

STROKE HUB

A Resource Guide for Stroke Survivors
and their Caregivers



Patient Sticky Label



*An initiative of the
Stroke Services Improvement (SSI) team
in collaboration with all public hospitals in Singapore.*

Introduction

This information guide aims to provide a general understanding of stroke, what you may expect during your stay in the hospital and subsequent care after your discharge.

Your healthcare team will provide you with specific information on your condition and the plan of management. If you have any questions or wish to know more about your condition, please consult your stroke care team.

This information is also available online at <http://healthhub.sg/strokehub>

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Fact Sheets

We acknowledged that you may have other questions about your condition or your role as a caregiver. Here is a list of fact sheets with more information. You may access them via the HealthHub website at <http://healthhub.sg/strokehub>

Fact Sheets Content List

Controlling Risk Factor of Stroke

- Hypertension
- Smoking and Stroke
- Atrial Fibrillation
- Cholesterol
- Diabetes
- Healthy Eating
- Alcohol

Consequences of Stroke

- Cognitive Issues
- Coping with Cognitive Issues
- Emotional Changes
- Coping with Emotional Changes
- Sexual Intimacy
- Spasticity
- Bladder and Bowel Problems

Rehabilitation after Stroke

- Physiotherapy
- Occupational Therapy
- Speech Therapy for Communication Difficulties
- Swallowing Difficulties

Social and Leisure Matters after Stroke

- Driving Eligibility
- Travelling
- Financial Assistance
- Returning to Work
- Sports, Exercise and Physical Activity

For My Carer

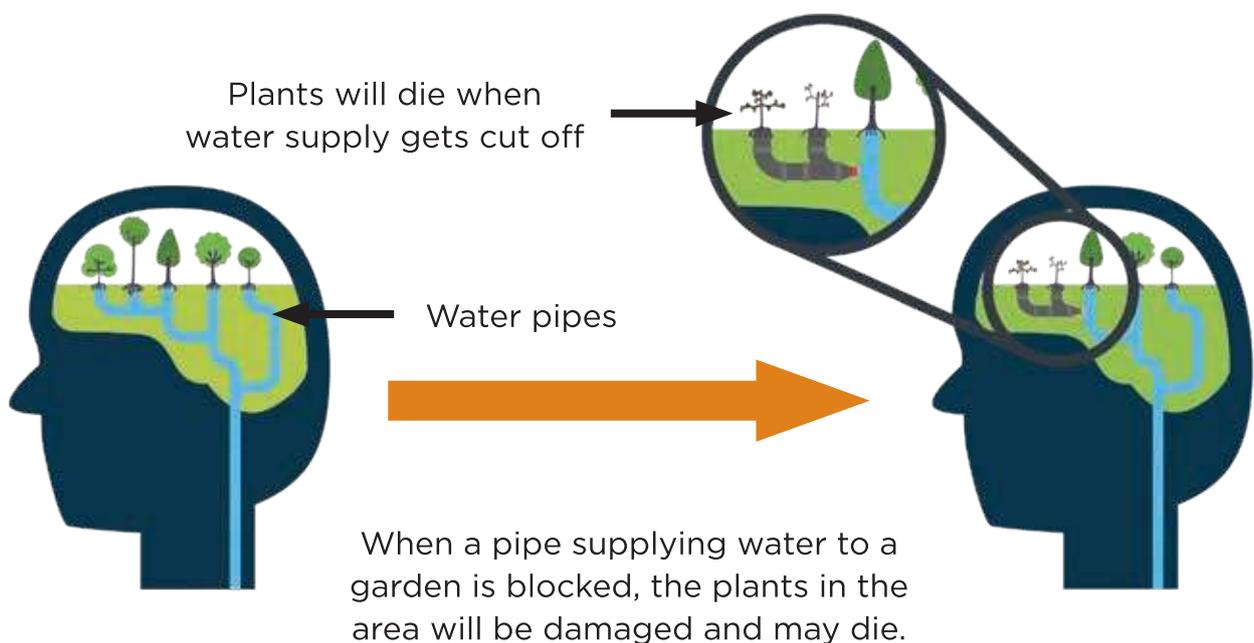
- Caring for Your Loved One

About Stroke

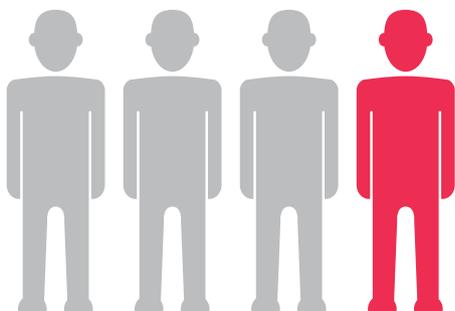
WHAT IS STROKE?

Normal brain function requires oxygen and nutrients which are supplied by blood through blood vessels. A stroke occurs when there is a disruption of blood flow to the brain. The area of the brain which is deprived of blood is thus damaged, resulting in signs and symptoms of stroke.

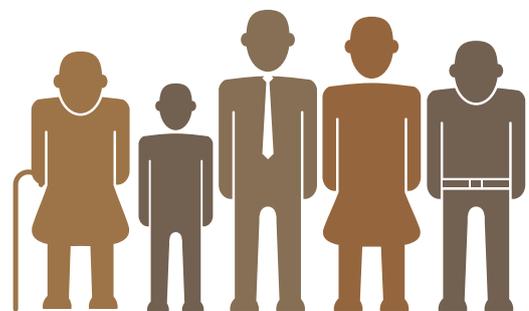
An analogy of stroke using a garden with pipes supplying water to explain how stroke occurs.



HOW COMMON IS STROKE?



1 in 4 people will suffer from a stroke in their lifetime



It can happen to anyone regardless of age, gender, ethnicity or socio-economic status

Types of Stroke

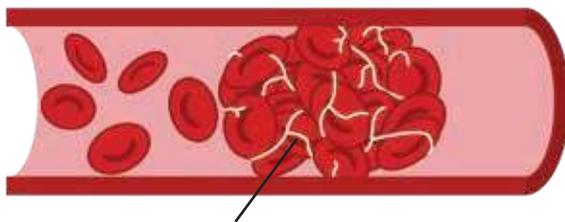
There are 2 main types of stroke.

Ischaemic Stroke: 'blocked artery'

It is the most common type of stroke. This occurs when a blood clot is lodged in an artery and cuts off blood supply to the brain. It is usually caused by either:



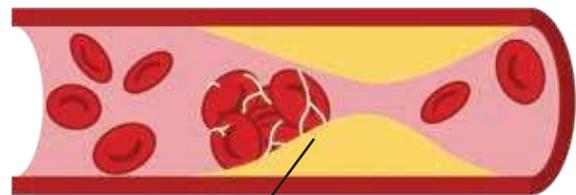
EMBOLISM



Blood clot

a blood clot from the heart is dislodged and travels to the brain

THROMBOSIS



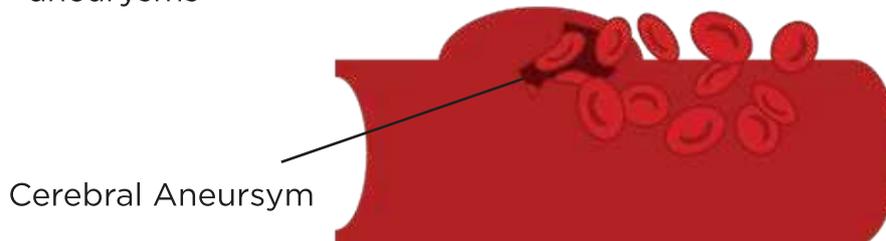
Fatty Plaque

a blockage of a brain blood vessel due to narrowing from fatty plaque formation

Haemorrhagic Stroke: 'burst artery'

This occurs when there is a rupture of a blood vessel causing bleeding in the brain. It is usually caused by:

- High blood pressure
- Defects in the blood vessel wall such as cerebral aneurysms



Cerebral Aneurysm

Rupture to blood vessels; leakage of blood

Transient Ischaemic Attack (TIA) - "mini-stroke"

- It happens when there is a temporary interruption of blood supply to the brain.
- Thus there is no permanent brain damage and the symptoms go away completely within a few minutes.

About the Brain

- The brain has 2 sides (right and left) and is divided into several areas that control different functions.
- The location of the brain damage will determine the signs and symptoms of stroke.

LEFT BRAIN FUNCTIONS

Movement and sensation of right side of body

Understanding and expressing language

Reading and writing

Vision on the right side



RIGHT BRAIN FUNCTIONS

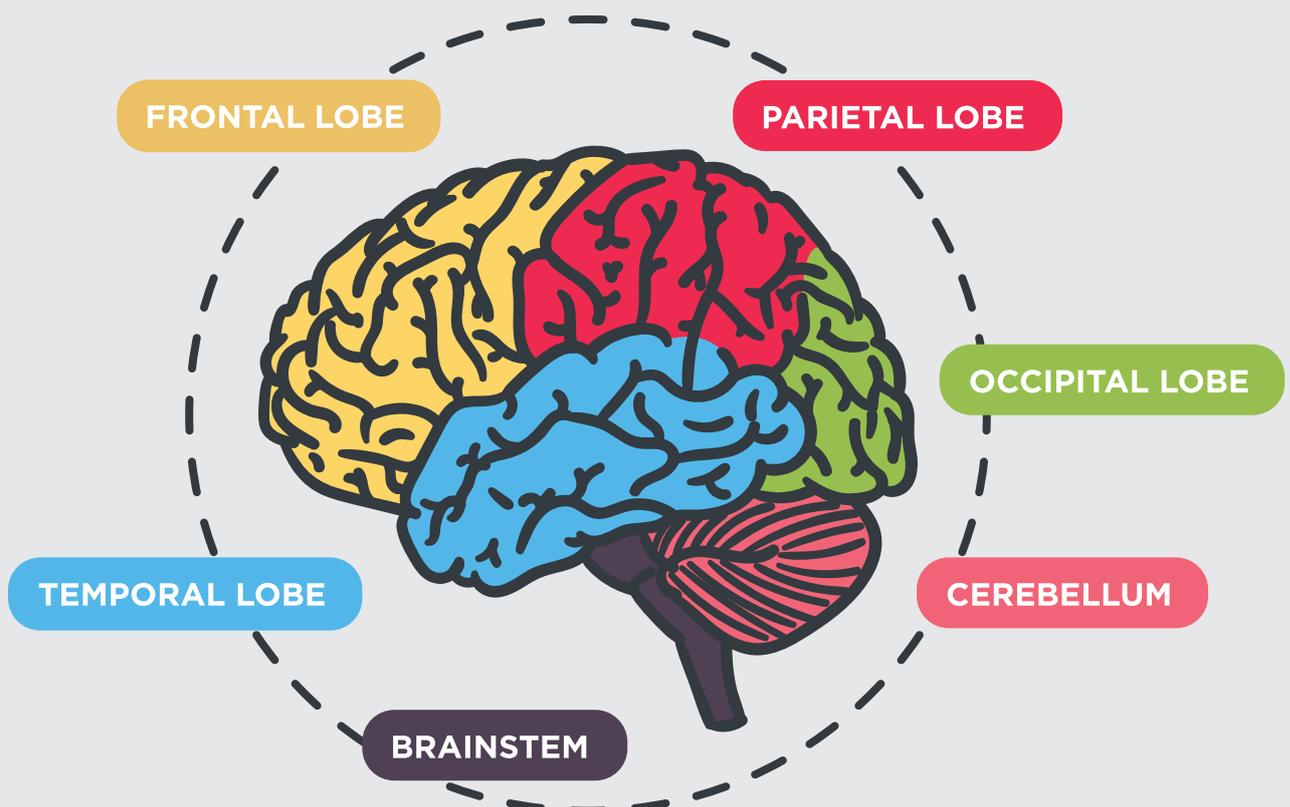
Movement and sensation of left side of body

Face and object recognition

Body awareness

Vision on the left side

Your doctors may describe the location of your stroke. Here is a diagram showing the different parts of the brain.



Signs and Symptoms of Stroke

It is important to understand that every patient is affected by stroke differently. The signs and symptoms of stroke depend on the area of damage in the brain.

PHYSICAL



Weakness

- You may experience weakness in one or both sides of the body. This weakness varies in severity.
- Weakness of the face muscle may result in facial drooping, drooling and speech difficulty.

Incoordination of movements

- You may experience difficulty in standing, walking or performing delicate tasks.

* Refer to *Physiotherapy and Occupational Therapy fact sheets* for more information.

SENSATION



Numbness

- You may experience reduced or loss of sensation over one side or specific parts of your body.
- You may experience abnormal extra feeling over one side of your body such as tingling or electric sensation.

VISION



Visual impairment

- You may experience double vision or loss of vision in one side or area of your visual field.

COMMUNICATION



Slurring of speech (“Dysarthria”)

- You may experience difficulty in articulating words. This may cause your speech to be unclear, slow or soft.

Language impairment (“Dysphasia”)

- You may experience inability to understand or express words, phrases and sentences, in both verbal and written form.

* Refer to *Speech Therapy for Communication Difficulties fact sheet* for more information.

SWALLOWING



Difficulty with swallowing (“Dysphagia”)

- You may experience difficulty with drinking and eating. It can cause coughing and choking leading to an increase risk of lung infection.

* Refer to *Swallowing Difficulties fact sheet* for more information.

What to Expect in the Hospital

Stroke patients usually require admission to a hospital for further investigation and treatment. Stroke Unit is a designated area in the hospital managed by a specialised multi-disciplinary stroke care team, where early treatment for stroke is provided.

STROKE CARE TEAM

The members of the stroke care team may include:



* Refer to page 21, for you to note the names of your stroke care team members.

MONITORING

During your hospital stay, your condition will be monitored periodically. This may include regular checks of blood pressure and assessment of your stroke signs every few hours.

SCREENING

You will be assessed by various stroke care team members followed by an appropriate intervention or referral to a healthcare professional.

- ✓ Swallowing test to assess for dysphagia
- ✓ Risk of deep vein thrombosis due to immobility
- ✓ Current mobility and functional status
- ✓ Fall risk
- ✓ Risk for developing pressure sores



INVESTIGATION

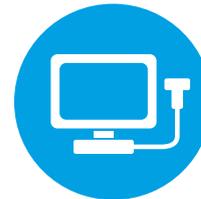
You will undergo various tests which may include:

BRAIN SCAN



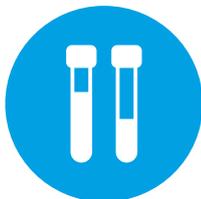
- Either **Computerised tomography (CT)** scan or **Magnetic Resonance Imaging (MRI)** scan
- This will help to identify the type, location and size of the stroke area.

ULTRASOUND



- Ultrasound of the neck and brain blood vessels to assess the blood supply in the brain.

BLOOD TESTS



- To screen for new risk factor(s) or measurement control of existing risk factor(s).
- To measure your blood counts and check the function of your other organs such as kidneys and liver.

HEART TESTS



- **Electrocardiogram (ECG)** checks for any abnormal heart rhythm.
- **Echocardiogram** is an ultrasound to check for the presence of any clots or abnormal communications between the chambers of your heart.
- **Holter** monitors the heart rhythm with continuous ECG over 24 or 48 hours to detect any heart rhythm abnormalities.

MEDICATIONS

Your doctor will prescribe you with medications. This may be taken orally or given by injection. Do inform your stroke care team if you are taking any medication(s), over-the-counter drug(s) or traditional chinese medication (TCM). You are advised not to self-medicate without speaking to your doctor.

EARLY MOBILISATION

Your stroke care team will encourage early mobilisation once it is safe. This is to promote early recovery and prevention of complications. Your safety is our priority, always ask your stroke care team for assistance if needed.

SCREENING AND PREVENTION OF POST STROKE ACUTE COMPLICATIONS

You will be monitored closely for any post stroke acute complications during your hospital stay.





PLANNING FOR REHABILITATION

Your stroke care team will assess your current mobility function and find out about your social situation. Rehabilitation planning will be a team-based decision together with you and your family.

Your caregiver may be required to undergo caregiver training depending on your care requirement.

DISCHARGE CARE PLAN

Starting a discharge plan as soon as possible is important. If needed, the stroke care team will help to organise services and make contact with key providers before you leave the hospital.

Discharge planning may include:

- Written communication to your primary care doctor at the General Practitioner / Polyclinic.
- Referral to Agency of Integrated Care (AIC) to arrange for services at community hospitals, day rehabilitation centres, day care centres, home nursing, home medical programme and nursing homes.
- Recommendation of medical equipment, mobility equipment and home modifications.
- Coordination of outpatient medical clinic appointments after discharge.

Risk Factors Control

After having a stroke or TIA, your risk of having another stroke or TIA is higher. About 1 in 5 people who have had stroke will suffer another stroke in 5 years. Poor control of risk factors will increase your chance of having another stroke.

It is important to reduce your risk by:

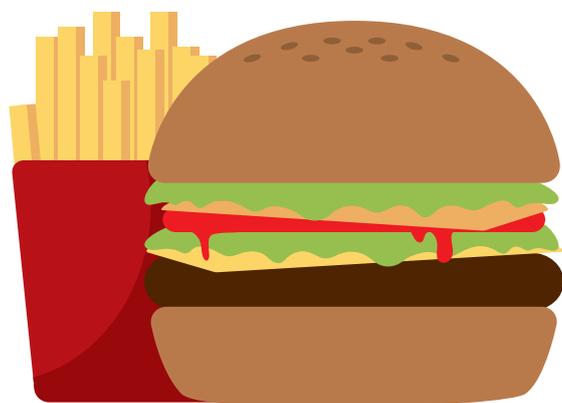
- knowing your risk factors for stroke
- controlling these risk factors

WHAT ARE THE RISK FACTORS FOR STROKE? HOW CAN I CONTROL MY RISK FACTORS?

There are risk factors that you can control. These include:

High Blood Pressure (Hypertension)

- The most important known risk factor for stroke.
- Uncontrolled hypertension increases the risk of stroke by 4 times.



High Cholesterol (Hyperlipidemia)

- The main cause of high cholesterol is having a diet high in saturated fats (fats from animal foods).
- High cholesterol have about 2 times the risk of heart disease, a contributor to stroke risk.

Diabetes

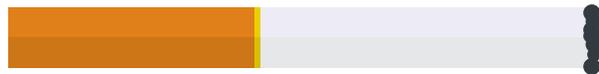
- Uncontrolled diabetes over a long period of time can cause damage to your blood vessels and nerves. The risk of stroke is 1.5 times more in diabetic patients.



Smoking

- If you smoke 20 cigarettes a day, you are six times more likely to have a stroke compared to a non-smoker.

* Refer to *Smoking and Stroke fact sheet* for more information.



Irregular heart beat (Atrial fibrillation or AF)

- As a result of the irregular heart beating, the heart does not pump and empty the blood smoothly or completely. This increases the risk of clots forming in the heart and travelling to the brain.
- AF increases the risk of stroke by 5 times.

* Refer to *Atrial Fibrillation fact sheet* for more information.

Unhealthy Lifestyle

- Being inactive, having an unhealthy diet, obesity and excessive alcohol consumption can increase the risk of high blood pressure, high cholesterol, diabetes, heart disease and further strokes.

* Refer to *Alcohol fact sheet* for more information.



Some risk factors are not within our control. These include:

- **Age**
 - ▶ Stroke affects people of all ages. The chance of having a stroke approximately doubles every 10 years of life after age 55.
- **Gender**
 - ▶ Men have a higher risk of stroke than women. The risk of stroke increases in women after menopause.
- **Heredity Factors**
 - ▶ There are some genetic causes of stroke.
- **Previous Stroke, Transient Ischaemic Attack (TIA) or Heart Attack**
 - ▶ If you previously had a stroke, TIA or heart attack, you are at greater risk than someone who has not.

Treatments for reducing risk of another stroke

There are strategies to help reduce the risk of another stroke.



Anti-Platelet

Eg. Clopidogrel, Aspirin, Dipyridamole

- An anti-platelet makes the blood 'less sticky' by preventing blood cells called platelets from sticking together to form a clot.

Anti-Coagulant

Eg. Warfarin, Novel-Oral Anti-coagulants (Rivaroxaban, Dabigatran and Apixaban)

- An anti-coagulation is a blood thinner that helps prevent formation of new blood clots and keeps existing blood clots from getting larger. They work by interfering with the function of certain blood clotting factors that are needed to form clots.
- It is usually prescribed to patients with atrial fibrillation (AF) and some other heart and blood disorders.

Cholesterol Lowering Medicines

Eg. Simvastatin, Atorvastatin, Rosuvastatin, Ezetimibe, Fenofibrate, Gemfibrozil

- There are medications to lower your cholesterol level.
- Statin medications helps to lower your risk of stroke and heart disease.

Lifestyle Modification

- Quit smoking
- Limit alcohol consumption
- Have healthy and well-balanced diet
- Exercise regularly
- Maintain healthy body weight
- Take your medications as prescribed by your doctor
- Attend medical appointments with your doctor as scheduled

How Stroke May Affect You?

Stroke does not affect individuals in a similar way. Thus a stroke patient may not experience all the consequences of stroke.

MOBILITY AND ACTIVITY OF DAILY LIVING



- You may experience weakness on one side of your body or problems with coordination and balance. This may cause you to have difficulty moving around and carrying out daily routines such as feeding, showering, and dressing.

* Refer to *Physiotherapy and Occupational Therapy fact sheets* for more information.

NUTRITION



- You may have difficulty swallowing and may need to be on a special food consistency or nasogastric tube feeding. Supplements may be prescribed to meet your daily nutritional requirements.

* Refer to *Swallowing Difficulties fact sheet* for more information.

COGNITION



- As a result of stroke, you may have poor memory attention or difficulty with thinking and reasoning. These difficulties may affect your ability to perform certain tasks and make decisions.

* Refer to *Cognitive Issues fact sheet* for more information.

CONTINENCE



- You may experience difficulty controlling your bladder or bowel movements. This may be due to the damage in the area of the brain, or a decrease in mobility.

* Refer to *Bladder and Bowel Issues fact sheet* for more information.

How Stroke May Affect You?

EMOTIONAL CHANGES AND TIREDNESS



- Feelings of fatigue, anxiety, anger, or depression are common after stroke. These may be normal responses to what has happened.
- In some cases, they may require specific treatment. Do inform your stroke care team if you are experiencing these symptoms.

* Refer to *Emotional Changes* fact sheet for more information.

BEHAVIOURAL AND PERSONALITY



- Stroke may create behavioural and personality changes impacted by the damage to the part of the brain, which regulates emotions, decision making and judgement.
- Behavioral and personality changes includes aggression, apathy, disinhibition, emotional lability, irritability, and impulsivity.

* Refer to *Cognitive Issues* fact sheet for more information.

SEXUAL ACTIVITY



- You may feel worried about engaging in physical intimacy or have a physical impairment that affects intimacy.

* Refer to *Sexual Intimacy* fact sheet for more information.

SOCIAL



- The consequences of stroke may restrict your ability to engage your usual social activities.

* Refer to *Social and Leisure Matters after Stroke* fact sheets for more information.

Complications after Stroke

After having a stroke, you may suffer from some complications. The stroke care team will take actions early to prevent complications if possible and to detect and treat them early should they occur. Here are some examples of common complications.

CONTRACTURES

It usually occurs when the limbs become fixed in a certain position due to irreversible contraction and fibrosis of the muscles.

PRESSURE SORES

The constant pressure over certain body parts from reduced mobility may cause the skin over that area to break down.

MUSCLE SPASTICITY

Muscle spasticity after stroke may cause your muscle to become tensed and contract abnormally leading to pain.

SEIZURES

Damaged brain cells from stroke may lead to abnormal electrical activity in the brain causing convulsions.

INFECTION

Swallowing impairment can sometimes result in food or fluids entering the lungs leading to pneumonia.

Poor hygiene of genital area may also cause urinary tract infection.

DEEP VEIN THROMBOSIS (DVT)

Formation of blood clots in veins of the legs may occur because of reduced mobility after stroke.

SHOULDER SUBLUXATION

It happens when there is a lack of support of an arm due to weakness. Hanging of the affected arm leads to pulling of the arm from the shoulder at the joint.

Rehabilitation after Stroke

Rehabilitation benefits most patients after a stroke. It starts early after stroke occurs. You and your family members should be actively involved in your rehabilitation processes.



Rehabilitation aims to:

- ✓ Improve your ability to perform usual functions
- ✓ Decrease post- stroke complications

Where do I go for rehabilitation?

There are 2 general pathways for rehabilitation after stroke.

1. Outpatient Rehabilitation
 - ▶ You return home from the hospital and go to a centre a few times a week for therapy.
2. Inpatient Rehabilitation Centre
 - ▶ You are transferred to a specialised rehabilitation unit or community hospital with daily therapy sessions for continued inpatient stay and ongoing medical and nursing care.

* Refer to *Rehabilitation after Stroke* fact sheets for more information.

Where to get more help after stroke?

We acknowledge that it is not easy journey for a stroke survivor or a carer of stroke survivor. These are some available resources you can refer to. Alternatively, you may approach the medical social worker in the hospital or polyclinic for more information.

GOVERNMENT SUPPORTED AGENCIES

COMMUNITY CARE SERVICES



AIC seeks to create a vibrant care community enabling people to live well and age gracefully. AIC coordinates and facilitates efforts in care integration to achieve the best care outcomes for our clients.

Website: www.aic.sg • **Hotline:** 1800-650-6060



SG Enable is an agency dedicated to enabling persons with disabilities.

Website: www.sgenable.sg • **Hotline:** 1800-8585-885

FAMILY SERVICE CENTRES

Family Service Centres (FSCs) are based in the community to provide help and support to individuals and families in need. They are staffed by social service professionals.

Website: www.msf.gov.sg/dfcs/familyservice/default.aspx

FINANCIAL ASSISTANCE



ComCare provides social assistance for low-income individuals and families. ComCare assistance is available at the Social Service Offices (SSOs). ComCare programmes are funded by the Community Care Endowment Fund (ComCare Fund).

Website: www.msf.gov.sg • **Hotline:** 1800-222-0000

SOCIAL ENTERPRISE AGENCIES

There are various resources available from social enterprise in Singapore.



Singapore National Stroke Association (SNSA) aims to offer an avenue of help, support and information to stroke survivors and their caregivers in their time of need.



Stroke care is an initiative of SNSA, supported by Tote Board-Enabling Lives Initiative Grant. It is a one stop portal for stroke survivors, caregivers and healthcare professionals.

Website: www.snsa.org.sg
www.strokecare.sg

Hotline: +65 62229514
Email: contact@snsa.org.sg



Stroke Support Station (S3) helps stroke survivors to Re-learn and Enjoy Active Living (R.E.A.L) for a better quality of life through a wellness program with the social-emotional support that rebuilds confidence and independence.

S3 fosters mental resilience in stroke survivors and their caregivers, resulting in social connectedness among stroke survivors, caregivers, family members and volunteers.

Website: www.s3.org.sg

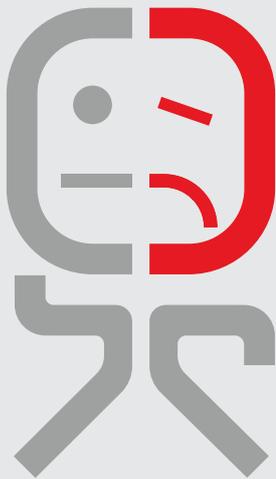
Hotline: +65 64733500
Email: info@s3.org.sg

To spot a Stroke, think F.A.S.T

WHY SHOULD I KNOW THIS?

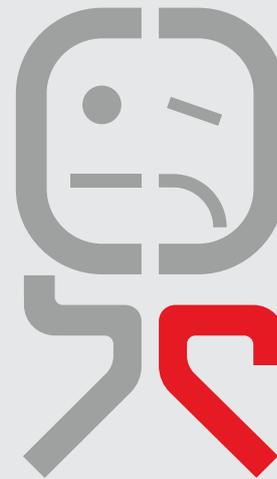
Once you have had a stroke, your risk of another stroke is higher than the rest of the population. You may witness a stroke in a family member, friend or a stranger. Time is of the essence in treating a stroke. Learn to spot its warning signs and know what actions to take.

Think F.A.S.T



Face drooping

Is the person's smile uneven?



Arm weakness

Can the person raise both arms and keep them up?



Speech difficulty

Does the person's speech sound slurred or unclear?



Time to call 995

If the person shows any of these signs, they need to be rushed to the hospital immediately.

Stroke Care Team

A group of healthcare professionals who will work with you to treat the different aspects of stroke care.

The stroke care team will work with you and your family members while you are in the hospital and when you go home. It can be helpful to write the names and contact details of your stroke team members.

Stroke Care Team Memeber	Name of your healthcare professional and contact details
Hospital:	
Doctor:	
Polyclinic/ General practitioner clinic:	
Nurses:	
Occupational therapist:	
Physiotherapist:	
Speech therapist:	
Pharmacist	
Dietitian:	
Medical social worker:	
Neuropsychologist:	
Others:	

DISCHARGE CHECKLIST ✓

To help you with recovery after stroke, it is important to speak to your healthcare team and your caregiver about what you can expect. Use the checklist below to help you and make sure your questions are answered.

- 1** What is my diagnosis? Ischaemic Stroke
 Haemorrhagic Stroke

- 2** What are my risk factors for stroke?
(you may tick more than one box)

- Hypertension High Cholesterol Diabetes
 Smoking Excessive Alcohol Atrial Fibrillation /
Other Heart condition
 Others: _____

- 3** What can I do to prevent another stroke?

- 4** What medications do I need to take? What are they for and how often do I need to take them? Can you help me complete the medication list below?

Name of medicine	What is it for?	How often?	Instruction

5 What are the plans for my rehabilitation?

6 What physical, emotional, behavior and communication challenges should I expect? How do I work to overcome the challenges?

7 Should I contact a stroke or caregiver support group in the community?

8 When, where and what are my medical follow-up checks?

9 Who should I contact if I have any queries about my hospital admission?

Additional notes:

POST STROKE CHECKLIST

Not sure what to update your doctor during your medical follow up for stroke? Here is a checklist developed by the Global Stroke Community Advisory Panel [2012], endorsed by the World Stroke Organization, adapted by the Heart and Stroke Foundation Canadian Stroke Best Practice Recommendations development team [2014].

SINCE YOUR STROKE OR LAST ASSESSMENT

1 Secondary Prevention

Have you received medical advice on health-related lifestyle changes or medications to prevent another stroke?

NO

Refer patient to primary care providers for risk factor assessment and treatment if appropriate, or secondary stroke prevention services.

YES

Continue to monitor progress

2 Activities of Daily Living (ADL)

Are you finding it more difficult to take care of yourself?

NO

Continue to monitor progress

YES

Do you have difficulty:

dressing, washing, or bathing?

preparing hot drinks or meals?

getting outside?

If Yes to any, consider referral to home care services; appropriate therapist; secondary stroke prevention services.

3 Mobility

Are you finding it more difficult to walk or move safely (i.e., from bed to chair)?

NO

Continue to monitor progress

YES

Are you continuing to receive rehabilitation therapy?

NO

Consider referral to home care services; appropriate therapist; secondary stroke prevention services.

YES

Update patient record; review at next assessment.

4 Spasticity

Do you have increasing stiffness in your arms, hand, or legs?

NO <input type="radio"/>	Continue to monitor progress	
YES <input type="radio"/>	Is this interfering with activities of daily living?	<input type="radio"/> NO Update patient record; review at next assessment.
		<input type="radio"/> YES Consider referral to rehabilitation service; secondary stroke prevention services; physician with experience in post-stroke spasticity (e.g., physiatrist, neurologist).

5 Pain

Do you have any new pain?

NO <input type="radio"/>	Continue to monitor progress	
YES <input type="radio"/>	Ensure there is adequate evaluation by a healthcare provider with expertise in pain management.	

6 Incontinence

Are you having more problems controlling your bladder or bowels?

NO <input type="radio"/>	Continue to monitor progress	
YES <input type="radio"/>	Consider referral to healthcare provider with experience in incontinence; secondary stroke prevention services.	

7 Communication

Are you finding it more difficult to communicate?

NO <input type="radio"/>	Continue to monitor progress	
YES <input type="radio"/>	Consider referral to speech language pathologist; rehabilitation service; secondary stroke prevention services.	

8 Mood

Do you feel more anxious or depressed?

NO <input type="radio"/>	Continue to monitor progress	
YES <input type="radio"/>	Consider referral to healthcare provider (e.g., psychologist, neuropsychologist, psychiatrist) with experience in post-stroke mood changes; secondary stroke prevention services.	

9 Cognition

Are you finding it more difficult to think, concentrate, or remember things?

NO <input type="radio"/>	Continue to monitor progress	
YES <input type="radio"/>	Is this interfering with your ability to participate in activities?	<input type="radio"/> NO Update patient record; review at next assessment.
		<input type="radio"/> YES Consider referral to healthcare provider with experience in post- stroke cognition changes; secondary stroke prevention services; rehabilitation service; memory clinic

10 Life After Stroke

Are you finding it more difficult to carry out leisure activities, hobbies, work, or engage in sexual activity?

NO <input type="radio"/>	Continue to monitor progress
YES <input type="radio"/>	Consider referral to stroke support organization support group; leisure, vocational, or recreational therapist.

11 Personal Relationships

Have your personal relationships (with family, friends, or others) become more difficult or strained?

NO <input type="radio"/>	Continue to monitor progress
YES <input type="radio"/>	<input type="radio"/> Schedule next primary care visit with patient and family member(s) to discuss difficulties.
	<input type="radio"/> Consider referral to stroke support organization; healthcare provider (e.g., psychologist, counsellor, therapist) with experience in family relationships and stroke.

12 Fatigue

Are you experiencing fatigue that is interfering with your ability to do your exercises or other activities?

NO <input type="radio"/>	Continue to monitor progress
YES <input type="radio"/>	<input type="radio"/> Discuss fatigue with Primary Care provider.
	<input type="radio"/> Consider referral to home care services for education and counselling.

13 Other Challenges

Do you have other challenges or concerns related to your stroke that are interfering with your recovery or causing you distress?

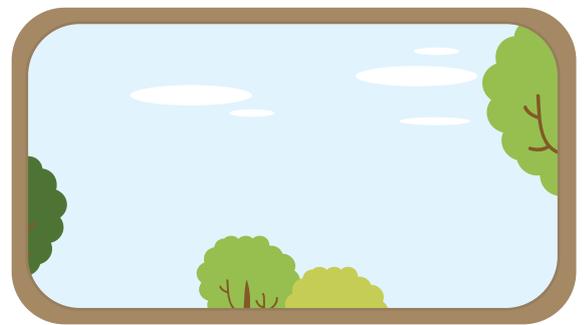
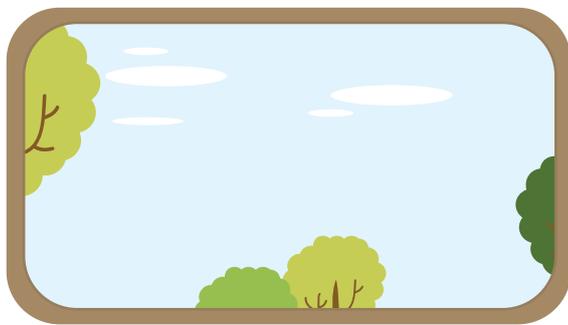
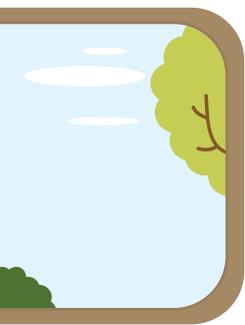
NO <input type="radio"/>	Continue to monitor progress
YES <input type="radio"/>	<input type="radio"/> Schedule next primary care visit with patient and family member(s) to discuss challenges and concerns.
	<input type="radio"/> Consider referral to healthcare provider; stroke support organization.

MY BLOOD TEST DIARY

This is a sample template for you to keep track of your blood test record. Keeping records of your blood test is useful for you in managing your risk factor.

Depending on your condition, you may have a different target range. Consult your doctor for your targeted blood test range.

Test	Date	Date	Date	Date	Date
LDL MY TARGET 					
Fasting Glucose MY TARGET 					
HbA1c MY TARGET 					
Comments					



Stroke Services Improvement

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