

# Patient and Family Stroke Education



Check out the Roper St. Francis Stroke Program website through the QR code provided: access to videos and stroke information

**Roper Hospital**

316 Calhoun Street  
Charleston, SC 29401

**Bon Secours St. Francis Hospital**

2095 Henry Tecklenburg Drive  
Charleston, SC 29414

**Mount Pleasant Hospital**

3500 North Highway 17  
Mt. Pleasant, SC 29466

**Berkeley Hospital**

100 Callen Blvd.  
Summerville, SC 29486

**Moncks Corner Medical Plaza**

730 Stony Landing Road  
Moncks Corner, SC 29461

**Roper Northwoods ER**

7832 Rivers Ave.  
North Charleston, SC 29406

**All locations have 24 Hour Emergency Rooms**

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## What is a stroke?

A stroke, sometimes called a “brain attack” happens when blood flow to an area of the brain is interrupted, causing brain cells to die. If not treated early, permanent brain damage can occur. There are two different kinds of stroke, **ischemic (blood flow blocked)** and **hemorrhagic (bleeding into brain)**.

## What are the signs and symptoms of a stroke?

Signs and symptoms depend on which part of your brain is injured and what damage the stroke has caused. One or more of the following may appear minutes or hours after a stroke, and get worse quickly:

### Quick or Sudden onset:

- Weakness and/or numbness of the face, arm or leg on one side
- Slurred speech
- Trouble talking or making sense of what others are saying to you
- Vertigo (room spinning)
- Blurred vision, double vision, or vision loss
- Severe headache with severe nausea and vomiting

# To spot a stroke, **BE FAST.**

*Every second counts. Know the signs.*

### BALANCE

**B**

Sudden loss of balance or coordination.

### EYES

**E**

Sudden trouble seeing out of one or both eyes.

### FACIAL PALSY

**F**

Sudden drooping on one side of the face.

### ARM DIP

**A**

Sudden weakness in one arm or leg.

### SPEECH

**S**

Sudden trouble with speech or understanding.

### TIME

**T**

Every second brain cells die. Time to call 911.

ROPER  ST. FRANCIS  
HEALTHCARE

[www.rsfh.com/stroke](http://www.rsfh.com/stroke)

## How can I tell if someone is having a stroke?

Know the **B.E. F.A.S.T.** test to recognize the signs of a stroke:

### **B = Balance:**

- Watch for sudden loss of balance.

### **E = Eyes:**

- Check for sudden side vision loss, blurred vision or double vision.

### **F = Face:**

- Ask the person to smile. Drooping on one side of the mouth or face is a sign of a stroke.

### **A = Arms:**

- Ask the person to raise both arms. One arm that slowly comes back down or cannot be raised is a sign of a stroke.

### **S = Speech:**

- Ask the person to repeat a simple sentence that you say first. Speech that is slurred or sounds strange is a sign of a stroke.

### **T = Time:**

- Call 911 if you see any of these signs. This is an emergency.

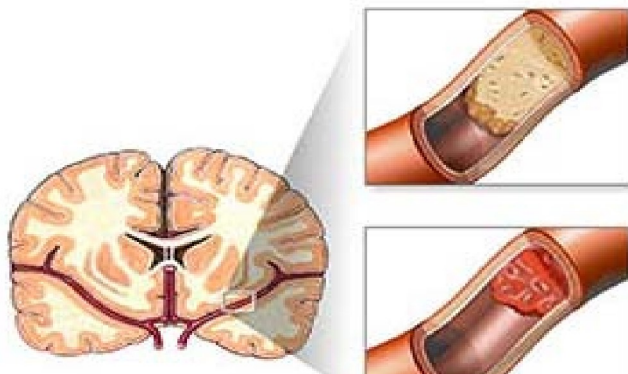
## What Should I do?

- **Call 911** right away, or have someone else call for any sign(s) of stroke.
- You must get to a hospital right away to be treated.
- Do **NOT** take an aspirin
- Do not drive yourself.
  - \* Even if you feel better in a few minutes or hours, you may have had a Transient Ischemic Attack or “warning stroke.”
  - \* Transient Ischemic Attacks place you at risk for a large or major stroke.



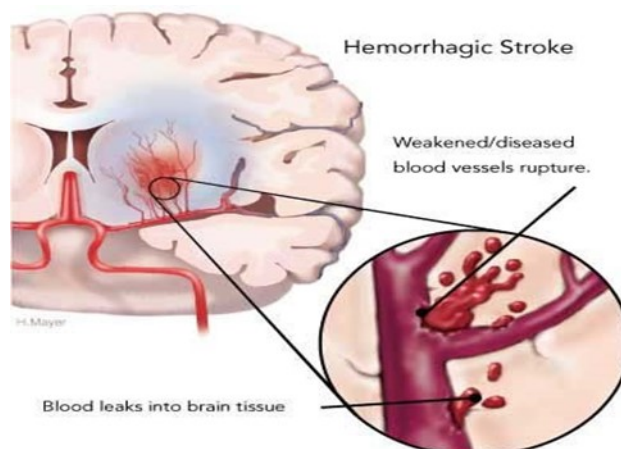
## Ischemic Stroke

**What is an ischemic stroke?** An ischemic stroke occurs when blood is suddenly blocked and cannot flow to your brain. The blockage may be caused by a blood clot or plaque build up (or both) that gets stuck in an artery. When oxygen cannot get to an area of the brain, tissue in that area may get damaged. The damage to an area of the brain causes loss of body functions controlled by that area.



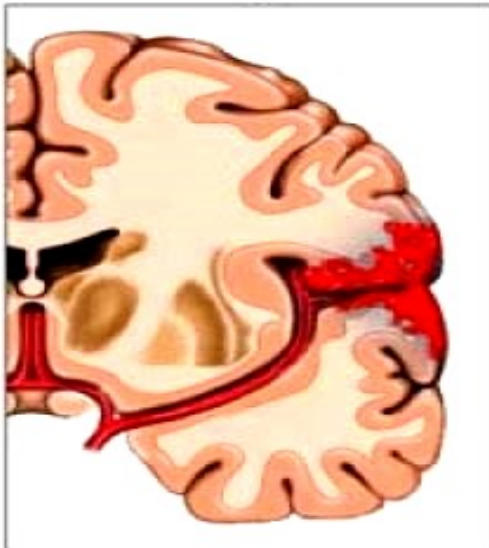
## Hemorrhagic Stroke

**What is a hemorrhagic stroke?** A hemorrhagic stroke happens when a blood vessel in your brain bursts. This may happen if the blood pressure is not controlled/too high or it can occur if the artery in the brain is weakened. Blood flows out of the vessel and damages brain tissue.



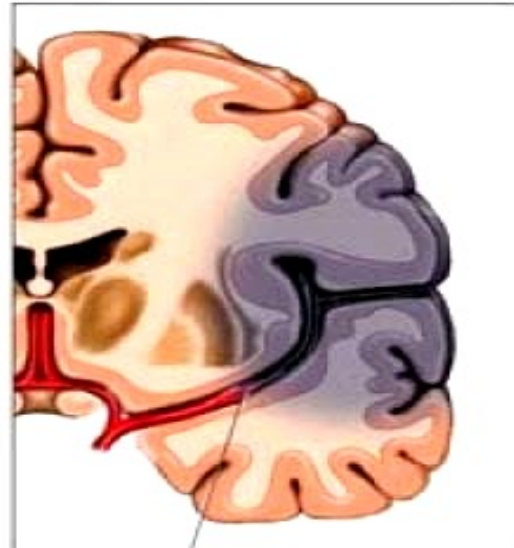
## What is the difference between hemorrhagic stroke and ischemic stroke?

Hemorrhagic Stroke



Hemorrhage/blood leaks into brain tissue

Ischemic Stroke



Clot stops blood supply to an area of the brain

## What is a Transient Ischemic Attack (TIA)?

### What is a Transient Ischemic Attack (TIA)?

A TIA is more accurately characterized as a “**warning stroke**” - a warning you should take **seriously**. This is caused by blockage of blood flow in an artery. The only difference between an ischemic stroke and TIA is that with a TIA, blockage is temporary. Transient Ischemic Attack symptoms usually resolve within 24 hours, but may only last a few minutes. They do not cause permanent injury to the brain, unlike a stroke.



© American Heart Association

## How is an ischemic stroke treated?

### Medicines may include:

- **Thrombolytics** such as **TNK (Tenecteplase)** can help break apart clots. You may have received this medication *emergently* in the hospital. This medication makes it more likely for you to bleed or bruise.
  - *Another reason to BEFAST and call 911 when you recognize stroke symptoms is because this medication has to be administered within a specific time frame.*
- **Antiplatelets**, such as aspirin and Plavix (clopidogrel), help prevent blood clots. Take this medicine exactly as directed. These medicines make it more likely for you to bleed or bruise. If you are told to take aspirin or Plavix (clopidogrel) , do not take other non-steroidal anti-inflammatories (NSAIDs) such as ibuprofen, Aleve, or anything else with aspirin in it. Tylenol (acetaminophen) is ok to take for pain or fever.
- **Anticoagulants, or blood thinners**, also helps prevent clots. Examples of anticoagulants include Coumadin (warfarin), Eliquis (apixaban), Xarelto (rivaroxaban), and Pradaxa (dabigatran).
  - Watch for bleeding from your gums or nose. Use a soft toothbrush. Watch for blood in your urine and bowel movements. Use a soft washcloth. If you shave, use an electric razor. Avoid activities that can cause bruising or bleeding.
  - Tell your healthcare providers, including dentists, about all medications you take. Many medications cannot be used with anticoagulants. Do not start or stop any medicines unless your healthcare provider tells you to do so. Wear a bracelet or necklace that says you take this medication.
  - Coumadin (warfarin) may require regular blood tests so your healthcare provider can decide how much medicine you need. Other anticoagulants (Eliquis, Xarelto, Pradaxa) do not require regular blood tests and should be taken exactly as directed. Tell your healthcare provider right away if you forget to take the medicine, or if you take too much.
- **Statins**, such as Lipitor (atorvastatin) and crestor (rosuvastain) may be added to your medication list. There is evidence that the addition of a statin after a TIA or stroke can decrease your risk of another stroke even if you don't have high cholesterol.

## How is a hemorrhagic stroke treated?

**Medications** to help lower your blood pressure may be given through an IV. You may also need medication to decrease pain, reduce brain pressure, or prevent seizures.

**Surgery** may be needed to stop the bleeding or remove blood that has leaked out of the blood vessels. There are several options available and will be discussed between you and your doctor if needed.

## What other treatment may be needed after an ischemic or hemorrhagic stroke?

You may be given medicine to treat high cholesterol, high blood pressure, diabetes, cardiac conditions, etc. depending on the cause (s) of your stroke and risk factors you have for stroke.

You will meet other members of the care team that will address your post-stroke needs.

They include:

### **Physical, Occupational and Speech Therapy (PT/OT/SLP)**

- A physical therapist teaches you exercises to help your movement, strength, and to decrease pain. An occupational therapist teaches you skills to help with your daily activities. A speech pathologist teaches you ways to improve your speech, swallowing, understanding and communication skills.

### **Case Management/Discharge Planning**

- These team members work with your healthcare team to help your family work through the healthcare system. You may have other needs after you are discharged from the hospital. If you go home, you may need outpatient therapy. If you cannot go home, you may need inpatient rehabilitation or skilled nursing.

### **Stroke Nurse Navigator**

- This team member will be key in bridging the gap between the inpatient setting and after you are discharged. They will assist with stroke education and answering questions you have regarding your care, medications, follow up care, etc.





## How is a stroke diagnosed?

Your healthcare provider will ask about your symptoms and when they started. They will ask if you have any medical conditions. You may need any of the following:

- **A CT or MRI of the brain** may show where the stroke happened and any damage you have.
- **Imaging of the blood vessels** (CT angiogram of the head and neck, MR angiogram of the head and neck, or carotid ultrasound) to look for narrowing or blockage of arteries going to the brain.
- **An echocardiogram** which uses sound waves to take pictures of your heart's chambers, valves, walls and blood vessels.
- **Blood drawn** for lab work

## What makes my risk for a stroke worse?

### **Risk factors you cannot change:**

- Age 55 or older
- Female or African-American
- Family history of stroke
- History of prior stroke or Transient Ischemic Attack

### **Risk factors you can change ( those that apply to you):**

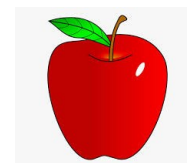
- |                                                             |                                                                           |
|-------------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> Atrial Fibrillation                | <input type="checkbox"/> Smoking                                          |
| <input type="checkbox"/> Coronary Artery Disease            | <input type="checkbox"/> Illegal substance use                            |
| <input type="checkbox"/> Diabetes (High blood sugar)        | <input type="checkbox"/> Obesity/excessive weight                         |
| <input type="checkbox"/> Heart failure                      | <input type="checkbox"/> Poor diet                                        |
| <input type="checkbox"/> Hypertension (High blood pressure) | <input type="checkbox"/> Lack of exercise                                 |
| <input type="checkbox"/> Hyperlipidemia (High cholesterol)  | <input type="checkbox"/> Excessive drinking (Men >2/day,<br>women >1/day) |
| <input type="checkbox"/> Peripheral Vascular Disease        |                                                                           |
| <input type="checkbox"/> Untreated sleep apnea              |                                                                           |

### **Atypical risk factors include:**

- |                                              |                                                                           |
|----------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> Autoimmune disorder | <input type="checkbox"/> Pregnancy or delivery<br>within the past 6 weeks |
| <input type="checkbox"/> B12 deficiency      |                                                                           |
| <input type="checkbox"/> Clotting disorder   |                                                                           |
| <input type="checkbox"/> Hormone replacement |                                                                           |
| <input type="checkbox"/> Migraine with aura  |                                                                           |
| <input type="checkbox"/> Sickle cell disease |                                                                           |

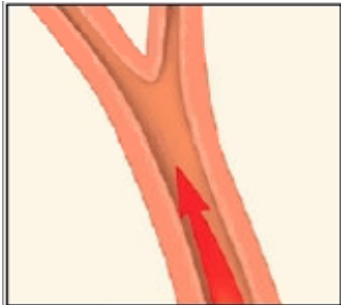
## How can I decrease my risk for a stroke?

- **Take your medicine as directed.**
  - ◆ *Do not stop taking your medications unless told to do so by your doctor.*
- **Follow up with your primary care doctor.**
  - ◆ Check your blood pressure and blood sugar levels as directed.
  - ◆ Write down your questions so you remember to ask during your visit and get re-fills on prescriptions.
  - ◆ Keep a record and bring it to your follow-up visit. There is a place to record this in the back of the book.
  - ◆ Ideal BP should be less than 130/80.
- **Eat a variety of healthy foods.**
  - ◆ See information on how to improve your diet pages 18-22
- **Exercise regularly**
  - ◆ Current recommendations for adults is 150 minutes of moderate-intensity aerobic activity. Examples include: brisk walking, water aerobics, dancing, gardening, tennis, biking.
  - ◆ Spend less time sitting. Get up and move every 30 minutes of sitting.
  - ◆ Please consult your doctor before beginning any exercise program.
- **Maintain a healthy weight.**
  - ◆ Ask your healthcare provider:
    1. How much should I weigh?
    2. How do I create a weight loss plan if I am overweight?
    3. What exercise plan should I follow?
- **Limit or do not drink alcohol.**
  - ◆ Limit alcohol to 2 drinks per day if you are a man.
  - ◆ Limit alcohol to 1 drink per day if you are a woman.
  - ◆ A drink of alcohol is 12 ounces of beer, 5 ounces of wine, or 1½ ounces of liquor.
- **Do not smoke cigarettes or use street drugs.**
  - ◆ Smoking and drugs increase your risk for a stroke.
  - ◆ Ask your healthcare provider for information if you need help quitting.
- **Decrease stress**



## How can having high blood pressure cause a stroke?

- Uncontrolled blood pressure is the “silent killer”
- Many people don’t know they have it
- Reduce your blood pressure by: eating a healthy diet, exercise regularly, manage stress, avoid smoking, take medications as prescribed and limit alcohol intake



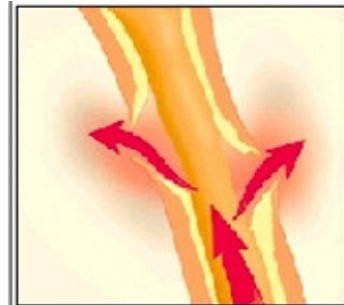
### **Vessels thicken**

When blood presses against a vessel wall with too much force, muscles in the wall lose their ability to stretch. This causes the wall to thicken, which narrows the vessel passage and reduces blood flow.



### **Clots form**

When blood pressure is too high, it can damage blood vessel walls and create scar tissue. Fat and cholesterol (plaque) collect in the damaged spots. Blood cells stick to the plaque, forming a mass called a clot. A clot can block blood flow in the vessel.

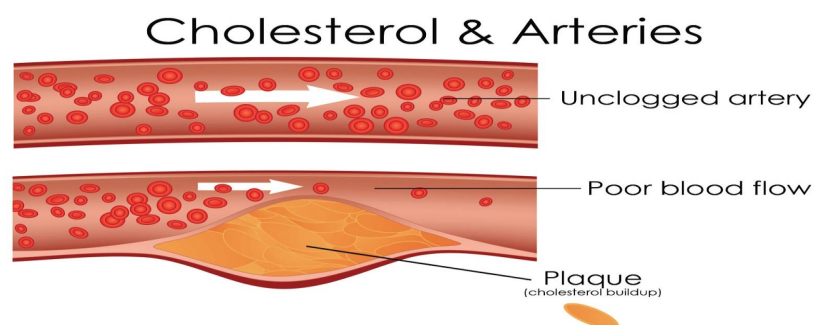


### **Vessels break**

Sometimes blood flows with enough force to weaken a vessel wall. If the vessel is small or damaged, the wall can break. When this happens, blood leaks into nearby tissue and kills cells. Other cells may die because blood cannot reach them.

## Why does cholesterol matter?

- Having **too much** of the bad kind of cholesterol (LDL), or **not enough** of the good kind of cholesterol (HDL), increases the risk cholesterol will slowly **build up** in the inner walls of the arteries that feed the heart and the brain.



## What are some changes that happen after a stroke?

The brain controls everything we do (eating, breathing, thinking). Changes after a stroke can depend on the area of the brain that was injured. Some common side effects of stroke are:

- **Fatigue**

- \* Most common symptom
- \* Up to 70% will experience

- **Depression**

- \* Up to 1/3rd of stroke survivors experience

- **Cognitive Challenges**

- \* Remembering only short span of time
- \* Having trouble learning new information
- \* Mixing up details
- \* Difficulty with judgment or problem-solving

- **Anxiety**

- \* Worried “When will this happen again?”
- \* Occurs most often in young stroke survivors and women

- **Behavior changes**

- \* Personality changes, improper language or actions
- \* More emotional, frustration or anger

- **Communication changes**

- \* Aphasia—difficulty getting words out or understanding the words
- \* Dysarthria—slurred speech

- **Weakness or paralysis**

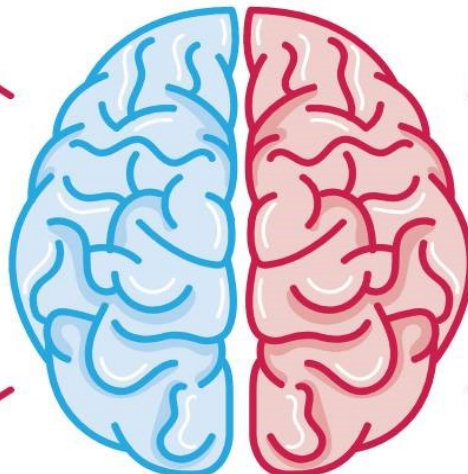


### When the Left Brain is Affected

- Paralysis on the right side of the body
- Speech problems
- Individual's behaviour is slow and cautious
- Memory loss

### When the Right Brain is Affected

- Paralysis on the left side of the body
- Vision problems
- Individual's behaviour is quick and overly curious
- Memory loss



## What safety measures may help me at home?

- Turn the water heater temperature down a little
- Prevent falls
  - ◊ Remove items like scatter rugs and clutter out of pathways and stairs
  - ◊ Light halls and stairs
  - ◊ Put in grab bars next to tubs and toilets, and non-slip strips in tubs and showers
  - ◊ Wear non-skid foot wear
- Make sure doorways are wide enough for a wheelchair or walker, if needed. You may also need to install threshold ramps.

## Questions/Concerns

**Call 911 for any of the following:**

- You have a seizure.
- You feel lightheaded, short of breath **OR** have chest pain.
- You have weakness or numbness in your face, arm, or leg.
- You are confused and have problems speaking or understanding speech.
- You have a severe headache.
- You have sudden loss of balance or coordination.
- You have sudden double vision or vision loss.

**Call your health care provider for immediate care if:**

- You are bleeding from your rectum or nose.
- Your arm or leg feels warm, tender and painful. It may look swollen and red.

**Call your healthcare provider if:**

- Your blood pressure is higher or lower than you were told it should be.
- You have questions or concerns about your condition or care.



**Are there any stroke groups in the Charleston area so that I can share my experiences, get support and explore current stroke resources?**

**Yes, there are!**

**See the list provided on page 14!**

## SOUTH CAROLINA STROKE SUPPORT GROUPS

### ❖ Roper Rehabilitation Hospital Stroke Support Group

When: First Thursday of each month from 3:30-4:30pm

Location: Roper Hospital (316 Calhoun St.) – Third floor of Roper Neuro Rehab Unit, located near the E elevators

Contact: Katie Hall, [Kaitlyn.hall@rsfh.com](mailto:Kaitlyn.hall@rsfh.com) 843-720-8349

- Meetings rotate each month between in person and virtual events

### ❖ Lowcountry Support Stroke Group

When: Third Thursday of each month from 5:30-6:30pm

Location: Encompass Health Rehabilitation Hospital (9181 Medcom St.)

Contact: Rick Shideler, [Lowcountrystrokegroup@gmail.com](mailto:Lowcountrystrokegroup@gmail.com) 803-517-9871

- [https://mailchi.mp/6f5c3bc7cd02/stroke\\_support\\_home](https://mailchi.mp/6f5c3bc7cd02/stroke_support_home)
- See Facebook information below

### ❖ Trident Medical Center Community Stroke Support Group

When: First Wednesday of each month from 5:30-6:30

Location: Trident Hospital (First floor) in Café A

Contact: [kayla.greene@hcahealthcare.com](mailto:kayla.greene@hcahealthcare.com) 843-847-4680

### ❖ Neuro Caregiver Support Group

When: Second Tuesday of each month from 6:30-7:30pm

Location: Virtual meetings via Zoom

Contact: Michelle Moore, [Michelle.moore@rsfh.com](mailto:Michelle.moore@rsfh.com) 843-720-8378

- This group is for the *caregivers* of stroke/traumatic brain injury survivors

## ONLINE SUPPORT GROUPS

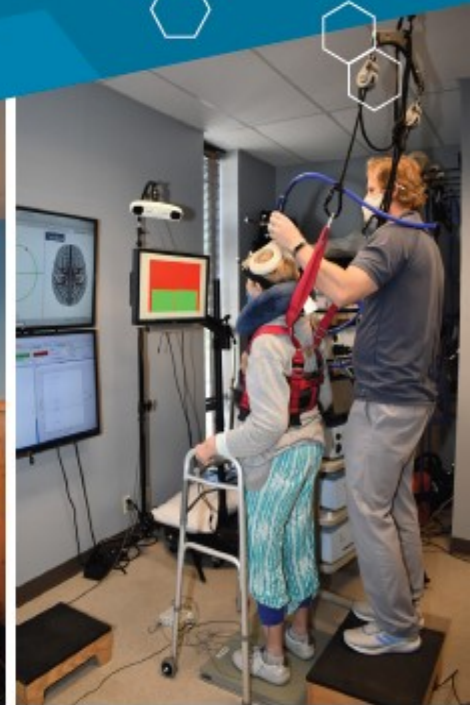
- [Supportnetwork.heart.org](http://Supportnetwork.heart.org)
- [Stroke.org/en/stroke-support-group-finder](http://Stroke.org/en/stroke-support-group-finder)
  - You can enter your zip code at the website to find local support groups if you live outside of the Charleston area.
- Facebook groups:
  - <https://www.facebook.com/groups/YoungStrokeSCharleston>
  - <https://www.facebook.com/groups/lowcountrystrokesupportgroup>



# Stroke Recovery Research Center

at the Medical University of South Carolina

The Stroke Recovery Research Center is a Center of Biomedical Research Excellence (COBRE) in Stroke Recovery at MUSC.



## Participate in Stroke Recovery Research

### Advancing Research

The state-of-the-art resources of the Stroke Recovery Research Center (SRRC) support the development of new treatments to improve current interventions in stroke rehabilitation. The Center's research is guided by a shared mission of investigating methods to improve outcomes and increase quality of life for individuals following a stroke.

### Our resources address deficits in stroke survivors including:

arm and hand function, walking, balance, strength training, depression, fatigue, aphasia, visual neglect, memory, cognition, and sensation.



Contact: Holly Boggan

843-792-1728 or [BogganHL@musc.edu](mailto:BogganHL@musc.edu)

Participation is always voluntary. There is no cost to the participant, and neither a doctor's order or insurance is required to participate in stroke recovery research.

## Outpatient Physical, Occupational, and Speech Therapy Services

- Downtown Charleston  
Roper Hospital  
316 Calhoun Street  
Charleston, SC 29401  
(843) 724-2870  
*Free Valet Parking*
- Mount Pleasant  
Roper St. Francis Mount Pleasant Hospital  
3500 Hwy. 17 North  
Mount Pleasant, SC 29466  
(843) 606-7605
- Summerville  
Roper St. Francis Berkeley Hospital  
300 Callen Blvd., Suite 310  
Summerville, SC 29486  
(854) 529-3190
- West Ashley  
Bon Secours St. Francis Hospital  
2095 Henry Tecklenburg Drive  
Charleston, SC 29414  
(843) 402-2014

To make an appointment, please call our outpatient  
Rehab scheduling office at (843) 402-1637







The CARES Therapy Clinic at the Medical University of South Carolina is a student-run organization that provides health care services, including physical therapy, occupational therapy, and speech therapy to uninsured and underinsured patients in the greater Charleston , SC area.

**TO REFER A PATIENT**

**Website:**

**[Muschealth.org/medical-services/  
Cares-therapy/refer-a-patient](https://muschealth.org/medical-services/Cares-therapy/refer-a-patient)**

**Phone:**

**(843)792-8019**

**Email:**

**[Chp-cares-clinic-  
schedulers@musc.onmicrosoft.com](mailto:Chp-cares-clinic-schedulers@musc.onmicrosoft.com)**

APPOINTMENTS  
AVAILABLE  
TUESDAYS FROM  
6-8 PM



American Heart Association  
Healthy for Good™

## BLUE & PURPLE

blackberries  
blueberries  
black currants  
dates  
eggplants  
grapes  
plums  
prunes  
purple figs  
raisins

## RED & PINK

beets  
cherries  
cranberries  
pink grapefruit  
pomegranates  
radicchio  
red radishes  
red apples  
red grapes  
red peppers  
red potatoes  
rhubarb  
strawberries  
tomatoes  
watermelons



# EAT MORE COLOR

The best way to get all of the vitamins, minerals and nutrients you need is to eat a variety of colorful fruits and veggies. Add color to your plate each day with the five main color groups.

## GREEN

artichokes  
asparagus  
avocados  
bok choy  
broccoli  
Brussels sprouts  
celery  
collard greens  
cucumbers  
green beans  
green cabbage  
green grapes  
green onions  
green peppers  
kale  
kiwis  
leeks  
limes  
mustard greens  
okra  
peas  
pears  
romaine lettuce  
snow peas  
spinach  
sugar snap peas  
watercress  
zucchini

## ORANGE & YELLOW

orange peppers  
papayas  
peaches  
pineapples  
pumpkins  
summer squash  
sweet potatoes  
tangerines  
yams  
yellow apples  
yellow peppers  
yellow squash  
acorn squash  
butternut squash  
apricots  
cantaloupes  
carrots  
corn  
grapefruit  
lemons  
mangoes  
nectarines  
oranges

## WHITE

bananas  
cauliflower  
garlic  
Jerusalem  
artichokes  
mushrooms  
onions  
potatoes  
parsnips  
shallots

**EAT SMART**   **MOVE MORE**   **BE WELL**

[heart.org/HealthyForGood](http://heart.org/HealthyForGood)

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American Heart Association  
**Healthy for Good™**



## REASONS TO ADD COLOR

Colorful, delicious and nutritious foods help keep our bodies and minds healthier, longer.

### 1. Lots of the Good

Fruits and vegetables provide many beneficial nutrients. Add fruits and vegetables to meals and snacks for a nutritional power boost.



### 2. Less of the Bad

Fruits and vegetables are typically free of trans fat, saturated fat and sodium. Load up!

### 3. Won't Weigh You Down

Fruits and vegetables are low in calories. They fill you up thanks to the fiber and water they contain, which can help manage your weight.



### 4. Super Flexible Super Foods

All forms of fruits and vegetables — fresh, frozen, canned and dried — can be part of a healthy diet. They are among the most versatile, convenient and affordable foods you can eat. Choose those with little or no added salt or sugar.

### 5. A Whole Body Health Boost

A healthy eating plan full of fruits and vegetables can help lower your risk of many serious and chronic health conditions, including heart disease, obesity, high blood pressure, diabetes and some types of cancer. They're also essential to your everyday health.



**EAT SMART**    **MOVE MORE**    **BE WELL**

[heart.org/HealthyForGood](https://heart.org/HealthyForGood)

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American Heart Association,  
Healthy for Good™

# Life's Essential 8™



Improving and maintaining cardiovascular health, or CVH, can help you enjoy a longer, healthier life. Better CVH also has been associated with decreased risk for heart disease, stroke, cancer, dementia and other major health problems.

**Life's Essential 8 outlines a few easy steps you can take to live a healthier lifestyle.**



### ✓ EAT BETTER

Aim for an overall healthy eating pattern that includes whole foods, lots of fruits and vegetables, lean protein, nuts, seeds and cooking in non-tropical oils such as olive and canola.

### ✓ MANAGE WEIGHT

Achieving and maintaining a healthy weight has many benefits. Body mass index (BMI), a numerical value of your weight in relation to your height, is a useful gauge. Optimal BMI for most adults ranges from 18.5 to less than 25. You can calculate it online or consult a health care professional.



### ✓ BE MORE ACTIVE

Adults should participate in 150 minutes of moderate or 75 minutes of vigorous physical activity. Walking is great for moderate levels of activity. Kids should have 60 minutes every day, including play and structured activities.

### ✓ CONTROL CHOLESTEROL

High levels of non-HDL, or "bad," cholesterol can lead to heart disease. Your health care professional can consider non-HDL cholesterol as the preferred number to monitor, rather than total cholesterol, because it can be measured without fasting beforehand and is reliably calculated among all people.



### ✓ QUIT TOBACCO

Use of inhaled nicotine delivery products, which includes traditional cigarettes, e-cigarettes and vaping, is the leading cause of preventable death in the U.S., including about a third of all deaths from heart disease. And about a third of U.S. children ages 3-11 are exposed to secondhand smoke or vaping.

### ✓ MANAGE BLOOD SUGAR

Most of the food we eat is turned into glucose (or blood sugar) that our bodies use as energy. Over time, high levels of blood sugar can damage your heart, kidneys, eyes and nerves. As part of testing, monitoring hemoglobin A1c can better reflect long-term control in people with diabetes or prediabetes.



### ✓ GET HEALTHY SLEEP

Getting a good night's sleep every night is vital to cardiovascular health. Adults should aim for an average of 7-9 hours, and babies and kids need more depending on their age. Too little or too much sleep is associated with heart disease, studies show.

### ✓ MANAGE BLOOD PRESSURE

Keeping your blood pressure within acceptable ranges can keep you healthier longer. Levels less than 120/80 mm Hg are optimal. High blood pressure is defined as 130-139 mm Hg systolic pressure (the top number in a reading) or 80-89 mm Hg diastolic pressure (bottom number).



Learn more at [heart.org/lifes8](http://heart.org/lifes8)

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## Mediterranean and DASH Diet

- Lifestyle factors are important for preventing a second stroke. Low-salt and Mediterranean diets are recommended to reduce the risk of stroke.
- Mediterranean diet:
  - ◆ Plenty of fruits, vegetables, whole grains, potatoes, bean, nuts and seeds
  - ◆ Olive oil as primary fat source
  - ◆ Dairy products, eggs, fish and poultry in low to moderate amounts
  - ◆ Limit added sugars, sodium, high processed foods, refined carbohydrates, saturated fats or processed meats
- DASH diet is the Dietary Approaches to Stop Hypertension (high blood pressure)
  - ◆ Keep sodium to less than 2300mg a day



# MEDITERRANEAN DIET



# Adding Soluble Fiber to Lower Your Cholesterol

Advice from the National Lipid Association Clinician's Lifestyle Modification Toolbox

## What is Dietary Soluble Fiber?

**Soluble fiber** is a type of fiber found in plant foods. Because it is not absorbed in the intestine, soluble fiber can bind cholesterol in the intestine and remove it from the body. Eating 5 to 10 grams of soluble fiber a day can help lower total and LDL-cholesterol by 5 to 11 points, and sometimes more. To eat at least 5 to 10 grams of soluble fiber a day, choose many foods with 1 to 3 grams of soluble fiber each day. Be sure to drink more water when you increase your fiber intake.



## Foods High in Soluble Fiber

**Whole grains** with 1 to 2 grams of soluble fiber in just  $\frac{1}{2}$  cup are cooked barley, oatmeal, oat bran, and quinoa.

**Lean protein foods** with 1 to 3 grams of soluble fiber per  $\frac{1}{2}$  cup include beans, like black-eyed peas; chick peas; and black, kidney, lima, navy, pinto, and soy beans.

**Healthy fats** with 1 or more grams of soluble fiber are 2 tbsp avocado, 1 tbsp whole chia seeds, and 2 tbsp ground flax seeds.



**Vegetables** with 1 or more grams of soluble fiber per  $\frac{1}{2}$  cup cooked or 1 cup raw are broccoli, Brussels sprouts, cabbage, carrots, green beans, okra, onions, parsnips, and turnips.

**Starchy vegetables** like sweet potatoes and green peas have 1 gram or more soluble fiber in  $\frac{1}{2}$  cup.

**Fruits** with 1 or more grams of soluble fiber are a medium apple, banana, guava, orange, peach, or pear; 2 apricots or plums;  $\frac{1}{2}$  mango;  $\frac{1}{4}$  cup figs or dried apricots or 3 prunes; and 1 cup of raspberries, blackberries, or strawberries.



## Eating Foods Rich in Soluble Fiber is Easy

For example, to eat at least 10 grams of soluble fiber in a day, try:

**Breakfast** with 1 cup cooked oatmeal with berries and 2 tbsp ground flax (3 grams)

**Lunch** with 1 cup chili made with beans and a pear for dessert (4 grams)

**Snack** with  $\frac{1}{2}$  cup raw carrots and  $\frac{1}{4}$  cup hummus (2 grams)

**Dinner** that has 1 cup of steamed cabbage, broccoli, carrots and/or green beans (2 grams)

Once you get started, you'll see that eating foods high in soluble fiber is a delicious way to lower your LDL-C. A **natural fiber supplement** like psyllium, a plant seed powder, can also be taken. Start with a small dose mixed with water then slowly increase the dose, taking as directed. **Drink extra water as you increase your daily fiber intake.** Fluid needs vary, but 9 to 12 cups of fluid a day are recommended for most healthy people.

A registered dietitian nutritionist (RDN) can help you make a heart-healthy meal plan that works best for your lifestyle and support you in your nutrition journey. Talk with an RDN for the answers to your nutrition questions.

This information is provided as part of the *Clinician's Lifestyle Modification Toolbox* courtesy of the National Lipid Association.

\*Disclaimer: if you are diabetic please follow your dietician or physician recommendations for diet

# South Carolina Tobacco Quitline



South Carolinians have access to a range of tobacco treatment services through the S.C. Tobacco Quitline, the only statewide evidence-based telephone cessation program.

## What is the S.C. Tobacco Quitline?

- A **free** comprehensive tobacco treatment service featuring phone and Web Coach® counseling.
- A one-on-one approach to cessation counseling, where each caller is assigned to a personal Quit Coach® who works with the participant throughout the quitting process.
- A program that is science-based and has been clinically proven to help participants quit smoking and stay quit for the long-term.

## When are services available?

- **8 a.m. to 3 a.m., seven days a week for all inbound callers.**
- After the initial call, participants work with their Quit Coaches to schedule subsequent sessions as needed. The Quit Coach will then call the participant at agreed-upon times and dates. Participants are free to call between scheduled sessions if they need extra support.

## Who can call the S.C. Tobacco Quitline?

- Any S.C. resident age 13 and older.
- All callers are eligible for a one-call counseling session.
- More comprehensive services and multi-call sessions are available for those in most need of cessation help—smokers with no health insurance, pregnant women, Medicaid members, and court-appointed youth.
- The Quitline will also direct callers to local cessation resources, as available, and to the services provided under their private or public health plan (which includes Medicare).

## What is the provider fax referral program?

- The Quitline's fax referral program has ready access and tools that healthcare providers can use to refer their patients to the Quitline. The fax referral form can be downloaded at [www.scdhec.gov/quitforkeeps](http://www.scdhec.gov/quitforkeeps)
- Through the fax referral program, smokers and tobacco chewers no longer have to take the often difficult first step of calling the Quitline. Instead, when talking with their healthcare provider, patients can agree to have the Quitline call them directly.
- With patient approval and signature, the doctor, nurse or other clinic staff member completes the DHEC 1042 fax referral form and simply faxes the form directly to the Quitline. The Quitline then makes a proactive, direct call to the patient and offers enrollment in services.

## Who sponsors the S.C. Tobacco Quitline?

- The Quitline is a contractual partnership between the S.C. Department of Health and Environmental Control and Alere Wellbeing, Inc., a Seattle-based tobacco treatment and behavioral health provider with vast experience running quitlines across the nation.

## How can I get more information?

Visit [scdhec.gov](http://scdhec.gov)

Call 1-800-QUIT-NOW (1-800-784-8669)

# POST-STROKE CHECKLIST (PSC): For Survivors and Caregivers



Many stroke survivors live with problems that could be treated but aren't, because they never tell their doctor about those problems. Fill out this checklist and use it to talk with your doctor about problems you might be having. Read each item and circle the most correct answer.

<b>1. RECURRENT STROKE PREVENTION</b> Since your stroke, have you made lifestyle changes to prevent another stroke?	<b>Do you monitor your blood pressure?</b> Never      1-2 x/Month      1-2 x/Week      Always (at least daily)
	<b>Do you take medication(s) as prescribed</b> Never      1-2 x/Month      1-2 x/Week      Always
	<b>If overweight, have you lost weight?</b> No      Yes      N/A
	<b>Do you exercise regularly?</b> Never      1-2 x/Month      1-2 x/Week      Always (at least daily)
	<b>Have you stopped smoking?</b> No      Yes      N/A
<b>2. ACTIVITIES OF DAILY LIVING</b> Since your stroke, is it harder to:	<b>Dress?</b> Always      1-2 x/Week      1-2 x/Month      Never
	<b>Bathe?</b> Always      1-2 x/Week      1-2 x/Month      Never
	<b>Eat or prepare meals?</b> Always      1-2 x/Week      1-2 x/Month      Never
	<b>Go outside?</b> Always      1-2 x/Week      1-2 x/Month      Never
<b>3. MOBILITY AND MOVEMENT</b> Since your stroke, is it harder to:	<b>Walk?</b> Always      1-2 x/Week      1-2 x/Month      Never
	<b>Move between bed and chair?</b> Always      1-2 x/Week      1-2 x/Month      Never
	<b>Do you fall more easily?</b> Always      1-2 x/Week      1-2 x/Month      Never
	<b>Get in and out of a car?</b> Always      1-2 x/Week      1-2 x/Month      Never
	<b>Balance?</b> Always      1-2 x/Week      1-2 x/Month      Never
<b>4. SPASTICITY OR TIGHTNESS</b> Since your stroke, do you have more stiffness in your:	<b>Arms?</b> Always      1-2 x/Week      1-2 x/Month      Never
	<b>Hands?</b> Always      1-2 x/Week      1-2 x/Month      Never
	<b>Legs?</b> Always      1-2 x/Week      1-2 x/Month      Never

COMPLETED BY:  Stroke Survivor  Caregiver



<b>5. PAIN</b> Since your stroke:	<b>Do you have any new pain?</b> Always      1-2 x/Week      1-2 x/Month      Never
	<b>Do you have pain more often?</b> Always      1-2 x/Week      1-2 x/Month      Never
	<b>Is your pain more severe?</b> Always      1-2 x/Week      1-2 x/Month      Never
<b>6. INCONTINENCE</b> Since your stroke, are you having trouble controlling your:	<b>Bowels?</b> Always      1-2 x/Week      1-2 x/Month      Never
	<b>Bladder?</b> Always      1-2 x/Week      1-2 x/Month      Never
<b>7. COMMUNICATION</b> Since your stroke, are you having trouble:	<b>Communicating with others?</b> Always      1-2 x/Week      1-2 x/Month      Never
	<b>Speaking?</b> Always      1-2 x/Week      1-2 x/Month      Never
	<b>Reading?</b> Always      1-2 x/Week      1-2 x/Month      Never
	<b>Using numbers?</b> Always      1-2 x/Week      1-2 x/Month      Never
<b>8. MOOD</b> Since your stroke, are you feeling:	<b>Anxious?</b> Always      1-2 x/Week      1-2 x/Month      Never
	<b>Moody or having mismatched and/or unstable emotions?</b> Always      1-2 x/Week      1-2 x/Month      Never
	<b>Depressed?</b> Always      1-2 x/Week      1-2 x/Month      Never
	<b>Like a different person? Has your behavior changed?</b> Always      1-2 x/Week      1-2 x/Month      Never
<b>9. COGNITION</b> Since your stroke, is it harder to:	<b>Think?</b> Always      1-2 x/Week      1-2 x/Month      Never
	<b>Concentrate?</b> Always      1-2 x/Week      1-2 x/Month      Never
	<b>Remember things?</b> Always      1-2 x/Week      1-2 x/Month      Never
<b>10. LIFE AFTER STROKE</b> Since your stroke, is it harder to:	<b>Work?</b> Always      1-2 x/Week      1-2 x/Month      Never
	<b>Participate in social and leisure activities or hobbies?</b> Always      1-2 x/Week      1-2 x/Month      Never
<b>11. SEXUALITY</b> Since your stroke, are you unhappy with:	<b>Your sexual and intimate relationship?</b> Always      1-2 x/Week      1-2 x/Month      Never
	<b>Your sexual functioning?</b> Always      1-2 x/Week      1-2 x/Month      Never
<b>12. RELATIONSHIP WITH FAMILY</b>	<b>Have your relationships with your family or friends become more difficult or stressed since your stroke?</b> Always      1-2 x/Week      1-2 x/Month      Never

COMPLETED BY:  Stroke Survivor  Caregiver

# Questions for Your Care Team

## Understanding What Happened

- What caused the stroke/transient ischemic attack (TIA)?

## What Happens Next

- Could this happen again?
- How can I lower the chance of another stroke?
- What can I expect during recovery?
- What can I eat after a stroke?
- Can I exercise after a stroke?
- How do I know if I need to call 911?

## Appointment Tracker

Appointment	Date/Time	Name	Phone Number

# Questions for Your Care Team

## Living Arrangements

- How can I make my home safer?
  
- What things will I need help with?
  
- What kind of equipment and supplies will I need?

## Resources

- Is a stroke support group available in my community?
  
- What other help is available?

Name	Specialty	Phone Number

NOTES:

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## Medication Tracker

<b>Medications</b>	<b>Dosage</b>	<b>Dose and Times</b>	<b>Why are you taking this medication?</b>	<b>How does this medication make you feel?</b>	<b>Date of next refill</b>
SAMPLE — Lisinopril	20mg	1 pill at 8am	Blood Pressure	Tired	10/14
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

## Blood Pressure Tracker

Date	Blood Pressure	Date	Blood Pressure	Date	Blood Pressure	Date	Blood Pressure

## Blood Sugar Tracker

Date/time	Blood Sugar	Date/time	Blood Sugar	Date/time	Blood Sugar	Date /time	Blood Sugar