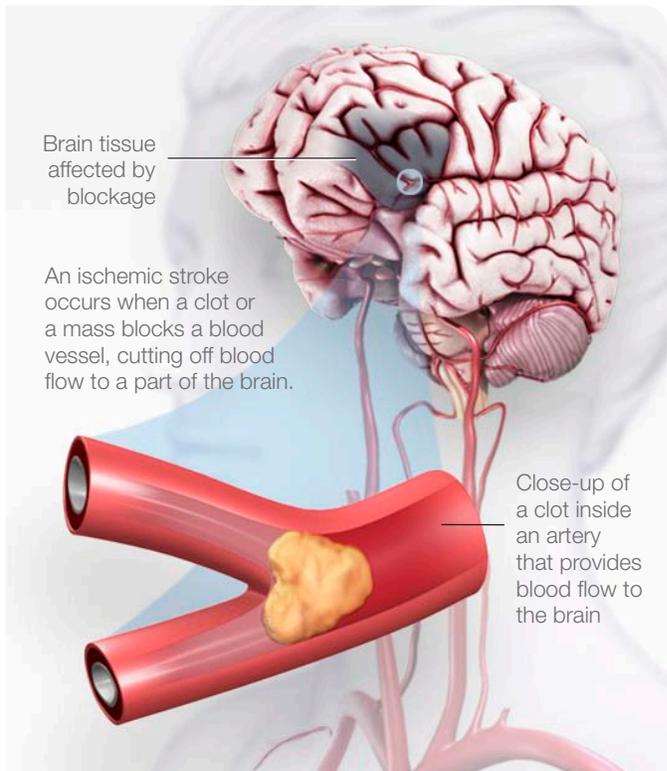




let's talk about

Ischemic Stroke

87% of strokes occur when blood vessels to the brain become narrowed or clogged with fatty deposits called plaque, cutting off blood flow to brain cells. A stroke caused by lack of blood reaching part of the brain is called an ischemic stroke. High blood pressure is the most important risk factor for ischemic stroke that you can change.



Are all ischemic strokes the same?

There are three types of ischemic strokes.

- **Thrombotic strokes** are caused by a blood clot (thrombus) in an artery going to the brain. The clot blocks blood flow to part of the brain. Blood clots usually form in arteries damaged by plaque.
- **Embolic strokes** are caused by a wandering clot (embolus) that's formed elsewhere (usually in the heart or neck arteries). Clots are carried in the bloodstream and block a blood vessel in or leading to the brain.
- **Systemic hypoperfusion** (low blood flow) happens when the heart's pumping action fails and too little blood reaches the brain. This is how a heart attack may cause a stroke.

How are ischemic strokes diagnosed?

When someone has shown symptoms of a stroke or a TIA (transient ischemic attack), a doctor will gather information and make a diagnosis. He or she will review the events that have occurred and will:

- get a medical history
- do a physical and neurological examination
- have certain laboratory (blood) tests done
- get a CT or MRI scan of the patient
- study the results of other diagnostic tests that might be needed

How are ischemic strokes treated?

Acute treatment is the immediate treatment given by the healthcare team when a stroke happens. The goal of acute treatment is to keep the amount of brain injury as small as possible.

The only FDA approved drug to treat ischemic stroke is tissue plasminogen activator (tPA). It is a clot busting drug. tPA must be given within 4.5 hours of the first symptoms of stroke. Medication may also be used to treat brain swelling that sometimes occurs after a stroke.

Preventive treatment may be given before or after a stroke happens. When someone has a stroke, they are at

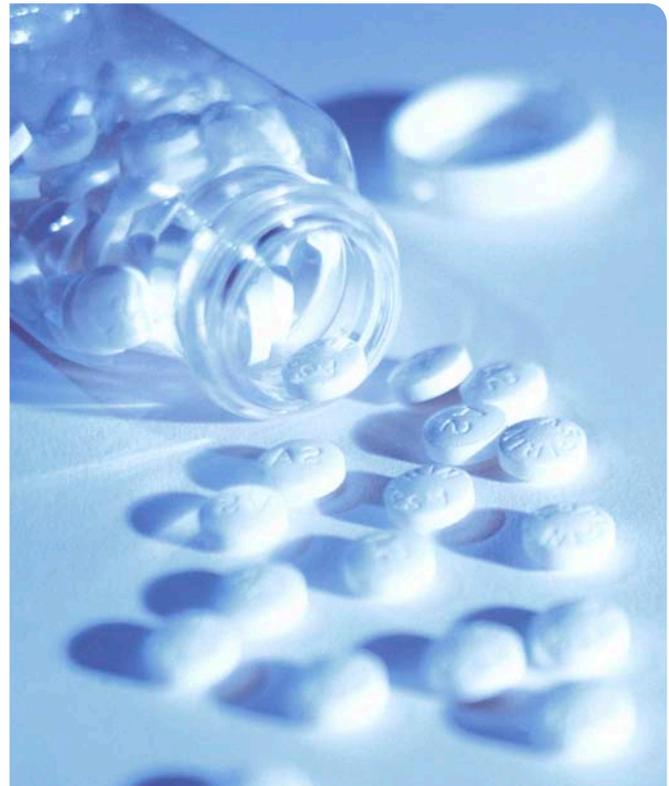
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risk of another. Once the medical team identifies what caused the stroke, they may prescribe treatments or procedures to reduce the risk of a second, such as:

- Antiplatelet agents such as aspirin and anticoagulants such as warfarin interfere with the blood's ability to clot and can play an important role in preventing stroke.
- Carotid endarterectomy is a procedure in which blood vessel blockage is surgically removed from the carotid artery in the neck.
- Doctors sometimes use balloon angioplasty and implantable steel screens called stents to treat cardiovascular disease and reduce fatty buildup clogging a vessel that may make it easy for clots to form in the bloodstream.

Sometimes a stroke is the first sign a person has of other health conditions, such as high blood pressure, diabetes or atrial fibrillation (a heart rhythm disorder). If any of these are diagnosed, the healthcare team will prescribe appropriate treatment.



Aspirin can play an important role in preventing stroke because it helps keep blood from clotting.

HOW CAN I LEARN MORE?

- 1** Talk to your doctor, nurse or other healthcare professionals. Ask about other stroke topics.
- 2** Call **1-888-4-STROKE** (1-888-478-7653) or visit us at **StrokeAssociation.org** to learn more about stroke.
- 3** Call the American Stroke Association's "Warmline" at **1-888-4-STROKE** (1-888-478-7653), and:
 - Sign up for *Stroke Connection*, a free magazine for stroke survivors and caregivers.
 - Talk to other stroke survivors and caregivers and find local support groups.

Do you have questions for the doctor or nurse?

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

What can I do to help prevent another stroke?

What medications may I be given?

My Questions:

We have many other fact sheets to help you make healthier choices to reduce your risk, manage disease or care for a loved one. Visit strokeassociation.org/letstalkaboutstroke to learn more.

Knowledge is power, so Learn and Live!



let's talk about

Risk Factors for Stroke

Knowing your risk factors is the first step in preventing stroke. You can change or treat some risk factors, but others you can't. By having regular medical checkups and knowing your risk, you can focus on what you can change and lower your risk of stroke.



What risk factors can I change or treat?

- **High blood pressure.** This is the single most important risk factor for stroke because it's the No. 1 cause of stroke. Know your blood pressure and have it checked at least once every two years. If it's consistently 140/90 or above, it's high. Talk to your doctor about how to manage it.
- **Tobacco use.** Tobacco use damages blood vessels. Don't smoke and avoid second-hand smoke.
- **Diabetes mellitus.** Having diabetes increases your risk of stroke because it can cause disease of blood vessels in the brain. Work with your doctor to manage diabetes.
- **High blood cholesterol.** High blood cholesterol increases the risk of blocked arteries. If an artery leading to the brain becomes blocked, a stroke can result.
- **Physical inactivity and obesity.** Being inactive, obese, or both, can increase your risk of cardiovascular disease.
- **Carotid or other artery disease.** The carotid arteries in your neck supply most of the blood to your brain. A carotid artery damaged by a fatty buildup of plaque inside the artery wall may become blocked by a blood clot, causing a stroke.
- **Transient ischemic attacks (TIAs).** Recognizing and treating TIAs can reduce the risk of a major stroke. TIAs produce stroke-like symptoms but have no lasting effects. Know the warning signs of a TIA and seek emergency medical treatment immediately.
- **Atrial fibrillation or other heart disease.** In atrial fibrillation the heart's upper chambers quiver rather than beating effectively. This causes the blood to pool and clot, increasing the risk of stroke. People with other types of heart disease have a higher risk of stroke, too.
- **Certain blood disorders.** A high red blood cell count makes clots more likely, raising the risk of stroke. Sickle cell anemia increases stroke risk because the "sickled" cells stick to blood vessel walls and may block arteries.

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- **Excessive alcohol intake.** Drinking an average of more than one drink per day for women or more than two drinks a day for men raises blood pressure. Binge drinking can lead to stroke.
- **Illegal drug use.** Intravenous drug use carries a high stroke risk. Cocaine use also has been linked to stroke. Illegal drugs commonly cause hemorrhagic strokes.

What are the risk factors I can't control?

- **Increasing age.** Stroke affects people of all ages. But the older you are, the greater your stroke risk.
- **Gender.** In most age groups, more men than women have stroke, but more women die from stroke.
- **Heredity and race.** People whose close blood relations have had a stroke have a higher risk of stroke. African Americans have a higher risk of death and disability from stroke than whites, because they have high blood pressure more often. Hispanic Americans are also at higher risk of stroke.
- **Prior stroke.** Someone who has had a stroke is at higher risk of having another one.



Age, gender, heredity and race are among the stroke risk factors that you can't control.

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For example:

What are my risk factors for stroke?

What are the warning signs of TIAs and stroke?

My Questions:

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