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NEWSLETTER – MAY/JUNE 06



Hello everyone

Brrr! It is cold and Winter has dug in her heels! I am back from my travels, which although very strenuous and tiring, I enjoyed very much. For me, Israel is as spiritual as ever (5th visit), despite road blocks and border posts wherever we went, even when entering the Old City and the Western Wall. There is a huge amount of construction all over Jerusalem and the outskirts have moved considerably.

Petra, in Jordan, (a World-Heritage site) was mind-blowing, but back to everyday things – unfortunately, my retirement was short-lived. My replacement didn't work out and I have been asked to go back. I have agreed to work for a further three months and to train another person. I hope it works out this time.

PAINKILLERS PUT HEART AT RISK

Regular use of painkillers increases the risk of heart failure by 30%, according to a new study. Patients with arthritis are commonly prescribed non-steroidal anti-inflammatory drugs (NSAIDs). Typical of the class are ibuprofen, naproxen, diclofenac, indomethacin and meloxicam.

The Spanish Centre for Pharma-co-epidemiological Studies in Madrid used the UK General Practice Research Database to compare risks for those taking NSAIDs with those who were not.

Heart failure, a relatively common condition, especially in the elderly arises when the heart no longer has the power to pump blood effectively.

The team reports in HEART that taking NSAIDs increases the risk of heart failure by 30%, after other factors are taken into account. It measured admission to hospital with heart failure, but was unable to say whether the risk of dying was similarly increased.

Of all those admitted to hospital with heart failure, 14% were taking NSAIDs, with 10% of a randomly selected sample. Half were aged between 70 and 79. The results mean that, for every 1 000 people aged 60 to 84, taking NSAIDs would lead to one extra hospital admission.

The study does not look at alternatives to NSAIDs, called COX-2 inhibitors. Vioxx, one of this class, has already been withdrawn for increasing the risk of heart attack and stroke in a trial.

Many patients with osteo-arthritis need NSAIDs to make life bearable, so the extra risk of heart failure is unlikely to change their habits. But the study does emphasise the need for powerful painkillers with fewer side effects. *The Times News Service, London*

STROKE/EPILEPSY SEIZURES

It has long been recognised that epilepsy-recurring seizures often occur in people who have had a stroke. When epilepsy occurs in people over 65 for the first time, in about 50% of cases it is caused by the stroke, in the remaining 50% by various other conditions such as cancer, trauma, infections, alcohol, dementia, and cerebro-vascular degeneration.

Seizures after stroke are usually complex partial, arising from small areas in the brain, which have been damaged. Complex partial seizures are often subtle, hard to diagnose, and may go unrecognized for some time, or be seen as odd behaviour. In a complex partial seizure, the person may stare with glazed eyes, they may smack their lips, make chewing movements, or do things with their hands, such as fiddling, picking at their clothes, or wandering around in an aimless way. If you speak to them you may get a reply that makes no sense. The person will have no memory of what has happened when the seizure is over. It is important for others to recognise it is a seizure, and keep the person safe, but do not attempt to grab them or physically restrain them unless absolutely necessary.

Simple partial seizures are also common, and may occur before the complex partial one. In a simple partial seizure, the person is quite wide awake and aware of what is happening but unable to control it. Depending on what part of the brain it is coming from, it may feel like a strong déjà vu, a feeling of derealisation, and a sudden emotional change such as fear or anger. These are known as psychic seizures. If it originates in the autonomic part of the brain, it may feel like a strange rising feeling in the stomach, or a weak dizziness. Sensory seizures may give hallucinations of taste, smell, hearing or vision, and motor seizures may give a sensation of tingling, pins & needles, or twitching down one side of the body, perhaps the face, hand or arm. This will occur on the opposite side to where the damage from the stroke is. At this stage, it is important to recognise it, and there are a number of techniques that people may use to make the seizure go away, including breathing, relaxing, and redirecting their thoughts. Sometimes speech and language can also be affected.

If the seizure activity spreads from either of these small areas in the brain to the entire brain, there will be a major convulsive seizure, known today as a tonic clonic (stiffening - jerking) seizure. These used to be called grand mal. If this happens, it's important not to panic, but to simply roll the person over on their side, to check the time, and to stay with them. Most tonic clonic seizures last two to four

minutes, and the person may feel very tired and confused for some time afterwards. If it hasn't stopped at five minutes, you would need to phone for an ambulance.

Once diagnosed, medication should control it quite easily, particularly the bigger seizures, and if simple partial seizures still occasionally occur, they can often be minimised with relaxation techniques. Over 70% of older people diagnosed with epilepsy will achieve complete seizure control on appropriate epilepsy medication. It's very important to understand the type of epilepsy you have, and the best ways of managing it, which includes knowing your triggers, being aware of safety issues around the home, taking your epilepsy medication correctly, and not allowing it to control your life.

Stroke Association of Queensland Inc Newsletter



SENIOR CITIZENS are the nation's leading carriers of
AIDS!
Hearing Aids, Band Aids, Roll Aids, Walking Aids,
Medical Aids
and most of all
MONETARY AID to children

NEWS OF MEMBERS:

A letter from Cliff Abelman - This is a note to inform you that my father, Jules Abelman of Sandringham Gardens, passed away peacefully on Monday 19th June, aged 86. Jules used to do voluntary work with your organisation about 6 or 7 years ago, and I remember your kindness when he suffered a brain haemorrhage in 2002 and Stroke Aid sent a letter of sympathy. I also remember that I was touched that DorIn Fermo came to visit him at Linksfield clinic at that time.

Keep up the good work helping stroke victims.

Best wishes,

Cliff Abelman. UK

Our sincere sympathies go to the Abelman Family.

BACK TO FRUIT AND VEGETABLES -

MORE FRUIT & VEG 'CUTS STROKE CHANCES'

Simply eating more fruit and vegetables could help save thousands of lives each year, research has claimed.

Medical researchers said that increasing our intake to more than five portions a day could reduce the risk of stroke by 26% compared to the risk when we eat less than three servings.

The researchers said the high levels of potassium, folate, fibre and anti-oxidants in fruit and vegetables could all help contribute to their health-boosting qualities.

Examples of a "portion" of fruit and vegetables include one banana, one medium sized apple, seven cherry tomatoes, three heaped tablespoons full of peas, carrots or sweetcorn, and a handful of broccoli.

The figures emerged from an analysis of eight studies, involving more than 257 000 participants in Europe, the United States and Japan.

Stroke is the third most common cause of death in the UK and the single most common cause of severe disability.

Each year more than 150 000 people in Britain suffer a stroke - a rate of one every three minutes.

The findings published in The Lancet medical journal, show a clear association between increased consumption of fruit and vegetables and reduced stroke risk.

Researcher, Dr He said, "The average fruit and vegetable intake in most developed countries is about three servings per day and current recommendations encourage five or more servings per day.

Our results provide strong support for these recommendations. If these goals were achieved, stroke morbidity (illness) and mortality would be greatly reduced. Such diet modifications would also reduce other cardiovascular diseases and some cancers".

Joe Korner, of the Stroke Association, said, "This latest research is very important because it shows just how significant this simple life style change can be in reducing strokes. Awareness of strokes and how to prevent them is too low, so it is extremely urgent that this vital message gets across to people through concerted health promotion and awareness campaigning".

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Cheerio for now.....

*Yvonne Thomé
SECRETARY*

