



After stroke, an 'astounding' risk of heart problems **By American Heart Association News**

Women and men have a much higher risk of dangerous heart problems soon after their first stroke compared to people without stroke, even if they don't have obvious underlying heart disease, a study has found.

Researchers investigated data on more than 93,000 people age 66 or older in Ontario, Canada. The group included more than 12,000 women and 9,500 men who had an ischemic stroke, the most common type. None of the subjects had apparent heart disease. But after having a first stroke, the risk of having a major heart incident - such as a heart attack, heart failure or cardiovascular death - 30 days later was 25 times higher in women and 23 times higher in men.

One year after a stroke, men and women still had twice the risk of a major cardiac event compared to their peers who had not had a stroke, found the study, published Thursday in the American Heart Association journal *Stroke*.

"We already knew that patients with stroke have more frequent cardiovascular complications than other people," said lead author Dr. Luciano Sposato, an associate professor and head of the stroke program at the Schulich School of Medicine and Dentistry at Western University in London, Ontario.

Doctors had suspected the connection was related to risk factors shared between heart disease and stroke, such as hypertension, diabetes or smoking.

But seeing the connection in people without underlying heart disease suggests other

mechanisms are involved and need more research, Sposato said.

Although the study found no differences in post-stroke risk between women and men, previous studies have shown men are eight times more likely than women to have hidden heart disease, Sposato said. That suggests different mechanisms might be at work in men than in women, he said.

Dr. Cheryl Bushnell, professor of neurology at Wake Forest School of Medicine and vice chair of research at Wake Forest Baptist Health in North Carolina, called the level of risk uncovered by the study "astounding."

It means those who treat stroke patients need to emphasize follow-up care even more than they do now, said Bushnell, who was not involved in the new research.

Read more at [American Heart Association](http://www.heart.org) at www.heart.org.

Meet Michael Victor..... New SSEEO board member & young stroke survivor

On January 3, 2015, I was hopeful for a New Year. I was 31 and living a good life. I had the support of a great family and friends and a career I loved as an attorney. My work gave me a chance to help people and to live and work in the City of the Big Shoulders.



That afternoon, I hopped on the Blue Line of the "EL" with plans to meet my friend Andrew in the Loop for a Chicago Bulls game.

"Doors open on the left at Washington." My stop was underground. After summiting the staircase, the horizon of the Picasso came into view. I admired it, remembering playing on the famous public art with my cousins when we were kids. My gaze turned towards the Daley Center, where I often go to court for work.

I didn't know it at the time, but in that instant, my journey as a stroke survivor began. Right outside the Daley Center, I suffered a left-side ischemic stroke affecting about a 1/16 of my old brain. Quickly, I was unable to speak and began weaving and wondering through the streets of Chicago, walking over four miles. I finally knocked on a fire station door and an ambulance took me to a hospital. I spent two weeks in the hospital and three months doing tough therapy. I temporarily lost use of one side of my body and permanently lost full use of my right hand.

I still have other deficits but I've gained so much more. We all have our unique stories of triumph. I did a triathlon, went to Japan and made partner at my firm. I'm a first baseman for a world-class 16-inch softball team and I believe a better attorney and person because of my stroke experience.

Most importantly, I have a deeper sense of gratitude, both for my life and the people in my life. I appreciate the present more and love the joy of my one-year-old nephew Henry's laugh. I love the sunshine when I'm riding my bike along Lake Michigan. My life was rich before, but it's richer now. I'm hopeful for 2020 just as I was in 2015.

I am a volunteer for [SSEEO](#) sharing my testimonial at events and was honored and grateful to be nominated to the [SSEEO Board of Directors](#). I'm looking forward to helping the Board and meeting everyone who makes up the great [SSEEO](#) community!

Quick stroke treatment and why it's crucial

By Maureen Pekosh

It is crucial for ischemic stroke sufferers to have blood flow restored to the blocked part of their brain quickly. Intravenous tissue plasminogen activator tPA is the FDA approved gold standard treatment. Certain strokes can be treated within 24 hours.



This provides hope for stroke sufferers who were sleeping or live far from a primary or comprehensive stroke center.

Ischemic strokes occur when an artery supplying oxygen to the brain becomes blocked. In our brains, almost 100 billion neurons carry messages allowing us to function involuntarily and voluntarily. Brain cells need energy to transmit information. Oxygen and glucose power all cells. Our brains are approximately 2% of our body weight but use about 20% of our oxygen supply. Being an oxygen hog, the brain demands constant oxygenation. An ischemic stroke causes necrosis after only a few minutes.

Timely reperfusion is critical. Patients arriving at a stroke certified hospital presenting stroke symptoms are immediately evaluated to better understand the cause of stroke, to ensure there is not bleeding in the brain, and to determine how much brain is injured. After assessment, tPA, a natural occurring protein found in epithelial cells that line blood vessels, may be administered. This enzyme causes plasminogen to change to plasmin which breaks down clots. Current guidelines stipulate it be administered within 3 to 4 ½ hours of stroke onset. tPA cannot be administered to patients with bleeding issues, individuals on blood thinners with an INR greater than 1.7, people who suffered a stroke or head or spinal injury within the last three months, and individuals with pervasive, complete damage. tPA given outside this window has shown to increase bleeding risks.

Outside this timeframe, doctors have an alternative for managing reperfusion. An endovascular thrombectomy can be performed on patients with a large blocked vessel up to 24 hours after the last known time of a healthy brain. Kiffon M. Keigher, MSN, ACNP-BC Program Manager Cerebrovascular Stroke System, Advocate Stroke Program Acute Care Nurse Practitioner, Neurosurgery explains that a neurointerventionist in an angio suite punctures an artery in the groin to navigate a stent up through the neck to retrieve a clot in the brain with image guidance. It's suggested that slightly less than half of all strokes are large vessel occlusions and currently about 20% appropriate for endovascular therapy.

After 24 hours, rehabilitation and lifestyle modifications are the most effective tools for stroke recovery.

For more information about these treatments and other stroke treatments you can visit [American Stroke Association](http://www.stroke.org) at www.stroke.org.



SSEE has a number of exciting things happening this year.

We can't wait to share them. Watch for more details.

SSEE

P.O. BOX 855 LOMBARD IL 60148
1(888) 988-8047
[E-mail](#)

Stay Connected



 [Forward to a Friend](#)

Together **WE**
can make a
difference.