Dropping a Spot: Stroke Research is Saving Even More Lives

Earlier this year, the Centers for Disease Control and Prevention announced that stroke fell from the No. 4 to the No. 5 cause of death in the United States. This downward trend in stroke mortality can be partly attributed to improved prevention, and partly to improved quality of care for stroke patients by hospitals. The American Heart Association and the American Stroke Association are proud of its volunteers and staff who have contributed to these advancements.

“There are more stroke centers now operating in the U.S., and the acute care of stroke is improving,” said Ralph Sacco, M.D., past president of the American Heart Association and chairman of neurology at the University of Miami’s Miller School of Medicine. “However, although mortality from stroke is dropping, we know that the number of people having strokes in the U.S. is rising each year due to the aging of our population and signs that strokes have increased in younger groups.”

It is important to bear in mind that stroke is still the No. 2 cause of death in the world, and remains a leading cause of disability in the United States. Which is why the association remains committed to working with survivors.

“There is a great deal to be done on behalf of stroke survivors, who very often face highly debilitating consequences in the aftermath of this severe cardiovascular event,” CEO Nancy Brown said. “We are committed to standing by their side as we continue striving for new breakthroughs in stroke prevention, treatment and rehabilitation.”

As our population continues to age, more and more Americans – and their families and caregivers – will struggle to overcome the devastating impact of stroke. The association recently launched the Support Network, which provides support to stroke patients, their families and their caregivers. This online community provides emotional and practical support for individuals living with heart disease and stroke as well as their caregivers. It also contains helpful tools to establish local face-to-face support groups. Now, with more than 4,500 users and growing daily, the site encourages users to share their experiences with heart, stroke, congenital heart defects, pediatric stroke, chronic conditions, rehabilitation and recovery, and in their role as caregivers.

Learn more about the Support Network at supportnetwork.heart.org or contact us at 1-800-AHA-USA-1.
Jennifer Caribardi knew better.

As a registered nurse, and the Director of Critical Care Services at Kingwood Medical Center north of Houston, Jennifer was highly skilled in treating stroke patients. Yet when she herself showed clear signs of a stroke, she refused to believe it. “I am too busy for this to happen,” she thought as her symptoms mounted.

Jennifer was 58 and led an active life. She fell into the trap of thinking stroke is something that happens to other people. But as she was working on a quilt at home, she noticed that the orange oak leaf pattern made her feel dizzy. It might have been a transient ischemic attack (TIA), a “warning stroke.” These can be a sign of an impending ischemic stroke, the most common kind of stroke, in which a blood clot obstructs a vessel leading to the brain. Jennifer thought little of the episode, rose early the next morning and headed to work. She was making her usual rounds when suddenly her vision went askew.

When her staff asked if she was OK, Jennifer insisted she was. Luckily, they refused to believe her. Even more fortunate, she already was in the ICU of her hospital, which is designated a Primary Stroke Center by the American Heart Association and the American Stroke Association.

As her team worked to bring down her blood pressure, Jennifer lost the feeling on her left side. She had the telltale sensation that her face was falling off and realized she couldn’t speak. But timing is essential in stroke care, and Jennifer’s symptoms were diagnosed quickly enough for her to receive an IV treatment called tPA, which helps dissolve the clot and restore blood flow to the brain, greatly enhancing the chances of a strong recovery.

Eight months later, when she was on the phone at 2 a.m. with a chief nursing officer from another hospital, she realized she was exhausted. To preserve her health, Jennifer switched roles, becoming the Core Measures Specialist, which ensures guidelines are followed and teaches other nurses what she knows. More importantly, Jennifer — now 61 and two and a half years removed from her stroke — is free of serious long-term neurological damage.

“I’m one of the very lucky ones,” she said. “I’m a lot blessed, because I was at the right place at the right time, with the right protocols in place. But it could have been so much worse. If it hadn’t been for a very proactive staff … they saved me from having a lot of damage.”

To learn more about the signs of stroke, visit strokeassociation.org or contact us at 1-800-AHA-USA-1.
Leg Exercise
• Lift one foot until your knee is straight and hold for a few seconds. Return foot to the starting position.

Arm Raises
• Holding light weights in both hands and keeping a bend in your elbows, slowly lift both arms until they are parallel to the ground. Hold for a second and slowly go down to the starting position.

Balance Exercises
• Walk by placing the heel of your right foot directly in front of your left foot. Switch feet and repeat.

Chest Stretch
• Clasp hands gently behind your head. Move your elbows back to the wall behind you. Hold for a few seconds, then repeat.

Abdominal Exercises
• Squeeze your abdominal muscles while raising both your feet off the ground. Hold for a second and release.

Triceps Extensions
• Holding a light weight, bend your left elbow straight up so it is pointing to the ceiling. Slowly straighten your arm. Hold for a second, then lower to the starting position.

Leg Stretches
To lengthen your abductors:
• Standing, bend your left leg slightly and lean your body left. Hold for a few seconds, then repeat on the other side.

To stretch your legs:
• Stand and put one foot in front of the other. Gently lean forward, then repeat on the other side.

8-10 exercises
+ 6-8 repetitions per exercise/per side
+ 2 days/week
= 8-10 exercises

heart, brain & body benefits
• maintain or increase muscular strength and endurance
• achieve or maintain a healthy weight
• maintain health and physical independence

For more information, visit www.heart.org/seniorhealth.
Dr. Fredrick Hatch and his wife Virginia live comfortably on a five-acre property amidst a 72-acre tree farm in New Hampshire. But it wasn’t always this way. When Dr. Hatch was a young researcher, partially funded by the American Heart Association, he and Virginia would scrape together checks received for his research to help feed their four young children.

Virginia recalls a particular Saturday morning, waiting for a check to arrive. “One day, we were waiting for the GI Bill check that we needed by noon to come in the mail,” she recalled. “So we got in the car and drove the mail route trying to find the mailman. We finally found him and he had our check! That was called being poor.”

Dr. Hatch’s early training in medicine caused the couple to frequently move around the country while he was studying at Dartmouth, Harvard and MIT. He was deferred from the draft because he was studying chemistry and medicine. He was eventually drafted during the Korean war, however, he was not sent overseas. He instead worked in the Army Nutrition Laboratory for three years, which was a very useful assignment.

Early in his career, Dr. Hatch made a revolutionary discovery as part of a research team studying the effects of the “rice diet”, that in the late 40’s was being used to treat malignant high blood pressure. Dr. Hatch discovered that the rice diet, which consisted of zero fat and mostly carbohydrates, increased a person’s triglycerides, a type of fat found in the blood. This resulted in the first evidence that carbohydrates could be turned into fat and contribute to atherosclerosis, the hardening and narrowing of the arteries—the usual cause of cardiovascular disease. Dr. Hatch continued his study of atherosclerosis, serving as a member of the Council on Atherosclerosis for the American Heart Association for many years, and receiving a fellowship from the association for his work.

Perhaps equally meaningful to Dr. Hatch was a hand-written note he received from one of the association’s founders, Dr. Paul Dudley White, whom Dr. Hatch and his wife knew while they lived in Cambridge. In the note, Dr. White thanked Dr. Hatch for continuing his study of atherosclerosis, which he called a “major health problem.”

Dr. Hatch and Virginia have four children and three grandchildren, but have decided to leave a sizeable portion of their estate to his three alma maters and the American Heart Association. When asked about this decision, Virginia simply says, “We felt that we owed it to the American Heart Association; we were very, very poor back then.” Dr. Hatch agrees, “I went to three major places for education, and not many people do that,” he said. “I just felt that to the extent that we can give back is an obligation.”
The Gift Legacy eNewsletter: How Can it Help Me?

The Gift Legacy eNewsletter provides the latest news from Washington that may impact your taxes and estate, and features timely articles to enhance your lifestyle. The weekly digital newsletter is free to all friends of the American Heart Association and the American Stroke Association. Sign up for future editions, at heart.org/giftlegacy. Below are highlights from past editions:

Gift Tax Surprise. A person who makes gifts to children, grandchildren or other heirs will be taxed on the fair market value of the gift. If your total gifts during your lifetime exceed the annual gift exemption (over annual exclusions, currently $14,000), then you must pay gift tax. There are potential gift deductions for charitable gifts. Find out how you can benefit.

How to Search for Lost Pension Money. Today, millions of dollars in benefits are sitting in pension plans across the U.S. or with the Pension Benefit Guaranty Corporation (PBGC), a federal government agency, waiting to be claimed by their rightful owners. The average unclaimed benefit with PBGC is about $6,500. Are you missing out? Log on to heart.org/plannedgiving to read more and to discover how you can save lives by making a charitable gift.

TEST YOUR ESTATE PLANNING KNOWLEDGE: TRUE OR FALSE QUIZ

1. For your will to be valid, you must know the value of your assets.  
2. You should keep your signed will in a safety deposit box.  
3. A durable power of attorney for healthcare in some states is called an advance directive.  
4. Even with a small estate, it is important to have a will.  
5. An IRA is usually transferred by will.

Would you like to learn more? The American Heart Association is here to help! Our Charitable Estate Planning Directors can help you create an estate plan that provides for you, your family and your favorite charities. Please contact us at 1-888-227-5242 or email us at plannedgiving@heart.org for more information.

Black Bean and Brown Rice Salad

Fresh cilantro adds its clean taste and lime juice provides a tangy zing to this fiber-rich salad.
Serves 4; 1½ cup servings

1 10-ounce package
frozen brown rice
1 15-ounce can no-salt-added
black beans
1 medium avocado
4 medium green onions
1 medium tomato
6 to 7 sprigs of fresh cilantro
2 tablespoons fresh lime juice
2 teaspoons olive oil
(extra-virgin preferred)
¼ to ½ teaspoon hot sauce,
or to taste
1/4 teaspoon salt

Cook’s Tip:
Frozen brown rice is already cooked and has no added sodium or fat. After just a few minutes in the microwave or on top of the stove, it is ready to use. When you want a change of flavor, substitute barley, bulgur, whole-grain pasta, or any other whole grain for the brown rice in this very versatile salad.

Prepare the rice using the package directions. Spread in a single layer on a baking sheet to cool quickly (about 10 minutes).

Meanwhile, rinse and drain the beans. Pour into a medium bowl.

Chop the avocado and green onions. Dice the tomato. Snip the cilantro. Stir into the beans. Stir in the lime juice, oil, hot sauce, and salt.

Stir in the cooled rice. Serve immediately for peak flavor and texture or cover and refrigerate for up to 4 hours.

NUTRITION ANALYSIS (per serving)
Calories ............................................................................286
Total Fat ............................................................................10 g
  Saturated Fat .............................................................1.5 g
  Trans Fat ........................................................................0.0 g
  Polyunsaturated Fat ...................................................1.0 g
  Monounsaturated Fat .................................................6.5 g
Cholesterol  ......................................................................0 mg
Sodium ........................................................................161 mg
Carbohydrates  ..................................................................41 g
  Fiber ............................................................................10 g
  Sugar ............................................................................6 g
Protein ................................................................................9 g
Dietary Exchanges: 2½ starch, 1 vegetable, 1½ fat

This recipe is brought to you by the American Heart Association’s Patient Education program. Recipe copyright © 2008 by the American Heart Association. Look for other delicious recipes in American Heart Association cookbooks, available from booksellers everywhere.