INSIDE: PC Mike's Internet Column

Page 4, Section D

Sunday, March 5, 2000

## MEDICAL BRIEFS

#### **Memory care**

Caring for a loved one with Alzheimer's Disease or any form of memory impairment is a difficult task. Caregivers are often called the hidden, or second, victim.

Alterra-Clare Bridge of Livonia, a Atterra-Clare Bridge of Livonia, a "memory care" residence located at 32500 Seven Mile Road, will present a free educational series once a month on Tuesdays from 6-7-30 p.m. for caregivers, medical professionals, friends and residents. The series will be held in the Community Center.

- March 14 Heartland Home Health Care & Hospice will feature guest speaker Elizabeth Carlson. Topic: Hospice 101.
- in April 18 NeighborCare Phar-macy will feature guest speakers Sue Harrington, RN, BSN and Greg Kirchmeier. Topic: Osteoporosis and bone density. Bone density screen-ing will be available.
- May 9 Heartland Home Henlth Care & Hospice will feature guest speaker Grace Fidler, MSW. Topic: Advanced directives, when and how soon they should be in place.
- June 13 -Sharon M. Jones, Ph.D., will be the guest speaker. Topic: Stress management, emo-

Cons or caregiving.

Call Nanette Cooper or Denise
Mannion for reservations or Debbie
Uelsmann for a tour at (248) 4287055.

#### Learning disabilities

Wayne County Regional Educa-tional Service Agency will sponsor a 'Learning Disabilities and Technol-ogy' conference 8:30 a.m. to 3 p.m. Tuesday, March 7, at Wayne RESA in Wayne. Richard Wanderman, a successful adult with a learning dis-ability, will present high- and low-treli ideas and resources to help peo-ple with disabilities build skills, compensate for weaknesses, partici-pate more fully and have more fun.

pate more fully and have more fun. Wanderman will discuss the use of highlighter pens, digital clocks, tape recorders, electronic books, AlphaSmart keyboords, on-line services and much more. Registration is \$35 and includes handouts and lanch. To register, call Event Services Hotline at (734) 334-1406.

#### **Urinary incontinence**

Thirteen million Americans experience an uncontrolled loss of urine, called urinary incontinence. Incontinence is not a disease but a symptom of an underlying problem. It can be treated by a medical team approach, including physical therapy.

py.

St. Mary Hospital in Livonia will present a Carelink lecture on urinary incontinence 1-3 p.m. Wednesday, March 8, in the St. Mary Hospital Auditorium. Physical therapist Archana Uppal will lead a discussion on types of incontinence, its causes and the treatment options.

There is no charge for the lecture but registration is required. For more information or to register, call (734) 655-8940 or toll free at 1-800-494-1650.

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## Minutes matter when treating strokes

ore than 2,400 years ago, Hippocrates, the father of modern medicine, recognized and paralysis. Today, stroke remains a lethal killer, yet many people do not know how to spot one and why avery minute counts in responding. "Stroke is the third leading killer of Americans, behind only heart disease and cancer, and it's also the number-one cause of long-term disability and nursing home placement among adults," says Dr. Susan Hickenbottom, a clinical assistant professor of neurology at the U-M Medical School. "In the state of Michigan alone, it's now thought that there is a stroke every 40 minutes and about 6,000 deaths a year." Simply put, a stroke is a disruption of blood flow to the brain, says Hickenbottom. That interrupts the supply of the brain's two main "fuels," oxygen and sugar. There are two kinds of full-fledged stroke and another for stroke whom a ways and a stroke.

oxygen and sugar. There are two kinds of fullledged stroke and another form called a ministroke.

"About 20 percent of strokes happen when a
blood vessel breaks open and blood is released
into the brain. We call these hemorrhagic, or
bleeding, strokes, she explains. "The more common type of stroke is where a blood vessel is
blocked off, often by a blood clot or a cholesterol
plague. In either case, the area of the brain dies
because it's not receiving its fuel."

Because a stroke can hit any part of the brain,
it can affect everything from speech and vision to
movement and breathing. Physicians have
devised a list of five easy-to-remember warning
signs that cover most typical stroke effects:

Weakness, numbross or tingling in any part
of the body, especially half of the body.

Bifficulty producing speech, getting speech
out, or understanding what others say.

Bisadden onset of dizziness, usually accompanied by other symptoms.

Sudden onset of dizziness, usually accompanied by other symptoms.

Sudden, unexpected headache.
For anyone experiencing these warning signs or
noticing someone close having them, Hickenbot-

tom issues a simple directive; seek immediate medical attention.

Even if the warning signs don' last very long, the cause might be a mini stroke, known formally as a transient ischemic attack or TIA. Such an event is still a warning to head to the emergency room or the family doctor immediately, said Hickswebstlem.

"A TIA serves as a warning that a person has something going on that's slowing the blood supply to the brain. If they were to ignore that



warning, they could later on suffer a larger stroke that could leave them disabled."

#### Timely intervention

Timely intervention

According to the National Institute of Neurological Disorders and Stroke, when blood flow to the brain is interrupted, some brain cells die immediately while others romain at risk for death. These damaged cells can linger in a compromised state for several hours.

Whether symptoms suggest a TIA or a full-fledged stroke, doctors in emorgency rooms everywhere are now more likely to have a drug called tPA, or other medications, on hand to help patients who may be having a stroke. When doctors confirm a patient is having a stroke caused by a clot blockage, tPA breaks up blood clots

quickly.

Hickenbottom and her U-M colleagues have confirmed earlier findings that tPA can prevent cortain strokes from causing long-lasting effects in a large percentage of patients – if given quick-

in a large percentage of patients – if given quickly.

In this case, haste does not make waste.

"The drawback is that there's a three-hour cutoff, so that a person needs to be seen, evaluated
and diagnosed within three hours of the symptoms starting, or the tPA can't be given," says
Hickenbottom.

According to some estimates, only about 1 percent of eligible patients nationwide currently
receive tPA. U-M Hospital has given tPA to about
100 patients since it was approved for use three
years ago. Patients given tPA have a 30-50 percent chance of walking out of the bospital almost
completely the same as they were before the
stroke. Some patients' chance of a normal recovery is even higher.

Risk factorse

#### Risk factors

Hickenbottom stresses that it's important for those who might be at risk for a stroke to estab-lish their risk level by having a health screening and taking preventive measures. Risk factors include.

and taking preventive measures. Risk factors include.

Family history of stroke

Family history of stroke

Family history of high blood pressure

High cholesterol

Gigarctte smoking

Heart rhythm irregularities, especially atrial fibrillation

Even people without these risk factors should know what to do in the event of a stroke, she warns. There are certainly populations that have higher rates of stroke, for example the elderly, but anyone from a 20-year-old woman to an 88-year-old man might be at risk."

Sources:

H.M. Health Topics A to Z: Stroke

- Sources:
   U-M Health Topics A to Z: Stroke
   National Institute of Neurological Disorders & Stroke

#### STROKE MORTALITY 28.5 Males Total 26.3 White Males 50.9 Black Males 24.5 Females Total 22.9 White Females Black Females 26.4 All Races Total White Total Black Total

### The stroke toll

#### Older Adulta

- For each decade after age 55, the risk of stroke doubles.
- For adults over age 65, the risk of dying from stroke is seven times that of the general population.
- Two-thirds of all strokes occur in people over age 65. The over-50 population is the fastest growing U.S. age group.
- Stroke is a major factor in the late-life dementia that affects more than 40 percent of Americans over age 80.

- Stroke kills more than twice as many American women every year as
- breast cancer.

  Women account for approximately 43 percent of the strokes that occur
  each year, yet they account for 62 percent of stroke deaths. The explanation may be that stroke risk increases with age, and women generally live longer than men. In addition, women may on average be older
  than men at the time of stroke.
- Women over 30 who smoke and take high-estrogen oral contraceptives have a stroke risk 22 times higher than average.

#### African-Americans

- Ministence rate for first stroke smong African-Americans is almost double that of white Americans 288 per 100,000 African-Americans, compared to 179 per 100,000 whites.
- African-Americans suffer more extensive physical impairments that last longer than impairments suffered by other racial groups in the
- # Stroke mortality for African-Americans is almost double that for
- 78 African-Americans have a disproportionately high incidence of risk factors for stroke, particularly hypertension, diabetes, obesity, smoking and sickle cell anemia.
  Source: National Stroke Association, unaw.stroke.org/

## WSU study finds better stroke care needed

Not all hospitals that treat acute stroke have facilities or personnel continually prepared for stroke evaluation and treatment, according to a Wayne State University School of Medicine survey to be presented at an upcoming meeting of the American Stroke Association.

As part of Operation Stroke, a stroke-awareness initiative kicked off in Detroit by the American Heart Association, hospitals and EMS providers in Wayne, Oakland and Macomb counties were surveyed. Although protocols for handling stroke patients existed in 95 percent of the hospitals that responded, just 62 percent had stroke teams and 32 percent had stroke units.

responded, just 62 percent had stroke teams and 32 percent had stroke units.

"Hospitals in the Detroit metro area currently are not operating at optimum efficiency as far as acute stroke treatment," said Dr. Bradley Jacobs, assistant professor of neurology and lead author of the study. There are several areas we can fit to make it better."

Of 4,049 patients treated in 1998, 61 (4 percent) were given a drug called a tissue plasminogen activator (PA) that eliminates or significantly reduces disability if it is administered within three hours of the stroke. Although use of PA in Detroit is at least as frequent as the national average of 1.5 percent, just two-thirds of area hospitals use it.

"We're better than the national average, but there are still a lot of people out there who aren't getting it in time," said Dr. Steven Levine, professor of neurology and co-chair of Operation Stroke.

Further, just 79 percent of EMS units have written protocols for stroke, and 85 percent treat stroke as a time-dependent emergency.

## Strokes cost U.S. \$30 billion annually

- Stroke is our third leading cause of death, killing nearly 160,000 Amer-leans every year Syery year approximately 780,000 Americans have a new or recurrent

- Neary year approximately on, one Americans have a new or recurrent stroke.

  Over the course of a lifetime, four out of every five American families will be touched by stroke.

  Strokes is the largest single chase of incirclosic circular circular controls.

  Approximately one-third of all stroke sortines within five years.

  Approximately one-third of all stroke sortines within five years.

  Of the \$70,000 Americans who guiven a stroke each year, approximately 10 to 18 september will have another stroke within one year.

  The rate of having a souther stroke is about 10 percent per year therefore the property of the stroke of the property of the property of the stroke of stroke, About, one that the property of the stroke of stroke, About, one that the property of the stroke of stroke of the property of the stroke of t