

Cholesterol and Diabetes: Know your numbers!

If your cholesterol is high, work with your doctor to control it.

- Your total cholesterol level (LDL and HDL) should not exceed 200. You are at high risk for stroke if your cholesterol level tests over 240 (or you don't know it). A cholesterol level of between 200 and 239 places you at moderate risk.
- Lowering your cholesterol may reduce your risk for stroke.
- Often times, high cholesterol can be controlled with diet and exercise; some individuals may require medication.

Get your blood sugar level under control with your doctor's recommendations.

- Having diabetes puts you at an increased risk for stroke.
- Fatty deposits can block the arteries, which carry blood from your heart to your brain. This kind of blockage, if left untreated, can cause stroke. Sickle cell disease, severe anemia, or other diseases can cause stroke if left untreated.
- Your doctor can prescribe a nutrition program, lifestyle changes and medication that can help control your diabetes.

Common stroke symptoms are:

- > Sudden numbness or weakness of 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

Stroke is an Emergency!

Call 911 if you see or have any of these symptoms. Treatment can be more effective if given quickly. Every minute counts!

Learn to recognize stroke symptoms. Call 911.



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African Americans are twice as likely to die from stroke as Caucasians. And the rate of first strokes in African Americans is almost double that of Caucasians. The statistics are staggering – African Americans are affected by stroke more often than any other group.

Why?

Not all of the reasons are clear why African Americans have an increased risk of stroke. Some factors include a higher rate of:

- High blood pressure
- Diabetes
- Sickle cell disease

For all racial groups, stroke is the third leading cause of death in America and the No. 1 cause of adult disability. The good news is that 80 percent of the 750,000 people who have a stroke in the U.S. each year is preventable.

Stroke is literally a “brain attack,” cutting off the vital blood and oxygen to the brain cells that control everything we do – from speaking, to walking and breathing. Most strokes occur when blood clots block or the gradual build-up of plaque and fatty deposits clog arteries. Some strokes can be caused by arteries bursting when weak spots on a blood vessel wall break.

The National Stroke Association’s stroke prevention guidelines will help you learn how you may be able to lower your stroke risk. If you do have a stroke, new treatments can help stop the brain damage and disability – but you must recognize the common stroke symptoms and get immediate medical attention. Treat strokes as an emergency.

National Stroke Association’s Stroke Prevention Guidelines

Stroke risk factors are the things that likely cause strokes. Some stroke risk factors are beyond your control – such as being over age 55, being male, being African American, or having a family history of stroke. If you have one or more of these risk factors, it’s even more important that you learn about the lifestyle and medical changes you can make to prevent a stroke.

Lifestyle Risk Factors:

Smoking, drinking too much alcohol, being overweight and avoiding exercise. You can control these risk factors. Weight, diet and exercise are particularly important if you have diabetes because they can help control the diabetes and reduce the higher risk of stroke that comes with diabetes. It may be easier to make these lifestyle changes one at a time. Remember to ask your doctor for help.

If you smoke, stop.

- Smoking doubles the risk for stroke. If you stop smoking today, your risk for stroke will immediately begin to decrease.

If you drink alcohol, drink in moderation.

- Drinking a glass of wine or beer or one mixed drink each day may lower your risk for stroke, provided that there is no medical reason you should avoid alcohol.
- Remember that alcohol is a drug – it can interact with other drugs you are taking, and alcohol is harmful if taken in large doses. If you drink too much, cut back or stop. If you don’t drink, don’t start.

Include exercise in your daily routine.

- Even a little bit of exercise – a brisk walk, bicycle ride, swim or yard work – can make a difference. Adults should engage in moderate-intensity physical activities for at least 30 minutes five or more

days each week, according to the Centers for Disease Control and Prevention.

- Exercise may reduce your risk of stroke. Before you start a vigorous exercise program, be sure to check with your doctor.

Eat Right!

- Enjoy a lower-sodium (salt), lower-fat diet. By reducing the sodium and fat in your diet, you may lower your blood pressure and, more importantly, lower your risk for stroke.
- Eat a diet that consists of fruits, vegetables cooked without fat, lean meats such as chicken and fish, and high-fiber foods such as beans and whole-grain breads.

Medical Risk Factors:

Previous stroke, previous transient ischemic attack or “TIA,” high cholesterol, high blood pressure, heart disease, atrial fibrillation and carotid artery disease. These medical risk factors can be controlled by surgery or medication.

Blood Pressure: Know Your Range!

- If it’s elevated, work with your doctor to control it.
- High blood pressure (hypertension) is one of the most common causes of stroke.
 - Your blood pressure is expressed in two numbers, for example 120/80. The first number, known as systolic blood pressure, is when your heart pumps. The second number, the diastolic blood pressure, reflects when your heart is at rest.
 - For people over age 18, optimal blood pressure is considered 120/80 or lower. A blood pressure reading consistently higher than 120/80 is considered pre-hypertension. High blood pressure or hypertension is a measurement of 140/90 or higher.

Special Note:

Atrial fibrillation (AF) is a type of irregular heartbeat where the two upper chambers of the heart (atria) beat rapidly and unpredictable. Your doctor can detect AF by carefully checking your pulse. Also, symptoms may appear for a short period of time and then disappear, possibly indicating Transient Ischemic Attacks, or TIAs. Although it might be tempting to ignore them, it’s important to call 911 whenever you experience any stroke symptoms.