Take steps against recurrent stroke by making the necessary changes in your life.
What Happened to Me?
You had a stroke. The stroke you had was most likely an ischemic (is-keem-ik) stroke, the most common type of stroke.

Ischemic Stroke
An ischemic stroke occurs when a blood clot blocks an artery and keeps blood from reaching the brain. An ischemic stroke often occurs after cholesterol and other material (plaques) have built up in the arteries. You may have had a stroke as a result of plaques that built up in the main arteries to your brain. Or, your stroke may be due to a blood clot that traveled to your brain from your heart. It may just be that your blood tends to clot easily.
What are the Risk Factors for Stroke?
A risk factor is a certain condition that makes a person more likely to get a disease or have a stroke. There are two kinds of risk factors: the kind you can’t change (uncontrollable) and the kind you can (controllable).

Uncontrollable Risk Factors:
- Age
- Gender
- Race
- Family history
- Previous stroke or transient ischemic attack (TIA)

Controllable Risk Factors:
- High blood pressure
- Atrial fibrillation
- High cholesterol
- Diabetes
- Atherosclerosis
- Circulation problems
- Tobacco use and smoking
- Alcohol use
- Physical inactivity
- Obesity
If you had a stroke, it means you are at a greater risk for another (or, recurrent) stroke. Nearly 800,000 people in the U.S. experience a stroke each year and at least 1 in 4 (25-35 percent) of those people will have a recurrent stroke within their lifetime.

Recurrent strokes often have a higher rate of death and disability because parts of the brain already injured by the original stroke may not be as resilient.

**What You Can Do**
Take steps to reduce your risk by making changes to your daily life, treating conditions and talking to your healthcare provider.

**Change Your Lifestyle**
- Stop smoking
- Watch what you eat
- Maintain a healthy weight
- Be active
- Drink less alcohol

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**TIP**
Keep a daily record or journal of your health conditions.
Review Your Medication
You may need to take medicine to reduce your stroke risk. For example, some stroke survivors take medicine that reduces plaque buildup in the arteries.

Review your medications with your current healthcare provider. You may not be able to take some of these stroke prevention medications if you have certain medical conditions.

Know Your Numbers
Work with your healthcare provider to find out what your blood pressure and cholesterol levels are and if they should be lowered. For most people, your numbers should read:

<table>
<thead>
<tr>
<th>Blood pressure</th>
<th>&lt;120/&lt;80 mm Hg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cholesterol</td>
<td>less than 200 mg/DL</td>
</tr>
</tbody>
</table>
Leaving the Hospital
Before you leave the hospital, be sure to set up appointments with your healthcare provider. Try not to miss any, but if you do, call and make a new one right away. Keeping your appointments will help you stay on track with your treatment.

It is very important that you follow up with your healthcare provider and continue the treatments that were started while you were in the hospital.

Types of Treatment
The following treatments are used to help stroke survivors lower their risk of recurrent stroke. Ask your healthcare provider which treatments are right for you. Then take the recommended steps to reduce your risk.

If you have questions about any treatment you are taking, ask your healthcare provider.
**Antiplatelet agents**—Antiplatelet agents are drugs that play a role in keeping platelets in your blood from sticking together and forming clots, which helps keep blood flowing and helps reduce your risk of a stroke or heart attack.

**Anticoagulants**—Anticoagulants reduce the ability of blood to clot. Healthcare providers often prescribe these drugs for their patients with atrial fibrillation or deep vein thrombosis. Patients with atrial fibrillation, for example, can form blood clots in the heart. The clots could travel to the brain and cause a stroke.

**Blood pressure medicines**—Blood pressure medicines such as angiotensin-converting enzyme (ACE) inhibitors and angiotensin II receptor blockers (ARBs) are drugs used to lower high blood pressure. There are additional medications such as diuretics (water pills), calcium channel blockers and beta blockers that may be prescribed to help lower blood pressure.

**Cholesterol-lowering medicines**—Statins are drugs that manage cholesterol levels. In addition, your healthcare provider might prescribe other types of medicines that lower cholesterol.
**Stop smoking.** Smoking causes arteries to narrow and makes the blood more likely to clot. Both of these are risk factors for stroke. Smoking also increases blood pressure—another major risk factor for stroke.

If you don’t stop smoking, you are five times more likely to have another stroke or a heart attack or to die.

When you quit, your risk will go down quickly. Ask your healthcare provider about quit-smoking aids such as nicotine patches, counseling, and programs that have worked for others. It sometimes takes several attempts to give it up for good—keep trying.

**Watch what you eat.** A healthy diet can help keep plaques from building up in your arteries. A low-fat, low-cholesterol diet can help you reach and stay at your ideal weight:

- Try to eat less than 200 mg of cholesterol a day. Check the nutrition labels of the food products you eat to figure out how much cholesterol they contain.
- High-fiber foods, such as oatmeal, dried beans and fruits, will help lower your cholesterol level.

Carrying extra weight can make you more apt to develop high blood pressure, heart problems, and diabetes—which can all
increase the risk for stroke. Your healthcare provider can help you evaluate your weight, calculate your body mass index, and measure your body fat to make sure you’re in a healthy range.

**Be active.** Physical activity is particularly important for the prevention of secondary complications related to recurrent stroke. After stroke, the physical activity goals and exercise prescription for the stroke survivor need to be customized to their tolerance, stage of recovery, environment, available social support, physical activity preferences, their specific impairments, activity limitations, and participation restrictions. Exercise recommendations should be based on a careful medical history and physical examination of the patient.

Learn more at stroke.org/risk
Improve Your Health

• Consider diets rich in fruits and vegetables, and whole grains, such as the Mediterranean or DASH (Dietary Approaches to Stop Hypertension) diet.

• Know Your Numbers:
  • Optimal blood pressure: <120/<80 mm Hg
  • Optimal cholesterol: Below 200 mg/dL
  • Optimal blood sugar: Below 70 to 100 mg/d

• Eat Smaller Portions:
  • At a restaurant, portions equal 3 to 5 healthy servings. Ask for a to-go box and put half of your meal in it before starting.
  • Eat slower—it takes time for your stomach to signal to your brain that you’re full.
  • Reduce sodium (salt) intake to less than 2,300 mg/day.

• Participate in Physical Activity:
  • Talk to your healthcare provider about appropriate evaluation and recommendations for an exercise plan that is specific to your needs.
  • Physical activity is only effective if done correctly and consistently.
  • Helpful tip: If you can’t do all of your recommended exercise in one session, break it up into shorter time intervals.
ACT FAST
Call 9-1-1 IMMEDIATELY at any sign of a stroke. Stroke is an emergency.

Use FAST to remember warning signs of stroke:

FACE: Ask the person to smile. Does one side of the face droop?

ARMS: Ask the person to raise both arms. Does one arm drift downward?

SPEECH: Ask the person to repeat a simple phrase. Is their speech slurred or strange?

TIME: If you observe any of these signs, call 9-1-1 immediately.

NOTE THE TIME WHEN ANY SYMPTOMS FIRST APPEAR. Medical options exist that may reduce the long term effects of stroke if administered soon after the onset of symptoms.

Learn about more signs of stroke at stroke.org/symp
The National Stroke Association’s mission is to reduce the incidence and impact of stroke by delivering education and programs focused on prevention, treatment, rehabilitation and support for all impacted by stroke.

A stroke is a brain attack that occurs when a blood clot blocks an artery or a blood vessel breaks, interrupting blood flow to an area of the brain. Brain cells begin to die.

**CALL 9-1-1 IMMEDIATELY IF YOU SEE ONE OR MORE SIGNS OF A STROKE.**

**STROKE HELP LINE™**

1-800-STROKES (787-6537)

stroke.org

All publications are reviewed by the National Stroke Association’s Publications Committee.

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