

Current treatments focus on reducing the risk for stroke or preventing stroke. Ask your doctor what the best stroke prevention options are for you.

NSA STROKE PREVENTION GUIDELINES

NSA and its panel of stroke specialists have developed 10 simple guidelines to help you reduce your risk for stroke.

1. Know your blood pressure. If it is high, work with your doctor to lower it. A normal blood pressure reading is considered less than 120/80.
2. Find out if you have atrial fibrillation (AF), a type of irregular heartbeat. If you have AF, work with your doctor to manage it.
3. If you smoke, stop.
4. If you drink alcohol, do so in moderation.
5. Know your cholesterol number. If it is high, work with your doctor to control it.
6. If you have diabetes, follow your doctor's recommendations to control it.
7. Include exercise in your daily routine.
8. Enjoy a lower sodium (salt), lower fat diet.
9. Ask your doctor if you have circulation problems that increase your risk for stroke. If so, work with your doctor to manage them.
10. If you have any stroke symptoms, seek immediate medical attention.



National Stroke
Association

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Memory Issues After Stroke



National Stroke
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Understanding Vascular Dementia

Every year, more than 750,000 Americans have a stroke. A stroke or brain attack occurs when a blood clot blocks a blood vessel or artery, or when a blood vessel breaks, reducing blood flow to the brain. This lack of blood can damage the parts of the brain that control areas such as talking, walking and breathing.

A common problem after stroke is vascular dementia, a loss of thinking and reasoning abilities. Nearly a fifth of people who have a stroke will develop problems in this area – often with memory.

What is Vascular Dementia?

Vascular dementia (VaD) is a decline in thinking and reasoning abilities such as memory and decision-making. It occurs when brain tissue is damaged due to reduced blood flow to the brain, most often by a stroke or series of strokes. Without blood (and oxygen), brain cells have trouble working together to process information. This can lead to memory loss, confusion and decreased attention span, as well as problems with activities of daily living.

The occurrence of VaD increases with age. Experts estimate that 10 to 20 percent of Americans over age 65 with dementia have VaD. This makes it the second most common form of dementia after Alzheimer's disease.

Several things that increase your risk for stroke also increase your risk for VaD. These include:

- high blood pressure
- already having had a stroke
- diabetes
- heart disease
- high cholesterol.

Symptoms of Vascular Dementia

People with VaD often deteriorate in a step-wise manner. Their abilities decline after a stroke and then stabilize. If they have another stroke, their abilities decline and stabilize again. If they do not have another stroke, their abilities may not continue to decline, or in some cases, may improve. However, these improvements may not last. Sometimes the steps are so small that the decline appears gradual.

VaD Symptoms may include:

- Memory loss and forgetfulness
- Confusion
- Mood swings and personality changes
- Trouble planning and organizing tasks
- Language problems such as coming up with words to express thoughts
- Trouble paying attention or following a conversation
- Impaired motor skills
- Visual orientation problems
- Trouble with calculations, making decisions, solving problems
- Depression-like behavior

Sometimes the dementia can come on abruptly as the result of a single stroke, depending on where and how much the brain was damaged. In other cases, the onset of VaD is so gradual that doctors may have trouble telling it apart from Alzheimer's disease. The dementia in these cases is likely caused by transient ischemic attacks (TIAs), or mini-strokes.

As memory loss and confusion increase, patients with VaD may become more dependent on family members or caregivers for help with daily living activities.

Diagnosing Vascular Dementia

There are several ways to determine if you have VaD. Usually, a combination of these tests is used to make the diagnosis:

- A complete physical exam
- Laboratory tests (such as blood pressure reading and blood tests) to exclude other possible causes
- Brain imaging techniques (CT or MRI) that allow doctors to see inside the brain
- Tests of cognitive (thinking) skills such as language, reasoning, memory, judgment, planning and organization – usually done by a psychologist or neuropsychologist

Treating Vascular Dementia

There are currently no therapies or drugs approved by the U.S. Food and Drug Administration (FDA) for the treatment of VaD. Recently, an existing drug was submitted to the FDA for review as a potential treatment for VaD. Other clinical trials are underway to test therapies that may treat VaD symptoms.

