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Season 3, Episode 3:

Stroke Awareness – Spot It Early, Treat It Fast, Prevent It Better

Syra York: Hello and welcome to Healthier Review podcast. I'm your host, Syra York, a nurse practitioner in the Occupational Health Clinic. Today, we're going to be talking about stroke and stroke prevention. Join me in welcoming Dr. Carolyn Cronin, a professor of neurology and division chief of Vascular Neurology, and Dr. Kiersten Brown Espailat, an assistant in neurology and the Stroke Program manager. Hello, ladies and welcome. Thank you so much for being here, today. I know we're going to be doing a lot of chatting about stroke. So, I did want to understand a little bit more of the background on why this topic is so important and why we're choosing to share this now with our employees.

Carolyn Cronin: Absolutely. Thanks for having us. I was going to start by saying it's a super important topic. As you said, you know, stroke is very common and is the leading cause of disability in this country because it causes so many potential deficits. We can get into this a little bit more later, but about 80% of strokes are preventable related to lifestyle and risk factor management. So it's really important that people are aware of that and are trying to control things as well as they can.

SY: Yeah, so it seems like it's very prevalent, and it seems like it's preventable, which is good. What are the main types of stroke?

CC: Yeah, so stroke is a broad category that came into play before we had any imaging or could sort of define things. So, there's a lot of things that fall under the umbrella of stroke. The two main categories are hemorrhagic or bleeding types of stroke, where there's bleeding into the brain, or ischemic, or blockage kind of strokes, where not enough blood is getting to a particular area in the brain.

SY: And what is the most common form of stroke to occur?

CC: So ischemic stroke is much more common. That's about 80-85% of strokes. Hemorrhagic strokes have a higher mortality rate and rate of bad outcomes. So, both are super important.

SY: And what is the age group that's most largely affected by this? Because I know we have a lot of employees here that vary in different backgrounds, ages, ethnicities. What is the main age group that would be affected?

CC: So stroke does get more common as you get older, and the typical stroke patient that everyone thinks of is a, you know, retired person. But the reality is that people can get strokes at any age of life. And in the last couple of decades, the portion of strokes that are in people under 50 has been increasing at the same time that overall strokes have been decreasing. So, it's certainly important for everyone to think about trying to prevent stroke as best they can and being on the lookout for stroke symptoms so that they know when a problem might be occurring.

SY: Yeah, and what are those stroke-like symptoms to be on the lookout for?

Kiersten Brown Espailat: So really, we think about the acronym BE FAST. So, we think about B for balance. Being dizzy or off balance; you can't walk a straight line, and it's not because you were having a beverage after work. We think about their eyes. Are they able to see clearly? Is it blurry or are they losing vision in one eye? Their face - I think this is the most common one that folks can tell me about is they know that if somebody's face is uneven or drooping or their smile is off. That is a really easy symptom. Even kids can pick up on it. So, making sure we teach this to our kids too. Arm weakness - so they're not able to either grip their coffee cup or maybe raise their arm up. They're having trouble, maybe also with a lower leg. So maybe their leg isn't working as it should. And then speech - it's either not there, so they can't talk or maybe they're saying the wrong words. So they want to tell you about their day and instead they're talking about the dog. So word substitutions, things like that. It just sounds garbled or mumbled. And then really the most important thing is that they call 911 immediately. Do not lay down and take a nap and see if it will get better because that changes how we can treat the patient. We want to make sure that folks think about BE FAST and that they call 911 even if they live relatively close to a facility because a lot changes when you come in by an ambulance, then if you drove yourself. So BE FAST and show up so we can take care of you.

SY: Yeah, and I'm just going to further ask about why time is essential and of the essence when somebody is experiencing stroke-like symptoms.

CC: Yeah, so what happens with the stroke is that, especially for the blockage kind of stroke, the ischemic strokes, a blockage occurs and the symptoms become apparent. So

you are weak or can't talk or whatever those symptoms are that we just discussed. But that part of the brain that's being deprived of blood doesn't die immediately. So, there is a period of time where the symptoms are there, but if you are able to open up that blockage, then the symptoms can reverse and you can save that part of the brain from being permanently damaged. And so that's the reason, as Kiersten said, don't lie down and take a nap. You've got to come in and then we can assess and we can do some imaging and we can see if the person may be able to receive one of the treatments that we have that can reverse those deficits and open up blockages. There's a couple different ways that we do that. One is with clot buster medication that's given through the IV and then can help to dissolve those clots. The other option is to call our interventionalists and see if they can do what's called the thrombectomy, where they go in with a small catheter into the artery in the leg, and move it up to the brain, and, physically, with a device, kind of grab the clot and pull it out. And the key, as I said sort of at the beginning, the key is you want to do that before there's permanent damage to that part of the brain because there are risks associated with that. The main one is potentially bleeding into the brain that's been damaged. And the risk of bleeding increases the longer you go out and the more damage has been done. The possibility of getting benefit decreases the longer that you wait.

SY: Yes, and I know that there are time sensitive limits on some of these medications and treatment options. So just another reminder for everyone, if they're having the symptoms to seek immediate care. Now, what are some long-term deficits? I know you had mentioned that if we don't take action soon enough, what potentially could happen?

CC: Well, that goes back to what we were talking about with BE FAST. So it's essentially those symptoms that you're having at onset, you know, balance, vision, weakness, numbness, trouble talking, may become permanent and be long-term deficits. Every stroke is different depending on where it is in the brain and how big it is, how much area of damage is done. But, you know, some people may have had strokes and they recover almost fully back to normal and no one would ever know. And other people have strokes and it's a big stroke and they don't get much recovery, and they can't move half their body, and it doesn't come back. So, it can be really devastating. But you don't really know upfront, which person you're going to be.

SY: So everyone needs to be assessed quickly to try to be proactive, right? About prevention, what are some of these preventative techniques that we can do to prevent stroke?

KE: So when we think about prevention, we think about lifestyle changes or modifications, because there are things that we can do to hopefully ward off, like Dr. Cronin said, about 80% of these. Things like blood pressure. You know, we talk about Go for the Gold and

Know Your Numbers and making sure that you know what your blood pressure is and what it should be. Work with your provider to make sure that you're on a medication, if you need to be, or if you can modify it another way, but keep taking it even once you feel better, even once everything seems good. Where we see a problem is folks say, "well, I feel better, so I stopped it." Blood pressure and hypertension (high blood pressure) is called the silent killer for a reason. You don't know that you don't feel good because it feels normal to you. So really in knowing those numbers and making sure that you take care of yourself in that way. Not smoking, not vaping, or reducing; I'm a big believer in harm reduction. If you can cut back, that's going to give you a little more chance. Exercising, this does not have to be "join a gym and go every day." This can be as simple as parking one or two spots further back in the parking lot. This could be on a spring day that's nice, walking in. Taking those 15 extra minutes. It could be when you're at Kroger or Walmart, walking the outer aisles 2 or 3 times. It's indoor, it's climate controlled on rainy or hot days. It's a perfect way to get some nice, safe level exercise if you don't have access otherwise. And then even just going to the mailbox, you know, just doing that a couple of times. A lot of folks I know that have long driveways will stop with their car and then drive up. Take the extra 5 minutes and walk it. None of these have to be big changes. When we talk to patients, I like to say pick one thing and let's start small. Because you can build off small. Trying to do 5 big things is going to be impossible and you're going to give up. But picking one small thing, like, today I'm going to park one spot over from where I normally park. That's a big change over time. Thinking about diet; it doesn't have to be "I'm gonna cut out all fast food and all sodas and all cookies." It's really thinking about how can I balance what I'm eating? Today, I really want a piece of chocolate cake with ice cream. So maybe tomorrow I won't, and I'll have some fruit. Thinking about, how do we incorporate things in? Can I add a serving of vegetables? They can be frozen. They can be canned. They can be fresh, anything. You do want to look at the sodium content, which is on the back of the label, but really incorporating more fruits and vegetables. When you're at the grocery store, if you shop those outer aisles, that's the easiest way to know that those are going to be foods that are going to be better for you. The inner aisles tend to have more packages. If you have to cut open a box and then cut open another package, maybe that's not the best choice. Is there another choice where you can open a bag of steamed vegetables instead? So little things like that, but really keeping it simple. And then also in alignment with the know your numbers, what's your cholesterol? What should it be? Have that conversation. That is part of an annual wellness visit and physical, so that's a number that we should all have access to, and yes, that means you actually have to go to the doctor occasionally. Say hello, introduce yourself, say it's been 5 years, and that's okay. But knowing these numbers can really help give you an edge on prevention because there are some things that we can't change. We can't change our genetics. We can't change how old we are. We can't change where we come from. So being

able to change the things we can, gives us a little bit of hope to be able to do this. And the other thing is to think about it holistically. That any small change is going to be helpful. So, picking one thing, sticking to it. And, being able to communicate that, have an accountability buddy, tell your partner, your family, that, hey, you know, this year, I'm going to add an apple every day, or right now bananas are popular. I'm going to add a banana every day so that we can begin to have the conversation that this is real and it is preventable and it helps to support our health, but also then our families, because those are our caregivers if something should happen. And what does that look like to them?

SY: Well, thank you so much for sharing that. I think it's definitely great advice for all of us here at Vanderbilt to, you know, change some things in our lifestyles and be more proactive with our numbers and, you know, being more proactive with what our long-term health goals are. Well, thank you so much for taking the time to share your expertise with us and hopefully we can work on some lifestyle changes to prevent this very serious illness from occurring.

CC: Thanks for having us.

KBE: Thank you very much.