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Welcome to the September issue of StrokeNet.

In this issue, David Ray continues his report on his recent road trip. Joe Flasher writes about types of blood pressure medication. Rhonda Peterson reflects on the process of making choices. An article written by Henning van Aswegen suggesting helps for communication with those with aphasia is reprinted.

The web page Stroke/Brain Injury Vision Care of The Low Vision Centers of Indiana is reviewed. Biographies are of Joe Flasher and Irene Sharpham. Also included is the link to Irene's short book. It explains her experience of Aphasia. If you can, check it out on the Internet.

Enjoy.

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Life in New Zealand with a Stroke

By David G. Ray

This month has seen the beginning of the programme for the second half of the year. The first session was a very entertaining talk by a very entertaining woman who talked about her life, first as the wife of a sheep and cattle farmer in the Marlborough Sounds and secondly, when her husband died, in a department store working up to high position in one of the sections. The second session for the year was a talk on Arthritis, which was very informative. Many of our members suffer from this crippling ailment and her talk was very well received.

Over the last few months I have given you an account of our recent trip around the South

Island. Last month I wrote about the wedding of my niece in Invercargill and this month I will

continue with the continuation of our journey up the West Coast of New Zealand. We had been to the West Coast over 20 years ago and we were taking the opportunity to return there.

Driving from Invercargill we headed for Tuatapere. Tuatapere is the small town for the take off point for a fairly new 4-day track called the Humpridge Track. From there we drove on to Lake Manapouri. At the head of this lake is a huge underground hydro-electric electric Power Station. There is no road to the power station but there are frequent sightseeing boats, which travel the two hour journey to the head of the lake where passengers transfer to buses and are taken underground to view the power generating unit. The water from the power station flows out into Doubtful Sound where the bus takes passengers after visiting the underground site. Some years ago we took our children on the sightseeing trip over the hill to Doubtful sound. On the return trip up the steep hill the engine of old bus in which we were traveling began to emit smoke and the driver instructed me to stand by with a fire extinguisher but fortunately it was not required.

From Manapouri we drove on to Lake Te Anau where we stayed the night. Lake Te Anau is the starting point for the famous Milford Track Tramp of four days. Trampers have to book to walk the track sometimes many months in advance. I have walked the track twice and my wife three times as by that last occasion I had the heart problem, which led to my stroke. This a most beautiful scenic walk. Some of the magnificent views can be seen on <http://www.atoz-nz.com>.

Next month I will continue our journey to Lakes Wanaka and Hawera.



High Blood Pressure and Your Stroke

By Joe Flasher

There is a wealth of information available on high blood pressure (hypertension). In fact there is so much information that the subject and its treatment can become confusing but it is relatively simple. If you've had a stroke you are being monitored by your physician and very probably taking blood pressure medication even if you're not showing high blood pressure because these drugs can moderate or help prevent another stroke. By taking your blood pressure medication you are helping to control one of the risk factors for another stroke.

There are several drugs available for treating high blood pressure and the choice your physician makes depends upon several factors such as what is causing the condition and how high is your pressure. There are lifestyle changes that should be made to lower pressure; such as following a healthy eating plan, stop smoking, reducing salt intake, exercise, limiting alcohol intake and maintaining a healthy weight. The following is a list of the types of medications used and how they work.

DIURETICS

These are sometimes called "water pills" because they work in the kidneys and flush sodium from the body.

BETA-BLOCKERS

These drugs block nerve impulses to the heart and blood vessels. This makes the heart beat slower and with less force thus, blood pressure drops and the heart does not work as hard.

ACE INHIBITORS

Angiotensin converting enzyme (ACE) inhibitors prevent the formation of an enzyme called angiotensin II, which normally causes blood vessels to narrow. The ACE inhibitors cause blood vessels to relax and pressure goes down.

ANGIOTENSIN ANTAGONISTS

This medication shields blood vessels from angiotensin II. As a result the vessels become wider and pressure comes down.

CALCIUM CHANNEL BLOCKERS

These keep calcium from entering the heart and blood vessels. This causes vessels to relax and pressure goes down.

ALPHA-BLOCKERS

These reduce nerve impulses to the vessel which allows blood to flow more freely which in turn causes pressure to go down.

ALPHA-BETA-BLOCKERS

These act the same way as alpha-blockers, but also slow the heart beat as beta-blockers do. As a result less blood is pumped through the vessels and the pressure goes down.

NERVOUS SYSTEM INHIBITORS

These relax blood vessels by controlling nerve impulses. This causes blood vessels to become wider and pressure to come down.

VASODILATORS

These open blood vessels by relaxing the muscle in the vessel walls causing the pressure to go down.

All of these types can be used either separately or in combination. The ACE inhibitors either alone or in combination with a diuretic seems to be the most popular choice at the present time. The following is a list of brand names of ACE inhibitors.

Accupril	Monopril
Altace	Prinivil
Aceon	Univasc
Capoten	Vasotec
Lotensin	Zestril

As with any drug the ACE inhibitors have some side effects to be conscious of. If you experience fever, chills, hoarseness, swelling of the face contact your doctor immediately. Dizziness or light headedness should be reported, but is not an emergency. A dry hacking cough or headache is the more common side effect you might encounter; and less frequently diarrhea, nausea or unusual tiredness.

Once again the bottom line on the best drug for you is the one that works without excess side effects.



Let's Make a Deal

By Rhonda Peterson

Did you ever feel like life was a series of choices and you were the only contestant on the game show Let's Make a Deal?

"I'll take what's in the box! No, give me what's behind the curtain. No, no...I've changed my mind. Show me the money!"

Frantically we try to make choices and predict our futures based on little information. Try as we may to save money, something like a long-term illness or disability happens and suddenly we're facing staggering decisions. Try to hang on to our jobs until retirement and we're suddenly up against job restructuring and layoffs.

Life is a menagerie of events and sometimes we have to make hard choices. The power lies in our approach and attitude in living with those difficult choices. Sometimes our choices seem extremely limited and we would rather not deal with them at all; like the tough choices we make when long-term disability strikes. Can we physically manage to live at home or must we decide on an alternative living situation? Investigate your options before making life-altering decisions. Consult with others by contacting your local agencies as well as speaking to others who have gone through your particular challenging experience. Know exactly what's behind the curtain or in the box before choosing it. However, when choices are limited we feel as if our power is also confined.

Living in the moment and choosing to have a positive attitude reveals our individual power too! When we were kids we loved surprises and delighted in the wonderful mysteries that lay ahead. Our first day of school was an exciting time and full of trepidation. We didn't have a choice of whether to go to school or not but we had a choice in our attitude towards the situation.

As we age, it seems we lose the gift of enthusiasm. We fear the unknown and many of us do not like change. But change may be difficult to avoid. Like the weather; life is bound to change. We choose our attitude towards life-altering events in the same fashion as we did when we were younger.

It is not the box, or what is behind the curtain, or even our future that we should fear. For it is in ripping the box open or peering behind the curtain and thoroughly investigating the contents that is our task to accomplish before a decision is reached. Then, it is how we respond to life's events that are so powerfully important.

May you receive all pertinent information prior to making life-altering choices and may your future be blessed with positive attitudes.



Communicating With People Who Have Aphasia

By Henning van Aswegen

Editor's Note: This article was first printed in StrokeNet in May 2002.

a.pha.sia (uh-fay'-zhuh) n. An impairment of the ability to use or comprehend words, usually acquired as a result of a stroke or other brain injury. (NAA 2002)

WHAT IS APHASIA?

Aphasia is a speech and language disorder that may result from a stroke, head trauma or other neurological condition. All people with aphasia experience some degree of difficulty talking and comprehending spoken language. Many with aphasia have problems reading, writing and calculating as well. Although symptoms may vary, what is consistent across aphasic syndromes is the difficulties and frustrations that people with aphasia and their families encounter in dealing with communication impairment. (National Aphasia Association, 1988)

Aphasia (or dysphasia as it is sometimes referred to) refers to impairment in the ability to use symbols. Language involves a number of different levels - expression, comprehension, reading, writing and, in the case of some individuals such as the deaf, other forms of expression such as gesture and signs. An aphasic patient has difficulty in formulating what he or she wants to say or in retrieving language as well as in understanding it. (Vivian Fritz and Claire Penn, 1992, p.56)

COMMUNICATING WITH PEOPLE WHO HAVE APHASIA

Aphasia changes the way in which we communicate with those people most important to us: family, friends, and co-workers.

The impact of aphasia on relationships may be profound, or only slight. NO TWO PEOPLE WITH APHASIA ARE ALIKE WITH RESPECT TO SEVERITY, FORMER SPEECH AND LANGUAGE SKILLS, OR PERSONALITY. But in all cases it is essential for the person to communicate as successfully as possible from the very beginning of the recovery process.

HOW TO COMMUNICATE WITH A PERSON WHO HAS APHASIA

Talk to the person with aphasia as an adult and not as a child. Avoid talking down to the person.

During conversation, minimize or eliminate background noise (i.e., television, radio, other people) whenever possible.

Make sure you have the person's attention before communicating.

Praise all attempts to speak; make speaking a pleasant experience and provide stimulating conversation. Encourage and use all modes of communication (speech, writing, drawing, yes/no responses, choices, gestures, eye contact, facial expressions).

Give them time to talk and permit a reasonable amount of time to respond. Accept all communication attempts (speech, gesture, writing, drawing) rather than demanding speech.

Keep your own communication simple, but adult. Simplify sentence structure and reduce your own rate of speech. Keep your voice at a normal volume level and emphasize key words.

Encourage people with aphasia to be as independent as possible.

Do not shield people with aphasia from family or friends or ignore them in a group conversation.

Low Vision Centers

Website Review: The Low Vision Centers of Indiana Stroke/Brain Injury Vision Care

<http://www.eyeeassociates.com/norst.htm>

This webpage provides information for stroke survivors who have vision problems. Vision problems resulting from a stroke may not respond to common solutions.

Common vision problems, which are often faced by stroke survivors, are described. Two issues addressed, which may be of particular interest to readers, revolve around reading and driving. If you or a loved one is having problems with reading and/or is struggling with becoming a driver again be sure to check out these sections.

Areas covered include aphasia, visual field problems and low vision. Included is a lengthy list of vision related side effects from stroke. There are items on this list, which are not often discussed by many doctors. A Hemianoptic Symptoms Checklist (Visual Fields) is included. One may find this helpful in determining complex vision problems. Several pages are offered which more fully describes this affliction. Also included is a section on managing double vision.

Both stroke survivors and their families who are struggling with vision issues will find answers to questions at this site. They may also find data which is helpful to have when visiting their eye doctor.



Biography: Joe Flasher

June 2, 2001. I was a Pharmacist employed by CVS in the downtown Ephrata store. I have been in this field for over 40 years, and this pharmacy for about 20 years and love my work. The hours can be long and hectic as any healthcare providers can be. On June 2, 2001, after working a particularly long stretch I had a day off and my wife, Connie, and I went to a local nursery to buy some flowers for the yard and pond since it was spring and we love working around the yard. Connie was doing the picking and I was pushing our cart when all of a sudden I couldn't make my right leg move correctly or bear any weight and my right arm didn't want to

work. So I told Connie to finish checking out and I'd meet her in the car. By the time she got to the car the right side of my body wasn't working well. And I was pretty sure from what I was experiencing I was having a stroke.

I told Connie what I thought and we went to the emergency room where my worst fears were confirmed. I didn't know that a stroke can take time to develop and I can remember laying on a gurney and praying that I would be left with something. I didn't want to lose my memories or not be able to speak coherently, if at all. I was scared and not in control of anything.

I was kept at the hospital for a week of tests and to be stabilized. I could not have been treated with more care or concern. God bless everyone there. I have always been involved in healthcare and I know good care when I experience it. I was then transferred to another hospital to undergo acute rehab where once again I was treated with concerned and dedicated care. When I was released I continued to receive therapy for another couple months, three times a week.

I had lost all faculties on the right side, slurred speech, difficulty swallowing, and some cognitive ability. I had gotten back a lot of my ability to perform everyday activities but I was not able to function as a Pharmacist. The cognitive loss compromised my ability to perform my profession with any kind of predicable accuracy. By the end of August, 2001 I had regained my ability to walk without the aid of a walker or cane, could then feed and dress myself. In September 2001 I passed my drivers exam and was almost back to normal. I was going to the Recreation Center at least 3 times a week for about 3-hour workouts and looking around for things to do.

Then, in the beginning of November I had a second stroke while watching a Steelers/Browns football game. This CVA was actually an extension of the previous stroke. I lost some of the advances that I made following the first stroke especially cognitive ability. Connie thought I had selective memory and in a way it was, but at least I had an excuse. I've had so much care by so many people I feel I'm the most blessed man in the world.

Now, two years after my stroke, I have gotten back most faculties. I still have cognitive loss and a right knee that won't listen but I can do many things. A local Historical and Museum Commission have allowed me to become a

guide/interpreter, after memorizing the information for about four months. I give tours to busloads of visitors weekly and portray a Physician at special events. I am active in my church and fraternal organization. All these activities help in preserving my cognitive and physical health; of course, knowing that fall-out health problems will continue to be a factor in my life and knowing I do have limitations on some things. But I am truly blessed with the recovery and steps I have made over the last two years and would like to tell all stroke victims to hang in there, do as much therapy as you possibly can and never give up.



Biography: Irene Sharpham

My name is Irene Sharpham. I was severely aphasic due to a stroke in August 1990. I recovered well after 6 weeks in hospital doing speech-physiotherapy. I regained my use of my right leg and my right arm. I am able to write, think and read but my speech took a little longer.

I was always healthy for 46 years. I had two children and I breezed through my pregnancies. I started to get really sick in May 1990. In 1990 the last part of the summer was extremely hot and humid. On a fateful day in August I woke up and I realized that I could not speak. I have never heard the term before "she had suffered a stroke". But I learned to live with that term. I suffered a severe hemorrhagic stroke due to secondary bacterial endocarditis that destroyed my aortic valve and further complicated with necessary replacement of open-heart surgery. It was a "Fool's disease" because it was so hard to diagnose.

Blind faith in the doctors and nurses helped, is the reason for my return to health and through the encouragement by speech and physiotherapists.

I wrote a book on my stroke experience. It was as a personal therapy, rescuing my thoughts from despair and indwelling aphasia to turn it around to positive hope. Someone struggling with aphasia will see that the tunnel is long but the rewards are gratifying and personal. After 13 years, now I feel more at ease with my aphasia. I have come far from being speechless, and have regained the use of my arm and leg. It is not

quite as dramatic and final. But I have never accepted the loss of speech. My speech now is not flowery rather straightforward, like to the point, or black and white.

In the midst of my aphasia I always remember saying "Ihavetotellyousomanythings." It came out as a string of unconnected words. After saying that I was tired with the effort. That is the first time that I realized I would speak again. I can't shake the tiredness - I will learn to live with it because feeling tired personally for me is synonymous after the stroke with my heart ailment. I am not cured, far from it!

After the stroke I have been locked in a disability, silent and not communicative, not by choice. I tried and I am still trying. I was plummeted into disability and old age before my time by my stroke. Now I have to take my time doing painstakingly small tasks, writing, speaking, thinking, and reading. My brain gets tired very easily. And I notice getting older the rate of slowness increases. I can't win but I am determined to not give in. I want to interact socially and speaking is the lifeline I wish to adopt. I am willing to learn all over again. But it eludes me.

In the early days after the stroke I desperately wanted to be normal, plain, ordinary again. I did want to work again but it's not practicable. I miss being spontaneous, words slipping from my tongue. Now I realized that it's a pipe dream. I

don't entertain that thought any more. It's a matter of adapting. I channeled my energies to new pursuits, swimming, Tai Chi, learning to play the piano, gardening, nature craft. A lot of my pursuits are lonely ones because I fear that people don't understand me. Some days I still have difficulty with accepting my stroke but there is no turning back. I am alive! I struggled on with the hope that some day I am going to get better. I am an eternal optimist!

In 1993 I went to University of Michigan for 6 weeks of intensive speech therapy. I belong to a speech communication group in Halifax, Nova Scotia, Canada. I go to my speech group because it offers me support and sense of belonging but outside in the real world they all struggle to survive. They are all in the same boat as me. Before the stroke I took my communication skills for granted. It's a battle now.

There is a program run by my group leader Linda Carey in Halifax (similar to Michigan) called InterACT put on by Dalhousie University. The program started last year and does not run all year round only in May and in August. And I have been fortunate having a good man to love me.

[Read Irene's Book at
http://www.strokenetwork.org/newsletter/articles/sharpham.pdf](http://www.strokenetwork.org/newsletter/articles/sharpham.pdf)

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