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## Effects of stroke

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### Summary

- The long-term effects of stroke depend on which part of the brain was damaged and by how much.
  - Early treatment and rehabilitation after a stroke can improve recovery and many people regain a lot of abilities.
  - The most common types of disability after stroke are changes to speech, learning and understanding, and weakness or paralysis on one side of the body.
  - The healthcare professionals who can help you depend on the types of challenges you face.
  - A good first step to recovery after a stroke is to speak with your doctor or rehabilitation team.
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A stroke can cause permanent loss of function. The long-term effects of stroke depend on which part of the brain was damaged and by how much. Early treatment and rehabilitation after stroke can improve recovery and many people regain a lot of function.

The most recent data for Australia shows that after a stroke, slightly more than one third of people have a disability that has affected their daily activities. Of the people with a disability after stroke, 88 per cent are cared for in households and 12 per cent in residential care.

The most common types of disability after stroke are impaired speech, restricted physical abilities, weakness or paralysis of limbs on one side of the body, difficulty gripping or holding things, and a slowed ability to communicate.

If you are living in a household after a stroke, the types of people who can help you and your carers with recovery and long-term effects of the stroke include:

- community healthcare professionals – such as your doctor, physiotherapists, occupational therapists, speech therapists and counsellors
- community services – home help and respite care
- peer support groups.

### Physical changes after stroke

Any physical changes after a stroke will depend on which part of your brain was damaged and by how much.

Changes in physical experience can include:

- difficulty with gripping or holding things
- fatigue or tiredness – can be caused by physical changes or medication, but also mood changes, depression, anxiety or difficulty sleeping
- incontinence – many types of incontinence can occur, but it can be caused by medication, muscle weakness, changes in sensations, thinking and memory
- pain – can be caused by actual or potential damage to your tissues (nociceptive pain) or by damage to your nerves that then send incorrect messages to your brain (neuropathic pain)
- restricted ability to perform physical activities or exercise
- swallowing issues
- vision problems
- weakness or paralysis of limbs on one side of the body.

## **Emotional and personality changes after stroke**

If you have suffered a stroke, it is common to have changes in your mood and personality. Some emotional changes may be caused by damage to the brain from the stroke, but you can also experience a range of emotions, as well as depression, as a response to the change in your situation.

Depression is common in the first year after a stroke, but it is particularly common in people who have trouble understanding, finding words and communicating (aphasia) after a stroke.

The symptoms of depression include:

- feeling sad most of the time
- feeling tired
- feeling worthless
- finding it difficult to concentrate
- finding it difficult to manage everyday life
- having difficulty sleeping
- losing a sense of pleasure in activities you used to enjoy
- losing interest in food or eating too much
- losing weight or gaining weight.

After a stroke, people can also have anxiety either on its own or with depression. Anxiety is more than just feeling stressed. People who are anxious can:

- find it difficult to calm down
- feel worried most of the time
- feel frightened by intense panic
- have recurring thoughts that increase their anxiety
- avoid situations that can cause them to be anxious.

Personality and behavioural changes are also common and can include:

- irritability – reacting to things that would normally not annoy you
- aggressiveness – physical or verbal
- apathy or lack of motivation
- repetitive behaviour – becoming stuck in the repetition of words or behaviours
- disinhibition – tendency to say and do things that are socially inappropriate
- impulsiveness – can also include sudden and socially inappropriate actions.

## **Changes to thinking, memory and perception after stroke**

A stroke can change your thinking and memory, and also how you see, hear and feel the world. This can affect how you feel about yourself, your family and friends.

Thinking and memory skills are also known as cognitive skills. Cognitive skills can be affected by your emotional state or tiredness, but a stroke can also cause different cognitive changes, including your:

- ability to learn new skills
- ability to plan
- ability to problem solve
- attention – being able to concentrate and focus
- orientation – knowing the day and time
- short-term memory – knowing what happened recently.

Perception is the term that describes how you see, hear and feel the world. After a stroke, your perception can include changes to:

- feeling contact, pain, heat or cold on the side of your body affected by stroke
- judging distance
- performing certain movements even without physical disability (apraxia)
- recognising shapes and objects, or even your own body
- seeing or feeling things only on one side – which can cause you to bump into things
- watching TV or reading – can become difficult
- vision – some people lose half their vision in each eye (hemianopia).

### **Communication after stroke**

For some people, the stroke affects the part of their brain that helps speaking, reading and communication. Symptoms of these strokes may include:

- difficulty in finding the right words or understanding what others are saying (aphasia or dysphasia)
- weakness in the muscles that help speech (dysarthria)
- dysfunction of the nerve connection between your brain and mouth, making speaking difficult (dyspraxia)
- reading and writing problems caused by a weak writing hand or problems thinking or seeing.

### **Everyday life after stroke**

Having a stroke can mean changes to your everyday life. This includes changes in:

- living arrangements – you may need to move to residential care or modify your home
- sexual function and relationships
- your ability to handle complex skills such as driving
- your ability to work – if you were working before your stroke
- your level of independence – you may need to rely on carers at home.

Stroke rehabilitation can help you to get the most out of your life after a stroke.

### **Support for long-term effects after stroke**

The types of healthcare professionals who can help depend on the challenges you face. A good first step is to speak with your doctor or rehabilitation team and they can help you directly or refer you to other healthcare professionals.

Apart from your doctor, other healthcare professionals who can offer help after a stroke include:

- clinical psychologists
- neuropsychologists
- occupational therapists
- physiotherapists
- psychiatrists
- rehabilitation nurses
- social workers
- speech pathologists.

Home help and respite care can also be a great help for you and your carers. Staying connected with family and friends, or joining a support group with other people who have had a stroke, can also help with your physical and emotional wellbeing.

### **Where to get help**

- Your doctor
- In an emergency, always call triple zero (000)
- Emergency department of your nearest hospital

- NURSE-ON-CALL Tel. 1300 60 60 24 – for expert health information and advice (24 hours, 7 days)
- StrokeLine Tel. 1800 787 653 – for information on stroke treatment, prevention and recovery
- Beyondblue Support Service Tel. 1300 22 4636
- Lifeline Tel. 13 11 14
- SuicideLine Tel. 1300 651 251
- SANE Australia Helpline Tel. 1800 187 263
- **enableme** - The Stroke Foundation - Get the information, tips & techniques to equip you in your stroke recovery.

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