

Revisiting Strokes

Stroke is a very, very old problem. Hippocrates called it apoplexy, a Greek word which means suddenness. More recently “stroke” was known as a cerebral vascular accident (CVA). And today doctors are using the term “brain attack” because “stroke” is analogous in almost every way to heart attack.

Three years ago in this column I discussed “brain attacks,” and with the recent onset of this disaster occurring to several of our parishioners, it seems time to revisit the issue.

A stroke, or brain attack, by definition is the rapid onset of a neurological deficit of some kind: loss of function on one side of the body (perhaps just a facial droop on one side), loss of speech, loss of vision to one side, loss of sensation on one side.

The most common type of brain attack in older people is caused by a blood vessel becoming blocked, possibly by plaque build-up, or perhaps by a clot (embolus) which has broken off somewhere else in the body and traveled to the brain. This occurrence obviously reduces blood flow. When the brain neurons can't get their needed oxygen supply (delivered by the red cells in the blood), they start to malfunction and the nervous system starts to fail. Symptoms depend on where in the brain the trouble lies. For example, if you were to have a drop in blood pressure to the left side of your brain, you suddenly would have right-sided weakness and something would go wrong with your speech. Blood flow might return, and you might say, “Oh, that was nothing—it went away.” Well, something caused it, and that “something” could come back full force. You need medical attention!



Occurrences like this that last less than 24 hours are called Transient Ischemic Attacks or TIAs. They are warning signs. Unfortunately not all stroke victims get warned.

Another type of brain attack is when a blood vessel ruptures and blood gets into the brain—a brain hemorrhage. Younger people who have a stroke more commonly have one due to a brain hemorrhage, usually from an aneurysm (which is a weakened area of the blood vessel which balloons out and bursts, like a weak spot on a tire).

Permanent brain damage following a stroke is not immediate. It takes time for brain cells to die—it can take several hours and in some cases, several days. The sooner a brain attack victim is treated, the more likely the damage can be reversed.

Every minute counts, making this a true 9-1-1 emergency.

What can you do? Recognize the symptoms and get help for yourself or your loved one. And prevention is always the first line of defense. Some risk factors can't be helped—age over 55, race (African-Americans are more at risk), family history. But there are things you can control, like blood pressure, not smoking, regular exercise, eating a healthy diet and managing chronic diseases like diabetes and heart disease.

Most people are more concerned about lack of brain function than they are about death. Let's do everything we can to keep our brains healthy!