May Is American Stroke Month

The many faces OF STROKE

Stroke doesn’t discriminate – it affects people of all ages, ethnicities and backgrounds.

- Stroke is the No. 4 killer in the U.S. and a leading cause of disability.
- Know your risk factors. Learn the warning signs. A family history of stroke increases your risk.

Whether the stroke is your own or that of a friend, parent, child or spouse, your life is affected.

Face stroke before it faces you.
Visit StrokeAssociation.org or call 1-888-4-STROKE for more information.
ARE YOU AT RISK FOR STROKE?

Check all that applies to you. If you check two or more, please see a healthcare professional and determine what you can do to lower your risk.

**AGE**
- Your are a man over 45 or a woman over 55 years old.

**FAMILY HISTORY**
- Your father or brother had a heart attack before age 55 or your mother or sister had one before age 65.

**MEDICAL HISTORY**
- You have coronary artery disease, or you have had a heart attack.
- You have had a stroke.
- You have an abnormal heartbeat.

**Tobacco SMOKING**
- You smoke, or live or work with people who smoke every day.

**Total CHOLESTEROL and HDL cholesterol**
- Your total cholesterol level is 240 mg/dL or higher.
- Your HDL (“good”) cholesterol level is less than 40 mg/dL if you’re a man or less than 50 mg/dL if you’re a woman.
- You don’t know your total cholesterol or HDL levels.

**BLOOD PRESSURE**
- Your blood pressure is 140/90 mm Hg or higher, or you’ve been told that your blood pressure is too high.
- You don’t know what your blood pressure is.

**PHYSICAL INACTIVITY**
- You don’t accumulate at least 30 minutes of physical activity on most days of the week.

**Excess BODY WEIGHT**
- You are 20 pounds or more overweight.

**DIABETES**
- You have diabetes or take medicine to control your blood sugar.

Call the American Stroke Association for free information at 1-888-4-STROKE (477-8653) or visit www.StrokeAssociation.org/power.
Stroke is a medical emergency that can strike anyone. EVERY MINUTE MATTERS.

Know these warning signs of stroke and teach them to others.

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden, severe headache with no known cause

In the past, doctors couldn't do much to help stroke victims. That's not true today.

Now stroke doesn't have to lead to disability or death... ...IF you recognize a stroke and get to the hospital immediately.

The clot-dissolving drug tPA can reduce disability if it's given within three hours after an ischemic stroke starts. (Ischemic strokes are caused by clots and are by far the most common type of stroke.)

Unfortunately, tPA isn't used as often as it could be because many people don't seek care quickly. Don't make that mistake. If you or someone near you has any warning signs of a stroke, call 9-1-1 immediately!

Call 9-1-1 at the first sign of stroke. TIME LOST IS BRAIN LOST.

Your area responders are trained to get you the best and fastest care possible. Calling 9-1-1 connects you to a stroke team that can get the treatment you need. It's a no-brainer!
Women’s Hidden Risks
FOR STROKE

This year, more than 100,000 U.S. women under age 65 will have a stroke. Over half of all stroke deaths occur in women. At all ages, more women than men die of stroke.

Stroke is not a geriatric disease. And it’s not confined to elderly overweight smokers who have high blood pressure or high cholesterol. Those are the most common risk factors, but strokes can affect anyone at any age.

Use of birth control pills and pregnancy pose special stroke risks for women. Other risk factors that are especially important for women under age 55 include:

Migraines
Recent research shows that women who suffer from migraines with aura (visual disturbances such as flashing dots or blind spots) can be up to 10 times more likely to suffer a stroke, depending on other risk factors

Birth Control Pills
Women who take even a low-estrogen birth control pill may be twice as likely to have a stroke than those who don’t and the risk may increase if other risk factors are present.

Hormone Replacement Therapy
Women who take hormone replacement therapy may have a slightly increased stroke risk.

Diabetes and Lupus
and other autoimmune diseases can increase the risk of stroke.

Clotting Disorders
Women who’ve had more than one miscarriage may be at higher risk for blood clots, which can increase their chance of a stroke. Other signs of a possible clotting disorder can include previous history of clots in the legs (deep vein thrombosis) and livedo reticularis, a mottled purplish discoloration of the skin.

Stroke risk factors are cumulative.
Reducing even one can greatly lower your chances of having a stroke.
Visit StrokeAssociation.org or call 1-888-4STROKE for the tools you need.


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Could your loved one have a stroke? **YES.**

Each year, approximately 795,000 Americans have a new or repeat stroke. About 7 million stroke survivors are alive today.

Here are some tips to help family members cope with their new role as stroke caregivers.

1. **Understand the recovery process.** Learn what medications have been prescribed and their side effects. Ask if your home should be modified to meet the survivor's needs. Ask a doctor, nurse or therapist to answer any questions or to provide written information that explains what occurs after the stroke and during recovery.

2. **Reduce risks or stroke may strike again.** A survivor who's had one stroke is at high risk for another one if treatment recommendations aren't followed. Make sure he/she eats a healthy diet, exercises, takes medicine as prescribed and has regular doctor visits.

3. **Recovery depends on many factors:** where in the brain the stroke occurred, how much of the brain was affected, the survivor's motivation, caregiver support, the quantity and quality of rehabilitation, and how healthy the survivor was before the stroke. Because every stroke and survivor are unique, avoid comparisons.

4. **Gains can happen quickly or over time.** The most rapid recovery usually occurs in the first 3-4 months, but some survivors continue to recover well into the first and second year after stroke.

5. **Consider physical or occupational therapy** if your loved one has dizziness; imbalance resulting in falls, difficulty walking or moving around; inability to walk six minutes without stopping to rest; inability to do things he/she enjoys like recreational activities or family outings, or increased need for help with daily activities.

6. **Don't ignore falls,** which are common after stroke. If a serious fall results in severe pain, bruising or bleeding, go the emergency room for treatment. If minor falls (no injury) occur more than twice in six months, see your doctor or physical therapist for treatment.

7. **Measuring progress matters.** How much rehab therapy your loved one receives depends partly on his/her rate of improvement. Stroke survivors in an acute rehab unit are expected to make measurable gains each week in daily living, mobility and communication skills as measured by the Functional Independence Measure Score (FIMS). The typical expectation is improving 1-2 FIM points per day.

8. **A change in abilities can trigger a change in services.** Medicare coverage for rehab therapies may be available if your loved one's physical function changes. He/she may be eligible for more services if there seems to be improvement or a decline in motor skills, speech or self-care since the last therapy session.

9. **Monitor changes in attitude, behavior.** Evaluate whether your loved one is showing signs of emotional lability (difficulty controlling emotions). Consult a physician to develop a plan of action.

10. **Treat depression before it hinders recovery.** Post-stroke depression, which affects 30–50% of survivors, can significantly affect recovery. Consult a doctor to develop a plan of action.

11. **Seek support.** Ask your case manager, social worker or discharge planner to help you find community resources such as stroke survivor and caregiver support groups.

12. **Assess your insurance coverage.** Ask your case manager or social worker to find out what insurance will pay for rehab services. Clarify what medical/rehab services are available for hospital/outpatient care, the length of coverage provided by your insurance and what out-of-pocket expenses you can expect.

13. **Know when to enlist help.** If rehab services are denied due to lack of "medical necessity," ask your doctor to intervene on your behalf. Ask him/her to provide records to the insurance carrier and, if needed, follow up yourself by calling the insurance company.

14. **Know your rights.** You have the right to access your loved one's medical and rehab records. You are entitled to copies of the medical records, including written notes and brain imaging films.

15. **Take care of you.** Ask another family member, friend or neighbor to help while you take time some for yourself. Keep balance in your life: eat right, exercise or walk daily and get adequate rest.

For more tips, tools and support, visit StrokeAssociation.org/caregivers.

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May Is American Stroke Month and High Blood Pressure Month

High Blood Pressure can lead to stroke, heart attack or kidney failure

- An estimated 76.4 million U.S. adults (1 in 3) have high blood pressure, the biggest risk factor for stroke.
- People whose blood pressure is under 120/80 have about half the risk of stroke compared to people with high blood pressure (greater than 140/90).
- Only 48% of Americans who know they high blood pressure have it under control.
- 69% of people who have a first heart attack and 77% of people who have a first stroke had high blood pressure.
- The prevalence of high blood pressure in African Americans (44%) is among the highest in the world.

10 Ways to Control Your Blood Pressure
1. Know your blood pressure. Have it checked regularly.
2. Know what your weight should be. Keep it at or below that level.
3. Avoid salty foods. Don’t use too much salt in cooking or at meals.
4. Eat a diet rich in fruits, vegetables and whole-grain high-fiber foods.
5. Control alcohol intake. Don’t have more than one drink a day if you’re a woman, or two a day if you’re a man.
6. Take your blood pressure medicine exactly as prescribed. Don’t run out of pills even for a single day.
7. Keep appointments with the doctor.
8. Get regular exercise according to your doctor’s directives.
9. Live a normal life in every other way.
10. Be sure all family members check their blood pressure regularly.

Our online tools at HeartHub.org and heart.org/hbp can help you manage blood pressure, cholesterol, blood glucose, physical activity, weight and medications. Just enter your numbers, track your progress and print a report to take to your doctor.
**Chicken with Peach Glaze**

Serves 4; 3 ounces chicken and ½ cup peach topping per serving

- 1 15-ounce can sliced peaches in fruit juice
- ¼ cup fresh orange juice
- ½ tablespoon cornstarch
- ⅛ cup all-fruit peach spread
- 1 teaspoon grated orange zest
- 4 boneless, skinless chicken breast halves (about 4 ounces each), all visible fat discarded
- ¼ cup all-purpose flour
- 1 tablespoon snipped fresh parsley
- ¼ teaspoon garlic powder
- ⅛ teaspoon paprika
- ⅛ teaspoon salt
- 2 teaspoons olive oil

Drain the peaches, reserving ¼ cup juice. Set the peaches aside and pour the juice into a small bowl. Add the orange juice and cornstarch to the peach juice, whisking until the cornstarch is dissolved. Whisk in the jam and orange zest. Set aside.

Put a chicken breast half with the smooth side up between two pieces of wax paper or plastic wrap. Using the smooth side of a meat mallet or a heavy pan, lightly flatten the breast to a thickness of about ¼ inch, being careful not to tear the meat. Repeat with the remaining chicken.

In a small bowl, stir together the flour, parsley, garlic powder, paprika, and salt. Sprinkle over both sides of the chicken. Using your fingertips, gently press the mixture so it adheres to the chicken.

In a large nonstick skillet, heat the oil over medium-high heat, swirling to coat the bottom. Cook the chicken for 4 minutes on each side, or until no longer pink in the center. Remove the skillet from the heat, reducing the heat to medium low. Transfer the chicken to a plate. Set aside.

Immediately pour the reserved peach juice mixture into the skillet. Cook for 1 to 2 minutes, or until thickened, stirring constantly. Add the reserved peaches, stirring until combined. Return the chicken to the skillet. Spoon the peach sauce and peaches over the chicken. Heat for 3 to 5 minutes, or until the chicken and peaches are heated through.

**Nutrients per Serving**

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**Dietary Exchanges**

- 1 fruit
- 2 other carbohydrate
- 3 very lean meat

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Pineapple Upside-Down Cake

Serves 12; 3-inch square plus 1 heaping tablespoon topping per serving

Cooking spray

Cake
1 20-ounce can pineapple tidbits in their own juice, undrained
12 maraschino cherries
½ cup fat-free caramel topping
1 18.25-ounce package yellow cake mix
¾ cup egg substitute
1 4-ounce jar baby food puréed apricots with pears and apples

Topping
1 cup frozen fat-free whipped topping, thawed in refrigerator
2 tablespoons fat-free caramel topping

Preheat the oven to 350°F. Lightly spray a 13x9x2-inch baking pan with cooking spray.

Drain the pineapple, reserving ⅔ cup juice. Pat the pineapple dry with paper towels. Drain the cherries. Cut in half. Pat dry with paper towels.

Drizzle ½ cup caramel topping in the pan. Cover the bottom with the pineapple. Evenly arrange the cherries with the cut sides up over the pineapple.

In a large mixing bowl, stir together the cake mix, egg substitute, baby food, and reserved pineapple juice. Using an electric mixer, beat according to the package directions. Gently spoon the batter over the fruit, lightly smoothing the top.

Bake for 35 to 40 minutes, or until a cake tester or wooden toothpick inserted in the center comes out almost clean. Transfer to a cooling rack and let cool in the pan for 5 minutes. Run a spatula around the edges of the cake to loosen it. Invert onto a large flat platter. Let cool for at least 15 minutes.

Meanwhile, in a small bowl, stir together the whipped topping and remaining 2 tablespoons caramel topping. Spoon onto the cake. Serve warm or at room temperature.

Nutrients per Serving

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<th>Dietary Exchange</th>
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Isn’t it time for our state to provide the best possible stroke care?

When it comes to stroke, time lost is brain lost. Developing a strong statewide stroke system of care would improve how stroke is treated so that our families, friends and loved ones have the best chance for recovery. The time to take action is now.

Stroke. You’re the Cure.

strokeassociation.org/yourethecure
For yourself...
For your loved ones...

Take the Pledge
Join the movement to prevent and overcome stroke. Call 1-888-4-STROKE or visit powertoendstroke.org.

The Power To End Stroke campaign is supported nationally by the Bristol-Myers Squibb/Sanofi Pharmaceuticals partnership.