How stroke affects the older person

4th Oct 2019

Thérèse Lebedis OBE
Consultant AHP/Occupational Therapist in Stroke

Stroke

- Acute loss of focal cerebral function
  - Haemorrhage – 15%
  - Ischaemic – 85%

- Most common causes of death in Scotland – cancer, dementia, cerebrovascular disease including stroke and coronary heart disease

Risk Factors

- Age
- Hypertension
- Cardiac Disease (esp atrial fibrillation)
- Diabetes
- Smoking
- Family history
- Cholesterol

FAST

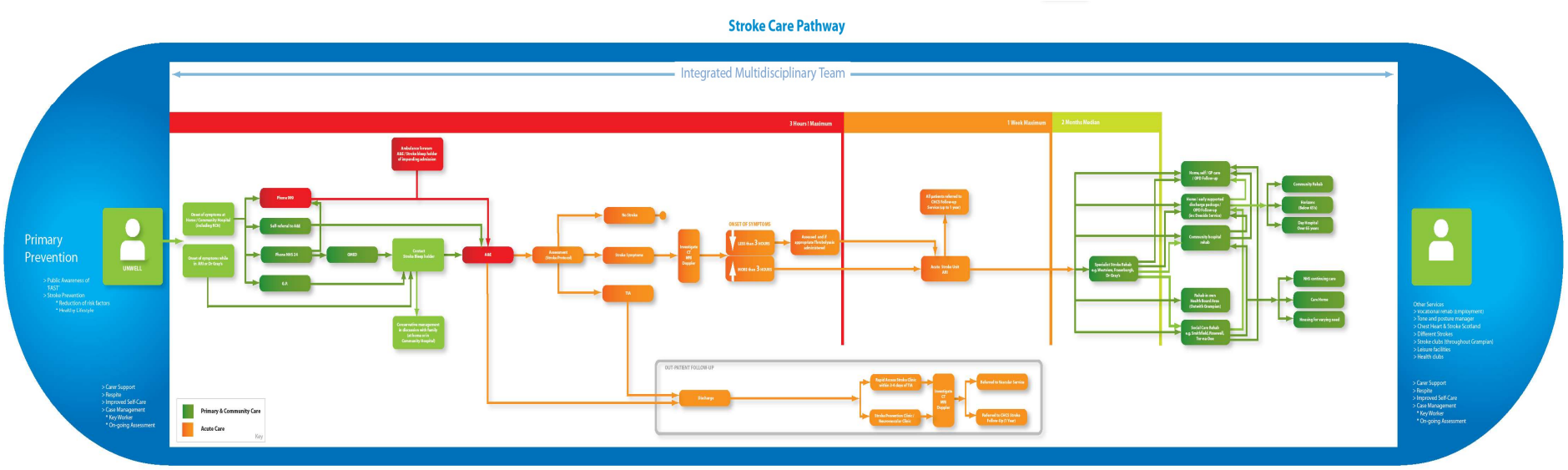
- **Facial weakness** – can the person smile? Has their mouth or eye drooped?
- **Arm weakness** – can the person raise both arms?
- **Speech problems** – can the person speak clearly and understand what you say?
- **Time** – to call 999

Symptoms of stroke

- Unilateral weakness
- Sensory disturbance
- Speech & language problems
- Visual problems
- Swallowing problems
- Cognitive and perceptual disorders
- Emotional & Psychological disorders

Stroke Improvement Plan

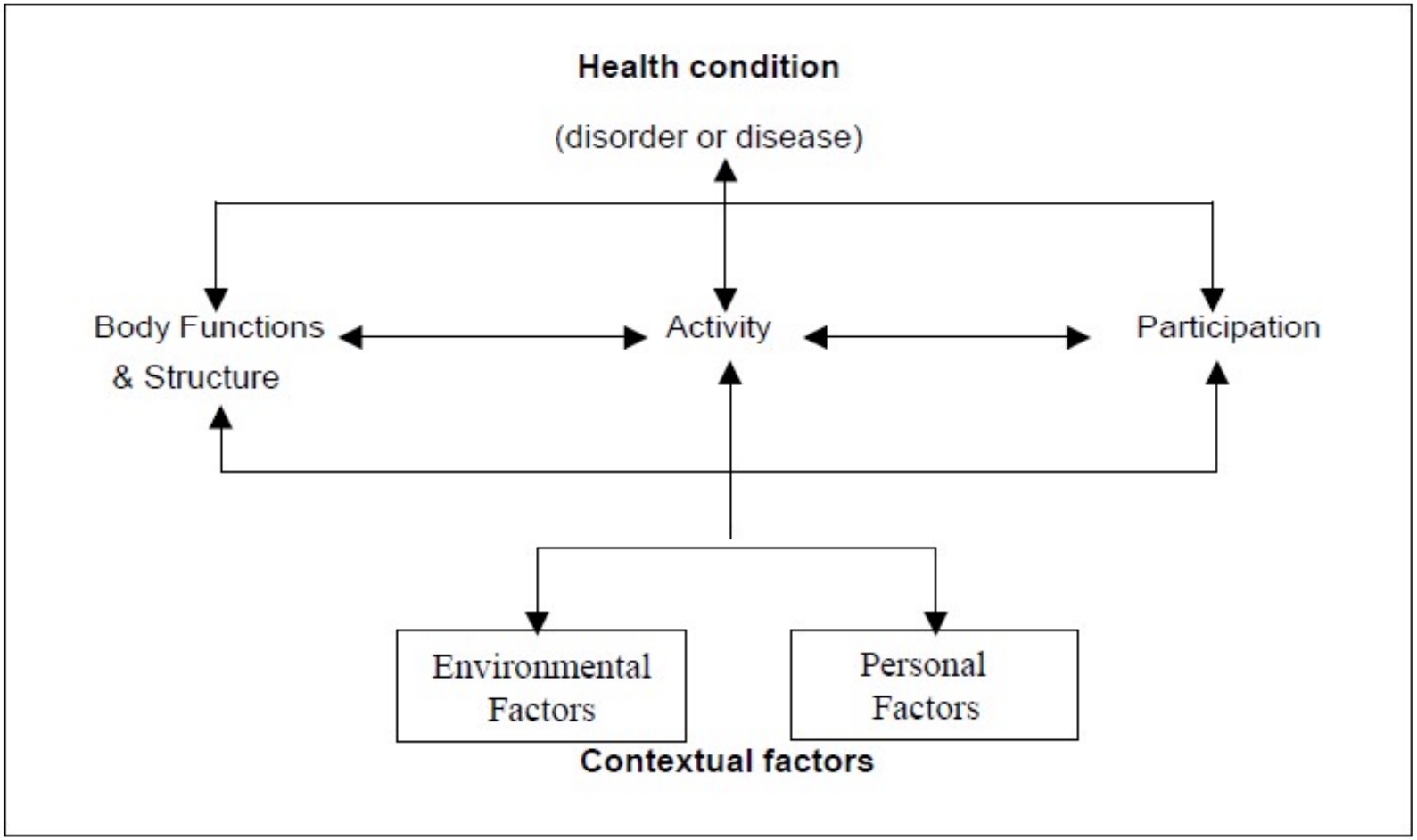
Stroke care pathway
NHS Grampian



Interventions for stroke

- Acute interventions
  - Stroke bundle (Admission to a stroke unit, swallow screen, brain scan and aspirin)
- Thrombolysis
- Thrombectomy
- Supported self management
- Rehabilitation
- Longer term care

International Classification of Functioning, Disability and Health (ICF)



Impact of stroke

- Body functions and structures
- Activity
- Participation

- Environmental factors
- Personal factors

Activity limitations

- Communication
- Mobility
- Self care
- Domestic tasks

Participation restrictions

- Relationships
- Roles
- Community life
- Social life

- Stroke Improvement plan
  - Prevention of stroke
  - Recognition - FAST campaign
  - Acute stroke unit care
  - Stroke rehabilitation unit
  - Community rehabilitation teams
  - Community nurse support
  - Supported self management
    - Chest Heart and Stroke Scotland
    - The Stroke Association

Stroke Improvement Plan

Priority Area	Early Recognition of TIA/ Stroke		Pre-hospital protocols	
Action	**Public FAST**	**Early identification of stroke by SAS/Primary Care / Emergency Departments**	**SAS Pre-alert**	**Thrombolysis Process & Pathway**
Grampian	**BLUE**	**GREEN**	**AMBER**	**GREEN**

Stroke Improvement Plan

Stroke Bundle Delivery	Trained workforce	Early diagnosis	
Intermittent Pneumatic Compression	Education Template & Training	(1) TIA Access	(2) TIA Imaging
GREEN	GREEN	BLUE	AMBER

Stroke Improvement Plan

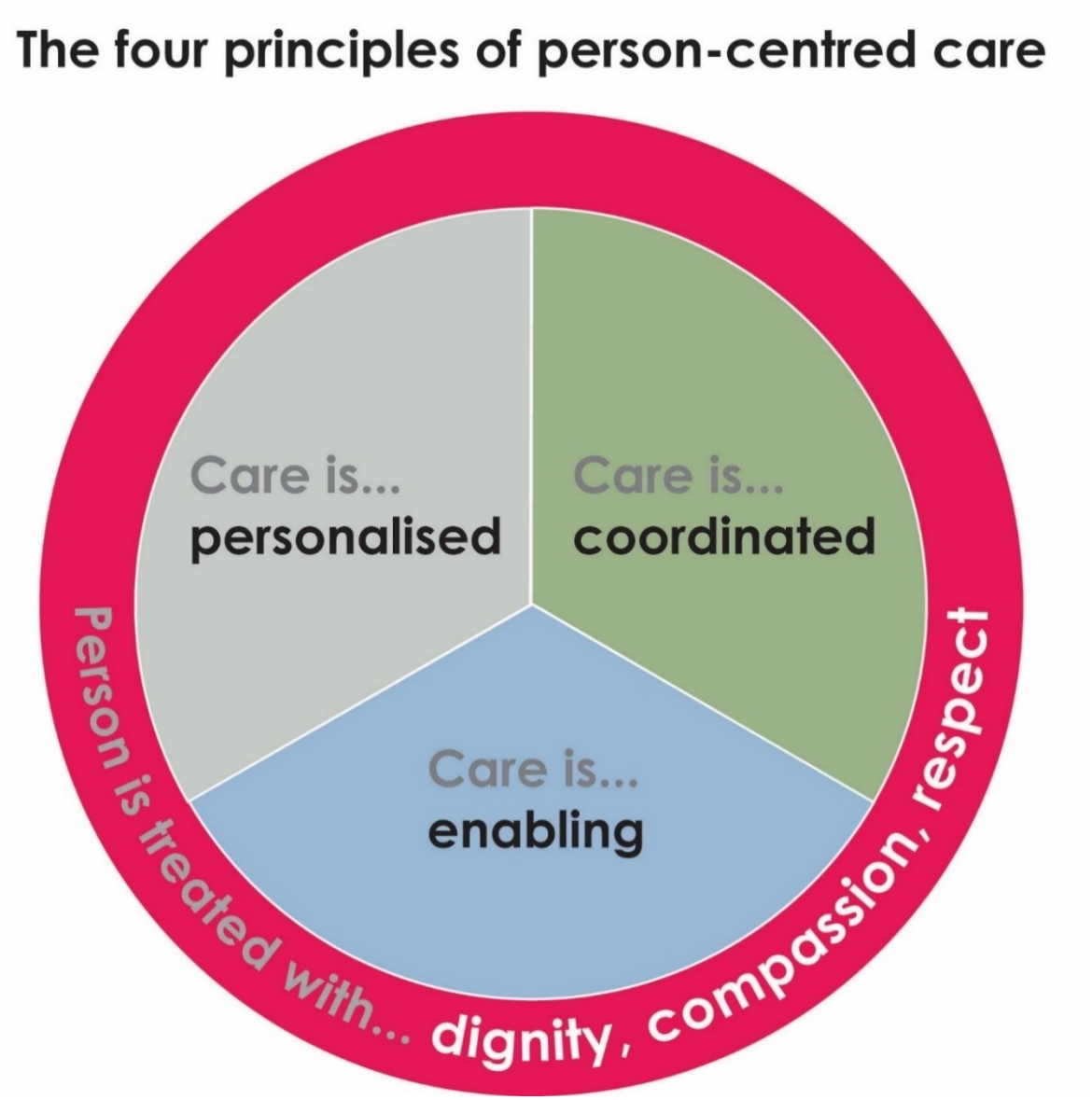
Secondary Prevention	Transition to Community			
Anti-coagulation for AF	**Access to Stroke Therapy**	**Access to Stroke Rehab Services**	**Goal Setting**	**Specialist Visual Assessment and Rehab**
BLUE	**BLUE**	**GREEN**	**GREEN**	**GREEN**

Stroke Improvement Plan

Transition to Community		Living with Stroke		
Access to Specialist Clinical Neuro-psychological services	**Specialist Driving Assess-ment**	**Self Manage-ment post discharge support**	**Exercise**	**Vocat-ional rehab**
AMBER	**GREEN**	**GREEN**	**AMBER**	**AMBER**

Stroke Rehabilitation

- **Aim :** to maximise the person's ability to function in their own environment, and participate in their life roles.
- Emphasis on adjusting to limitations, improving quality of life and family and carer support



Publisher : The Health Foundation www.health.org.uk/publications/person-centred-care-made-simple/

Age is not a barrier to recovery

GOAL SETTING

STROKE TRAINING AND AWARENESS RESOURCE's

Free e-learning stroke training resource.

CORE COMPETENCIES

ADVANCING MODULES

THROMBOLYSIS MODULE AND MASTERCLASS

SCOT TOOLKIT ONLINE

STROKE4CARERS

SELFHELP4STROKE

Advancing Modules

- Thrombolysis
- Physiological monitoring
- Feeding & nutrition
- Continence
- Management of physical complications
- Secondary prevention
- Emotional impact
- Cognition & perception
- Resuming daily activities
- Physical management

www.stroke4carers.org

&

www.selfhelp4stroke.org

THE UNIVERSITY OF EDINBURGH

Chest Heart & Stroke Scotland

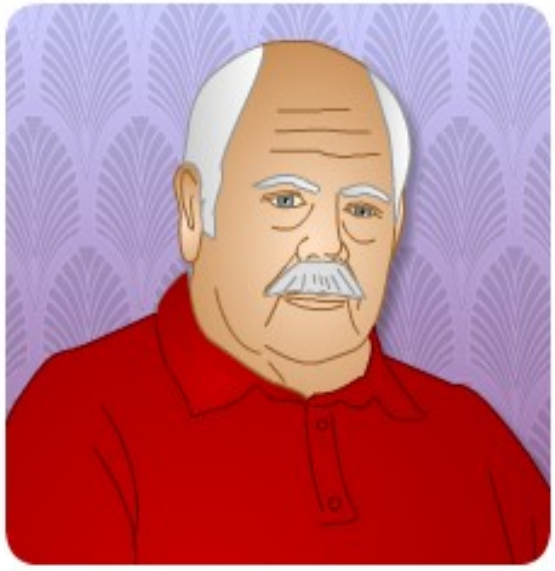
LOTTERY FUNDED

BIG LOTTERY FUND

NHS SCOTLAND

Return to swimming

Scenario



Mr McGuire is a 57 year old man who had a right hemisphere stroke one year ago. He was previously active and enjoyed a variety of leisure pursuits including swimming, gardening and travel.

Return to swimming

Q. What could help Mr McQuire return to swimming? Drag the swimming aids to the correct column.

Yes, would help	No, not a direct help

Armbands

Floats - Noodles

Weights

Hoist

Lifevest

Goggles

Swimming hat

Reset Reveal

Driving

Scenario 1: Driving

Flora Forbes is a 63 year old married woman She lives with her 75 yr old husband. He has progressive Parkinson's disease.

They have recently celebrated their ruby wedding anniversary and live in a rural area with poor transport options.

- Prior to her stroke Flora was a very active lady who was heavily involved in her local community; Church; SWRI (Scottish Woman's Rural Institute).
- Flora looks after her 3 grandchildren after school and during the school holidays.
- Prior to her stroke she was fully independent with daily activities and was a driver. She has been having to support her husband with tasks as his condition progresses.

Quiz to test baseline knowledge

Q. At the discharge planning meeting her family ask what will happen regarding her returning to driving. What should you advise?

1.	Anybody having had a stroke is not to consider driving until one month post stroke	○ Yes	○ No	
2.	Flora can resume driving after 3 months if somebody is in the car with her	○ Yes	○ No	
3.	One month after her stroke the team of health professionals and doctor will advise Flora regarding driving	○ Yes	○ No	
4.	Her family can decide when Flora is ready to return to driving	○ Yes	○ No	
5.	At present due to her cognitive and perceptual difficulties it appears unlikely that Flora will be able to drive for some time	○ Yes	○ No	
6.	Flora can be reviewed at a later date regarding returning to driving	○ Yes	○ No	
7.	If her doctor decides that Flora is not medically fit to drive one month post stroke Flora should inform DVLA	○ Yes	○ No	

Reset Reveal

STARs - Advancing Modules

- Service Improvement
- Vision
- Communication
- Pain Management
- Self Management
- End of Life Care

- Launched Sept 2012
- Revision of all modules 2019/20

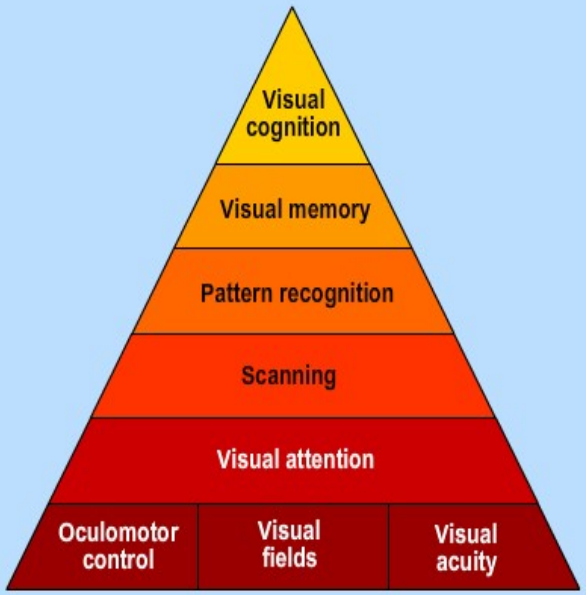
Vision: Introduction

Vision - introduction

Vision is our dominant sense. It helps us to gather information about the world around us and to carry out our daily living activities effectively. We need to both receive and interpret visual information for normal visual functioning to occur. Following a stroke, several visual problems can occur depending on the site and size of the lesion.

Warren (1993) provides a hierarchical framework for the assessment and treatment of visual skills in which each skill level is dependent on those below it. This highlights the need to assess basic visual functions (at the bottom of the pyramid) as they form the foundation for the higher visual processes.

Rollover the pyramid for more information on visual adaptation.



Instructions

Rollover the pyramid for more information on visual adaptation.

Reproduced with permission from the creator of the hierarchy Mary Warren PhD, OTR/L SCLV, FAOTA
Associate Professor, Occupational Therapy; Director Graduate Certificate in Low Vision Rehabilitation, University of Alabama at Birmingham visAbilities Rehab Services Inc.

Simulation of someone driving with left sided visuospatial inattention/neglect

Use the buttons to control the animation

Vision: Case: Pamela

Colour Discrimination

Duration: 54 seconds, Filesize: 4.00 MB

Back to: Further investigations

Review your pathway

Thank you

therese.lebedis@nhs.net