**Stroke is preventable. Stroke is an emergency**

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**What is a stroke?**

A stroke occurs when there is an inadequate flow of blood to a particular area of the body, such as the heart, lungs and brain. This is usually caused by a clot that is too big to pass through thin veins, causing it to burst or become blocked, depriving the brain of oxygen and essential nutrients.

In the moments following a stroke, the brain cells begin to die, and these cells do not regenerate. This is why it is important to provide immediate medical care to someone suffering a stroke, so the person will have a better chance of recovery.

Strokes can be fatal, or cause permanent brain damage. There are two types of stroke, ischemic and haemorrhagic.

**The difference between the two types of strokes**

**Ischemic strokes**

An ischemic stroke occurs when a blood vessel is blocked or obstructed by fatty deposits. There are two types of ischemic strokes, thrombotic and embolic.

A thrombotic stroke is when a blood clot forms at the blocked part of a blood vessel, and an embolic stroke is when a blood clot forms at another spot in the body and travels to a blood vessel in the brain that is too narrow to let it pass through.

Ischemic strokes are the most common stroke, accounting for the majority (87%) of all strokes.

**Haemorrhagic strokes**

A haemorrhagic stroke is characterised by a tear or rupture in a weakened blood vessel. This results in internal bleeding in the brain.

**What are the symptoms of a stroke?**

The symptoms of a stroke are:

* Sudden numbness or weakness in 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 co-ordination;
* Sudden, severe headaches with no known cause.

It is important to know how to use the FAST method to recognise and react to a person experiencing a stroke and save their life. When a person is experiencing a stroke, it is important to check the following:

**Face:** Ask the person to show their teeth or smile and check if one side of the person’s face droops, or does not move as well as the other side.

**Arms:** Ask the person to lift both their arms up, and keep them up. Check if one arm does not move, or drifts downward when extended.

**Speech:** Ask the person to repeat a short sentence and see if the person is able to use the correct words without any slurring.

**Time:** Make a careful note of the time of the onset of symptoms, and call for immediate medical help if you spot any one of these signs.

It is important to remember that a stroke is preventable, and that it is a medical emergency.

**Who is at risk for developing a stroke?**

A person who has one or more of the following risk factors is at risk of developing a stroke:

* Previous stroke or transient ischemic attacks
* High blood pressure
* High cholesterol levels
* Cardiovascular disease
* A poor lifestyle, which includes being overweight, smoking, excessive alcohol consumption and a lack of exercise
* Diabetes
* Atherosclerosis
* Aneurysms
* Arterovenous malformations
* Women who are on the contraceptive pill

**How is a stroke diagnosed and treated?**

The medical equipment used to diagnose a stroke are ECG, CT scans, MRI scans, chest X-rays, blood tests, angiography, and carotid Doppler scans. This equipment is also used to investigate and determine the cause of the stroke, and the extent to which the brain has been damaged. If you believe a person is having a stroke, adhere to the **FAST** method which will help you spot the onset of a stroke, and get that person immediate medical attention.

**Stroke complications**

Some of the complications arising from a stroke may include paralysis or loss of muscle movement, difficulty in talking or swallowing, memory loss or thinking difficulties, epileptic seizures, deep vein thrombosis and behavioural changes among others.

Once a person has experienced a stroke, ongoing rehabilitation therapy in the form of physiotherapy or even speech therapy may be needed to restore function to the affected body parts as much as possible. Rehabilitation therapy helps people who have experienced a stroke to learn alternative ways of doing things to minimise the long-term impact of brain injury. Each stroke patient responds differently to rehabilitation therapy.

**How Discovery covers strokes**

A stroke is considered to be a medical emergency and members who experience a stroke receive emergency medical attention before being admitted to hospital, and receiving in-hospital treatment. Members are covered according to the health plan they are on and their level of cover. This includes in-patient rehabilitation at a specialist facility.

Concerning planned procedures and treatment, members, depending on their health plan, may need to use a network provider.

The Chronic Illness Benefit covers any medication required to treat strokes, including hemiplegia (semi-paralysis). The level of cover provided is subject to meeting Discovery Health Medical Scheme’s clinical entry requirement. To qualify for Chronic Illness Benefit cover, you and your medical practitioner must send a filled application form to Discovery Health for approval.

Any medical devices and external medical items which you may need for assistance in the event of experiencing a stroke are paid from your day-to-day benefits. Allied and therapeutic healthcare services are paid from any available funds in your day-to-day benefits.

More information on strokes is provided in the *Health Matters: Stroke is preventable. Stroke is an emergency* attachment.

Should you require further information, please do not hesitate to contact me.

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