

About Health TV with Jeanne Blake
Surviving Stroke
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JEANNE BLAKE: Welcome to *About Health TV*. I'm Jeanne Blake. Imagine being stopped in your tracks by a stroke. Suddenly you can no longer move as you do now. Every year, half a million Americans experience a stroke. Although often fatal, many survive to lead active, productive lives. We're joined by one such man, Ed, and his doctor, Dr. Lee Schwamm, the associate director of the acute stroke service at Massachusetts General Hospital. Thanks so much to both of you for coming in. Doctor, let's start with you. There's no single cause of stroke. A stroke is basically when the supply of blood is cut off to the brain for a variety of reasons. Could you help us understand that?

DR. SCHWAMM: Sure, and actually before we even get into that, I need to explain that there are really two types of stroke.

JEANNE BLAKE: Okay, you're right.

DR. SCHWAMM: There are bleeding strokes, which most people don't think of when they use the word stroke, and that's when a blood vessel bursts either in the brain or in the fluids surrounding the blood vessels, and those are subarachnoid hemorrhage or intracerebral hemorrhage. But they account for only about 15% of all strokes. And the majority of stroke, as you mentioned, is due to blockage of a blood vessel, either a small blood vessel in the substance of the brain itself – there's a disease in that blood vessel – or more commonly because a blood clot breaks off from somewhere else upstream, the heart or the carotid arteries for example, travels through the system until it reaches a spot that it can't fit through and causes a stroke in that location.

JEANNE BLAKE: So every person, basically, who has a stroke is a new story?

DR. SCHWAMM: That's exactly right. Now, part of the problem is, we tend to think about stroke in a stereotypical way, that it's an older gentleman with high blood pressure and heart disease, but there are a lot of other people who are vulnerable for strokes. Children can have stroke with congenital heart defects, teenage women can have stroke if they take the birth control pill and smoke cigarettes or have other risk factors for blood clotting, arteries in the brain can tear slightly and cause blood clots to form. So there is no one profile that describes the stroke victim.

JEANNE BLAKE: Ed, you had your stroke two years ago when you were only 57 years old.

ED: Right.

JEANNE BLAKE: And as stroke does, it came out of the blue. What were your first symptoms? When did you first know that you were having a stroke?

ED: Well, after I was on the road to recovery. I was fortunate in that I have a very supportive family, three adult children and my wife, who went through the initial stages of my care under Dr. Schwamm, and all I knew was my left side was paralyzed and I couldn't walk. My speech wasn't affected much and my memory was not affected, so it wasn't until I was in recovery that I realized what had happened. But exactly what Dr. Schwamm says, I had carotid artery problems and I have all the symptoms that go with having a stroke.

JEANNE BLAKE: But what was the ... you had no warning, no early warning? You weren't aware of anything?

ED: No.

JEANNE BLAKE: How unusual is that, Doctor? I mean, we're always told -- and in a moment we're going to look at the signs -- but we're always told to watch for the feeling in your face, the tingling in your arm, but Ed says he had none of that warning.

DR. SCHWAMM: Well, I think that what you need to separate out here is the sudden onset of those symptoms versus the state of the brain at that point and whether it's able to recognize the problem.

JEANNE BLAKE: Oh, that's interesting.

DR. SCHWAMM: So unlike chest pain and with a heart attack, everyone who has that is mentally capable of saying, "Oh, I feel pain in my chest," but some strokes interfere with either the ability to talk -- so your mother, for example, when her symptoms started she had been unable to speak.

JEANNE BLAKE: Right. We haven't exactly mentioned that, but my mother had a series of strokes last summer, and we'll be showing a little bit of video of her in recovery in just a moment.

DR. SCHWAMM: So if your stroke prevents you from speaking, you may not be able to pick up the phone and call 911. Or if your stroke affects your ability to recognize that a stroke is happening, other people may notice it, but you might not.

JEANNE BLAKE: And that was true in your case, Ed?

ED: My 93-year-old mother-in-law, who lives with us, notified my wife that I wasn't acting normally, that I was acting strangely. And I guess that included being dizzy, losing my balance, and that's when they put me in the back of an ambulance and on up, thank God, to Mass General and under Dr. Schwamm's care, and I have progressed from pretty much being measured for a casket to someone who has returned to work and able to retire and be productive.

JEANNE BLAKE: Ed had family members that were alert enough to say something is really wrong. And something like that, you know, when your speech is slurred or your face becomes numb, is quite dramatic, but there are people who aren't lucky enough, Doctor, to have someone to have the red flag go up. It sounds as though Ed was within not a very long period of time of meeting his death if somebody hadn't been on alert.

DR. SCHWAMM: I think you brought up several important points. The first is that the message about knowing the risk factors for stroke and the warning signs for stroke aren't just applicable to people who are at risk for stroke. They're applicable to everybody who is around them, who loves them, who works with them, so that if I see something happen to you I can be the person to trigger the EMS system.

JEANNE BLAKE: This sounds like a good time to go over the symptoms and the signs.

DR. SCHWAMM: Certainly.

JEANNE BLAKE: We've put those up on the screen. They are ...

DR. SCHWAMM: The first important part is to understand that sudden numbness or weakness of the face, arm and leg, particularly on one side of the body, should alert you to the fact that a stroke may be occurring. Trouble with your speaking or understanding speech, trouble with walking or unexplained dizziness, you lose your balance or you fall over, you can't pick something up. A sudden severe headache without any known cause may be a sign of bleeding in the brain, as we mentioned. And

trouble seeing, especially out of one eye. Those are all important warning signs that a stroke might be occurring.

JEANNE BLAKE: And someone should call for help immediately.

DR. SCHWAMM: They should call 911, because the studies all show that patients who arrive by ambulance are seen faster and receive treatment more quickly than patients who either go to their primary care doctor's office or drive to the hospital themselves.

JEANNE BLAKE: Ed, you had risk factors that put you in the line of fire for a stroke.

ED: Right.

JEANNE BLAKE: Can you tell us what they were? It was basically the trifecta.

ED: Overweight. No exercise. I smoked. And I had a high-pressure job.

JEANNE BLAKE: We might mention that you were the chief financial officer for the city of Boston, and so you were a very successful, productive man in your life, and you were rendered completely inactive for how long? How long were you in the hospital?

ED: A good year.

JEANNE BLAKE: That is unbelievable, a recovery of a year. I mean, is that unusual, Doctor?

DR. SCHWAMM: The old teaching was that the first three months after your stroke you either recovered or you didn't and then game over, no more rehab, we're done. And the newer studies suggest that that's really not true, that the most dramatic degree of recovery occurs in the first few months. But the recovery continues not just for the first year, but probably for the first several years. And some studies have shown recovery even as late as four or five years after a stroke with intensively focused strategies to improve movement.

JEANNE BLAKE: That's really encouraging to hear that, because as you mentioned, my mother had a series of strokes this past summer and she's now about three months out, and her physical therapist has said that he believes that she's sort of peaked out where she is, and so they're changing

her program a little bit. I thought that we would just take one minute to look at a little bit of my mom's experience in recovery from a stroke.

[VIDEO CLIP]

MARY: I lost the use of my legs and my speech is affected.

THERAPIST: So basically, when Mary came back to the hospital, she really had pretty much really no active movement in her right lower extremity, except for a little bit at her hip, and her arm was also pretty flaccid as well, with no real strength. So as far as her right side is concerned, it's really come a long way with her gross motor strength. The things we're kind of working on now is more the final motor control and the balance that kind of go along, they usually come later. It's a big progress, you know. You've come a long way, Mary, and we're just continuing to work on the little things.

MARY: It's hard. Just the idea that I'm not used to it, you just couldn't compare it with anything. The inner frustration ... I can visualize the words I want to say, but I can't ... I just can't say them.

[END CLIP]

JEANNE BLAKE: Ed, does my mom's description of the frustration that she lived with sound pretty familiar to you?

ED: Absolutely. It's a huge frustration, especially if you were very active. You have to relearn how to walk. The first four months in the hospital, that's all they did, the nurses and the therapists basically kept me on my feet and made me work hard so I could walk again. I got limited use of my left hand back, and I never had a problem with the memory or speech.

JEANNE BLAKE: What was that like emotionally for you to go through that, to feel the loss of your independence?

ED: Well, it scared me, for one thing. You know, when you were used to having your day go a certain way and now you need more help every step of the way, it does take your independence away a little bit. One thing I would stress, although it's crucial in my case, is that the people that dealt with me always kept hope alive, and as long as you've got hope, you can beat this thing. It's hard work, but

if you know that with the hard work you'll come out okay at the other end, or at least close to what you were before ... if I knew that earlier I probably would have worked harder.

JEANNE BLAKE: That's interesting, because I recall being with my mom, and she's a very strong woman, and just repeating and asking the staff to please repeat that it really depends a lot on how hard she is willing to work. She has been incredibly dedicated to her recovery, so I'm glad to hear you say that. My mom worries about having another stroke. Do you?

ED: Oh yes. One, I stopped smoking and I will lose this weight. I've got something to do about that. And I'm seen fairly frequently by my doctors. The big issue is the carotid arteries, and they can monitor those through some kind of a machine, and as long as the blood is flowing at a halfway good clip, you're all set, right?

JEANNE BLAKE: Doctor, Ed has just mentioned a number of the risk factors, and Ed, you're right, you did have a lot of them. Doctor, could you help us understand just in a little bit more broad terms what those risk factors are, because some you can control and some you can't.

DR. SCHWAMM: That's exactly right. So we talk about modifiable and non-modifiable risk factors. The obvious ones that we can't modify are how old we are, and, as you may know, stroke risk doubles every decade after the age of 45. So our population, which is an aging population, is going to see a rise in stroke rates no matter how good we are at prevention or treatment. There are modifiable risk factors as well. Cigarette smoking, like Ed mentioned, high blood pressure is an incredibly important cause and it needs to be treated early. It doesn't help to treat it after 35 years of uncontrolled high blood pressure. We talked about some heart disease, in particular, there's an irregular rhythm that the heart can go into called atrial fibrillation, and that dramatically increases the risk of stroke and requires the use of blood thinners, drugs called Coumadin or Warfarin. You may have heard of them. In addition, narrowing of the carotid artery dramatically increases the risk of stroke. And then we have some other things, like diabetes and some more unusual diseases, disorders of the blood-clotting system that can predispose to stroke.

JEANNE BLAKE: Let's shift a little bit, because you mention treatment, to what is new on the horizon. I think that if Ed had had a stroke as massive as he had ten years ago instead of two years ago, his recovery would have been a very different picture.

DR. SCHWAMM: That's actually very true. Ed was fortunate that, number one, he came in yearly, which meant we had some options. Number two, he had a blockage of the main artery on the right side

of the brain that supplies most of the surface of the brain. We went in with a catheter and, just like they do in a heart attack, we went up into the brain artery and opened up the blood vessel. In doing that, we salvaged a large part of the surface of the brain, but unfortunately there was continued swelling of the brain, something that happens frequently after a large stroke. So Ed had another life-saving new technology, which is a surgery to remove literally part of the skull and allow the brain to swell outward where it won't hurt anything, rather than inward and downward where it can press on vital structures of the brain. And Ed managed to come through both of those procedures remarkably and with an incredibly dedicated family. I can't emphasize enough how lucky and blessed Ed is to have the family that he does. They went through a long process of recovery, and this kind of a stroke doesn't just stop with the stroke. There is the risk of pneumonia after a stroke, there is problems with digestion, there may be the need to have someone get fed through a tube in the stomach for a while until the swallowing function is regained. So there are a lot of barriers to recovery, but I think Ed's message about keeping hope alive, and there's so much that patients and family can do to keep that person working hard to recovery.

JEANNE BLAKE: Ed, we've spoken about how active and busy and successful your life has been. How has having a stroke changed the way you look at life?

ED: It's made me appreciate a lot more what I have, which is a great family and good doctors, good hospitals, and, in my case, a boss who was terrific, the mayor of the city of Boston. I reported directly to him and he was the first one to come over to the hospital to visit me. I think he thought I was faking it. He knows I wasn't now. But he was terrific all through this thing, to me and my family.

JEANNE BLAKE: And your message to people who are in the early stages of recovery?

ED: Hang in there and do as much hard work as you can. There's a lot of people who survive strokes and they do very well.

DR. SCHWAMM: You know, there were a lot of people who told me that he would never walk again and that he would never work again. And as I've spent more time taking care of stroke patients, I've come to realize that there really is no predicting, there is just no knowing how much recovery is inside somebody, and so I always try to be very optimistic.

JEANNE BLAKE: You've carried your message far and wide. You're committed to helping educate the public about the risk of stroke and, prior to your stroke, about heart disease. You've been a real

advocate.

ED: That's right. The mayor has volunteered me to head up the city's efforts in the American Heart [Association] walk every September, and we're happy to say that the city has raised this year \$38,000. Last year it was \$45,000. We were only second to Fidelity, who's got many, many more employees than the city of Boston has, and they're all paid better than the city of Boston employees, so they came in first, Boston came in second, and I don't know where the hospitals were but they were real behind.

JEANNE BLAKE: That's great. Raising awareness every step of the way. Good for you. We wish you continued good health and continued recovery.

ED: Thank you.

JEANNE BLAKE: Dr. Schwamm, thank you so much for sharing your expertise today.

DR. SCHWAMM: My pleasure.

JEANNE BLAKE: We want to thank you for joining us on this edition of *About Health TV*. I'm Jeanne Blake. I'll see you next time.

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