disorders. You can claim a rebate for this treatment through Medicare. To do this your doctor or psychiatrist will have to refer you for this treatment.

DO I NEED TO TAKE MEDICATION?

If you are experiencing severe or long-standing depression, your doctor may advise you to take medications along with psychological treatments.

Because research suggests that depression is often linked with an imbalance of chemicals in the brain, these medications referred to as 'anti-depressants' can help restore this balance.

It may take a few weeks for the medication to start working.

As with any treatment, talk to your doctor before starting and stopping medications, and let them know about other medications or supplements that you are taking to make sure that they do not interfere with your treatment.

Recovering after your stroke

Other personality and behavioural changes

It is not uncommon for you to have behavioural changes and to think, feel and act differently after your stroke. These can include:

Irritability

Getting more impatient, annoyed or angry than usual.

Aggression

Behaving in a hostile or destructive manner which can include physical or verbal abuse.

Perseveration

Repeating or getting stuck doing certain actions or behaviours.

Apathy

You may feel indifferent or have a lack of interest about things that would have mattered to you before the stroke.

Emotional lability

Having sudden mood swings or uncontrollable emotions for no reason such as laughing or crying without feeling happy or sad.

Disinhibition

Finding it difficult to stop doing things that are socially inappropriate.

Impulsivity

Finding it difficult to control urges or act without thinking. Or doing things that are unsafe or inappropriate.



Finding extra support

Where to get help and advice about managing your stroke.



Stroke Foundation StrokeLine

StrokeLine's health professionals provide information and advice on stroke prevention, treatment and recovery. StrokeLine's practical and confidential advice will help you manage your health better and live well.

You can call StrokeLine or visit the website to access all the resources.

Help in other languages

You can speak to StrokeLine with the help of an interpreter by calling the Telephone Interpreter Service on 13 14 50.

A stroke information sheet is also available in languages other than English. These include Arabic, Chinese, Greek, Italian, Macedonian, Turkish and Vietnamese.

→ 1800 STROKE (1800 787 653)

→ strokefoundation.org.au



EnableMe

EnableMe is a free online resource and community for stroke survivors, their families and supporters.

It provides:

- Resources, fact sheets and videos on a wide range of practical topics impacting daily life after stroke
- A community forum to ask questions and share experiences with other stroke survivors, their families and carers who have 'been there'
- A tool to track personal goals to recovery
- Strokesaurus: an A to Z glossary to language used.

→ enableme.org.au

About TAL

TAL is Australia's leading life insurance specialist, protecting people – not things – for over 150 years. Today, we insure more than 5 million Australians and in 2022, reached a new milestone paying \$3.5 billion in claims.

At the heart of the claims experience is you. Our goal is to help you lead as healthy and full a life as possible and help you get back to health as quickly as possible, taking into account all of your circumstances: your physical health, your mental wellbeing and your social support.

TAL's focused on your health

Health and wellbeing is at the heart of what we do. From your physical and mental health, to your social and financial wellbeing – helping you be the best you can be is our number one priority.

We want all Australians to live a life as healthy and full as possible, because that's what living this Australian life is all about. Our focus on your health begins when your cover does. Working with you to keep you well and supporting your return to health, with a personalised plan should the unfortunate happen and you suffer an illness or injury.

Because your health and wellbeing is as important to us as it is to you.

References

1 Stroke Foundation 2017, *Types of Strokes*, accessed 1 July 2017. <https://strokefoundation.org.au/About-Stroke/Types-of-stroke> **2** Australian Institute of Health and Welfare 2014, *Australia's health 2014*, Australia's health series no. 14, Cat. no. AUS 178, Canberra: AIHW **3** O'Donnell, et al, Global and regional effects of potentially modifiable risk factors associated with acute stroke in 32 countries (INTERSTROKE): a case-control study *Lancet* 2016; 388: 761–75. Published Online July 15, 2016 – See more at: <https://strokefoundation.org.au/About-Stroke/Facts-and-figures-about-stroke#sthash.StpQKCFD.dpuf> **4** Stroke Foundation 2017, *No postcode untouched*, accessed 1 July 2017. <https://strokefoundation.org.au/About-Stroke/Facts-and-figures-about-stroke/No-postcode-untouched> **5** National Health and Medical Research Council (2009) *Australian guidelines to reduce health risks from drinking alcohol*. Canberra: National Health and Medical Research Council **6** National Health and Medical Research Council (2013) *Australian Dietary Guidelines Summary*. Canberra: National Health and Medical Research Council **7** Stroke Foundation 2017, *Depression and anxiety after stroke fact sheet*, accessed 24 April 2017. <https://strokefoundation.org.au/About-Stroke/Help-after-stroke/Stroke-resources-and-fact-sheets/Depression-and-anxiety-after-stroke-fact-sheet>

TAL Life Limited

GPO Box 5380 Sydney NSW 2001

Customer Service Centre:

1300 209 088 | customerservice@tal.com.au

tal.com.au

The TAL logo consists of the letters 'TAL' in a bold, green, sans-serif font. The 'T' and 'A' are connected at the top, and the 'L' is positioned to the right of the 'A'.