A COMMUNITY WELLNESS PROGRAM FOR ADULTS  Summer 2006

Stroke – A SUDDEN Medical Emergency

Growing old gracefully is not guaranteed. Each year there are more than 700,000 stroke victims in the United States.

“S”troke is the third leading cause of adult, long-term disability,” said Barbara Small, Community Stroke Educator at Evanston Hospital. “In 2006, stroke will cost Americans about $58 billion. And if those statistics aren’t shocking enough, the risk of having a stroke doubles with each decade of life after the age of 55.” So how can you safeguard yourself or a loved one? Know what a stroke is, recognize its signs and symptoms, and act immediately if you or a loved one suffers a stroke.

An ischemic stroke (80-85 percent of all strokes) is a sudden interruption of blood supply to a specific area of the brain that lasts for more than an hour and causes neurological impairment. The brain controls all of our functions such as the ability to move our hands, arms and legs, breathing, speech, spatial sense and memory. In order to function properly, brain cells need oxygen-enriched blood and nutrients. When the brain is deprived of blood, brain cells begin to die within minutes.

A hemorrhagic stroke (15-20 percent of all strokes) is a sudden interruption of the blood supply caused by a ruptured vessel in the brain. The ruptured vessel leaks blood into the brain. An individual experiencing this kind of stroke often complains of a severe headache – “the worst headache of my life.” Approximately 50 percent of these cases are fatal.

A transient ischemic attack or TIA (sometimes referred to as a “mini stroke”) is a sudden interruption of blood supply to a specific area of the brain for a short period of time. A TIA usually resolves within minutes, leaving no deficits. The average length of a TIA is less than 15 minutes and, at times, less than one minute. Since symptoms come and go quickly, individuals who are experiencing these stroke/TIA symptoms sometimes ignore them. TIAs are warning signs that a stroke may occur – they are medical emergencies and should be treated as such.

Unlike a heart attack in which many people experience chest pain or pain radiating down one’s left arm or into one’s jaw, stroke symptoms are not painful (with the exception of a severe headache with a hemorrhagic stroke) and are more subtle. Individuals frequently ignore the subtle warning signs and rationalize that they will feel better “tomorrow.” Stroke is a sudden medical emergency and you need to seek medical attention immediately if you experience (continued next page)
Stroke (continued from page 1)
any of the symptoms of stroke. The most common stroke warning signs are:

- **SUDDEN** numbness or weakness in the face, arm or leg, especially on one side of the body;
- **SUDDEN** onset of difficulty in speaking or understanding what is being said.
- **SUDDEN** onset of blurred vision;
- **SUDDEN** trouble walking or loss of balance or coordination; and
- **SUDDEN** onset of a severe headache.

“The key word here is *sudden,*” said Small. “A stroke doesn’t come on gradually over a couple of days— it’s a sudden onset of a neurological deficit.” If you ever experience one of the above stroke symptoms, call 911.

For more information about stroke, or if your community organization or civic group would be interested in a personalized presentation about stroke, please call Barbara Small, MBA, RN, Community Educator at the Department of Neurology, Evanston Hospital at (847) 492-5700 Ext. 1128. You can also visit www.enh.org or visit the American Stroke Association’s Web site at www.strokeassociation.org for more information.

Knowing stroke risk factors and learning to manage them will decrease the risk of having a stroke. The following is a list of the most common risk factors:

- **High blood pressure** – The single most important risk factor for stroke. Having high blood pressure increases an individual’s risk of having a stroke by 4-6 times. Work closely with your primary care physician to manage your blood pressure.
- **Heart disease** – especially atrial fibrillation, which can cause blood clots to form in the heart. A clot from the heart may break off, travel to the brain, block an artery and cause a stroke.
- **High cholesterol** is associated with the buildup of plaque in the arteries and can double your risk of having a stroke. Work with your primary care physician to decrease your cholesterol levels. Neurologists and cardiologists would like the level of LDL (or bad cholesterol) to be less than 70 in high-risk individuals.
- **Diabetes** – work with your primary care physician to manage your blood sugar.
- **Tobacco Use** – Smoking injures blood vessel walls, speeds up hardening of the arteries, increases blood pressure and doubles one’s risk of stroke. Check with your physician or community center to find a smoking cessation program.
- **Physical Inactivity** – Regular activity decreases the risk of heart disease and stroke.
- **Overweight and Obesity** – Excess weight puts a strain on the entire circulatory system.
- **Excessive Alcohol Intake** – Excessive alcohol raises blood pressure and may lead to stroke.

---

Receive a Complete Women’s Heart Health Assessment for $10!

The women’s heart health assessment includes total cholesterol, glucose, blood pressure and a cardiovascular risk assessment. Appointments are necessary and are offered once a month on Wednesday mornings.

**Appointments fill up quickly so please call (847) 492-5700 Ext. 1162 to schedule your appointment today.**

Appointments are at Glenbrook Hospital, 2050 Pfingsten Road, Suite 360 in Glenview.

---

Receive $10 off a Carotid Artery Screening

A Carotid Artery screening detects blockages in the main blood arteries to the brain and can help determine risk for a stroke.

**Call (847) 492-5700 Ext. 1158 to schedule this very important preventive health screening at an ENH facility nearest you.**

(Valid until November 15, 2006)
A Good-Hearted Program

Did you know?
Every year since 1984, more women have died of heart disease than men. Women have died because they waited too long to seek medical help for chest pain that they explained away as “indigestion,” or “just a sign that I’m getting older.” Many women are still unaware that heart disease, not breast cancer, claims the lives of more women in this country than any other cause.

Why women’s heart care?
“Historically, heart care for women has been no different from heart care for men. And yet, a woman’s physiological makeup and life experiences often make her more vulnerable to heart problems,” said Dr. Eileen Kelly, an ENH clinical cardiologist with nearly a decade of experience treating heart disease in women. Hormone and weight fluctuations that occur during pregnancy and menopause can dramatically affect a woman’s heart. Also, women react differently to chest pain, they respond differently to certain heart medications and often require different echocardiography techniques than men do.

The Women’s Heart Program
Led by Medical Director Eileen Kelly, MD, the Women’s Heart Program is dedicated to improving women’s quality of life through better heart health. Fellowship trained in cardiology at the University of North Carolina, where she also established a women’s heart program, Dr. Kelly is committed to improving women’s heart health. Dr. Kelly sees patients in the Women’s Heart Program Suite at the Glenbrook Medical Office adjacent to Glenbrook Hospital and lectures at sites through the North Shore and Lake County.

Heart care for adult women
Women in their 40s and 50s
With the onset of menopause, a woman’s risk of heart disease increases significantly. Because post-menopausal women face more than twice the risk of heart disease over pre-menopausal women of the same age, it is important to be diligent about regular screening for blood pressure, cholesterol and diabetes. Note: beginning at age 50, more women than men have a total cholesterol level that is elevated.

Women in their 60s
Heart care becomes more important than ever during these years, when symptom-free problems may occur. Many women in this age group have high blood pressure (about 14 million nationwide), and most will begin to develop atherosclerosis (hardening of the arteries) without realizing it. Regular screenings are essential for good heart health.

Older women
The average age for women to have a first heart attack is 70. In general, the older a woman is, the more likely she is to face heart-weakening congestive heart failure after a heart attack. The risk of stroke also increases. Good heart care will ensure that a woman is alerted to potential problems and that any medications that she may be taking will not have heart-damaging side effects.

Contact Information
For more information about this comprehensive preventive health program please call the Women’s Heart Program at (847) 492-5700 Ext. 1160 or visit www.enh.org.

Therapy to Regain Independence

The inpatient rehabilitation program at Evanston Northwestern Healthcare helps patients regain skills needed to function independently as quickly as possible when a functional disability occurs, possibly the result of a transient ischemic attack or a hemorrhagic or ischemic stroke. This comprehensive program is customized to meet the individual needs of each patient and his or her family. Special features include a homelike environment used in training for day-to-day activities, trips to public areas such as shops to help patients gain confidence, home visits, car transfer techniques, patient gym, exercise groups and even special events and parties.

Tours of inpatient rehabilitation are available to you. To arrange a tour or to learn more about the program, please call (847) 570-2853.
Dental Health

Periodontal disease is an infection of the tissues that hold your teeth in place. It is typically caused by poor dental health, including poor brushing and flossing habits that allow plaque—a sticky film of bacteria—to build up on the teeth and harden. In advanced stages, periodontal disease can lead to sore, bleeding gums; painful chewing problems; and tooth loss. “More seriously,” said Harry Staffileno, DDS, Director of the General Practice Residency Program and Chief of the Dental Division of Evanston Northwestern Healthcare, “periodontal disease is also linked to heart disease and stroke.”

Several theories exist to explain the link between periodontal disease and heart disease. One theory is that oral bacteria can affect the heart when they enter the bloodstream, attaching to fatty plaques in the coronary arteries (heart blood vessels) and contributing to clot formation. Coronary artery disease is characterized by a thickening of the walls of the coronary arteries due to the buildup of fatty proteins. Blood clots can obstruct normal blood flow, restricting the amount of nutrients and oxygen required for the heart to function properly. This may lead to heart attacks.

Another possibility is that the inflammation caused by periodontal disease increases plaque buildup, which may contribute to swelling of the arteries. Researchers have found that people with periodontal disease are almost twice as likely to suffer from coronary artery disease as those without periodontal disease.

Additional studies have pointed to a relationship between periodontal disease and stroke. In one study that looked at the causal relationship of oral infection as a risk factor for stroke, people diagnosed with acute cerebrovascular ischemia were found more likely to have an oral infection when compared to those in the control group. “Although all aspects of an evidence-based study may not be forthcoming, there are enough studies to date that support the concept of periodontal disease inflammatory products influencing cardiovascular disease,” said Dr. Staffileno.

Regular dental checkups and professional cleaning can help identify and prevent periodontal disease. Evanston Northwestern Healthcare’s Dental Center is a state-of-the-art facility located on the ground floor (Room G200) of Evanston Hospital. Two full-time, licensed dentists perform all primary care services. For more information, please call (847) 492-5700 ext.1172.