

**After Stroke, Rehab and Hard Work Are the Keys to Success**

When a person suffers a stroke, also known as a "brain attack," one of the most important factors in predicting a positive outcome is someone close to the victim recognizing stroke - and calling 9-1-1 immediately. This is why the Stroke Program at Washington Hospital holds seminars every month to educate the community and help the public recognize stroke when it happens, according to the program's Medical Director Ash Jain, M.D.

"The moment 9-1-1 is called for a suspected stroke, it activates a protocol that maximizes outcomes for each patient who is brought to Washington Hospital for a stroke," Dr. Jain says. "Successful management of stroke depends heavily upon patients getting to the hospital as soon as possible."

Techniques for acute management of stroke have advanced rapidly in recent years. However, stroke still remains the leading cause of long-term disability and a top-four killer in this country.

**Top-notch care plus community awareness**

"It is important that community members understand that there is top-notch stroke care available locally, and that seeking out care - quickly - can mean the difference between minimal damage and long-term disability or death," explains Dr. Jain. "Even small delays can have heavy costs, and research has shown that outcomes are better when people can properly identify signs of stroke and know to seek help immediately."

Once a patient arrives in the hospital, Dr. Jain and his team of health care professionals - from neurologists to nurses to interventionists who specialize in stroke care - have numerous tools at their disposal to achieve the best results possible.

"If a patient comes in within four hours of suffering a stroke, at this point, we can get good results with administering tPA intravenously," he explains. "After that, if the patient comes in between four and eight hours after the stroke, we would inject the drug directly into the brain and still get fairly good results."

Tissue plasminogen activator (tPA), also known as clot-busting medication, is one of the key tools in acute stroke care. Unfortunately, after six hours, patients are no longer good candidates for clot-dissolving medications, but the hospital's Stroke Team can still treat strokes for up to eight hours by inserting a catheter through the groin into the brain to remove the clot.
The goal, in all cases, is to preserve as much brain function as possible. However, after eight hours, most of the damage to the brain has been done, and the window for acute treatment has usually closed - which means it's up to community members to know the signs of stroke.

"With the latest research and best tools at our disposal, we save lives and help reduce the chances of long-term disability from stroke, but it's people in the community who need to recognize stroke and seek help," Dr. Jain says.

Ultimately, if you suspect someone is having a stroke, don't hesitate, according to Dr. Jain. Act fast, and call 9-1-1.

Getting Better After Stroke

After a stroke, a large proportion of patients face numerous challenges - like mobility issues or difficulty with speech - during the recovery process. The good news, according to Doug Van Houten, R.N., Stroke Program clinical coordinator at Washington Hospital, is that - with hard work - most patients can make significant improvement, particularly if they take advantage of rehabilitation opportunities.

"I'm constantly telling people that it's going to take a while to get better," Van Houten says. "My message is: I'm sure you will get better; most do, but you need the help of rehab specialists to get better - and you have to maintain a sense of optimism to get where you need to go."

"The truth is that so many things have to be just right for patients to reach an optimal point in stroke recovery. On top of the physical challenges they might face, there can also be depression, fatigue, loss of a good caregiver to help with things, financial problems - all these things can get in the way of recovery. There are two choices: a patient can either come crashing down, or get on track to regain as much as they can after a stroke."

Van Houten says there are resources - a lot of them - as long as stroke survivors and caregivers know where to look. A great starting place is the free monthly Stroke Support Group that Van Houten facilitates, which connects stroke survivors in all stages of the recovery process, as well as their caregivers.

"Even simple things like, 'I can't drive after the stroke,' or 'I can't get somewhere I need to be,' our social worker can help them with that," he says. "Erica can get them signed up for a driving service called Paratransit."

Van Houten also frequently connects stroke survivors to resources they may have never even heard of before.

"Probably the biggest referral I make is this wonderful program at Cal State East Bay through the master's program that teaches people to be speech therapists," he says. "After her stroke, my mother-in-law
couldn't say a word. I would take her up to the CSEB program two to three times a week and drop her off, and she would be there three to six hours. These students need people to practice on, and people who have had a stroke need as much rehab as they can get in order to get better, so it's a win-win."

Notably, Van Houten reports that his mother-in-law regained significant language skills after the CSEB program and was able to go on and live independently.

Recovery, he says, can also be aided by connection with other people. Likewise, an added bonus of the Stroke Support Group in conjunction with rehab and hard work, Van Houten says, is that it gives stroke survivors the chance to talk about their experiences with people who are going through a similar situation.

"The interesting thing is when people attend the support group, it's the other stroke survivors who say, 'Wow, you're so much better than you were just six months ago!' I think it means something to hear that from their peers."

Know Stroke

To learn more about acute management of stroke inside the hospital, as well as how rehab can aid in the recovery process, plan to attend the Free Stroke Education Series seminar next Tuesday, August 6, from 6 to 8 p.m. in the Conrad E. Anderson, M.D. Auditorium, (Washington West building) located at 2500 Mowry Avenue in Fremont.

To register, visit www.whhs.com or call (800) 963-7070.

For more information about the Stroke Support Group at Washington Hospital, call (510) 745-6525.