



YOUR STROKE

A Patients Guide to the Stroke Service at Tallaght Hospital

Medical explanations

In Ireland

- About 10,000 people suffer a stroke in Ireland every year About 2,500 stroke-related deaths occur every year in Ireland
- Stroke disease is a common cause of memory problems (cognitive impairment/dementia) and mental health problems such as depression in later life
- Stroke disease is the commonest cause of epilepsy in later life
- Stroke disease is a common cause of falls and walking difficulties in later life

BUT

- Stroke Disease is preventable and treatable
- Most patients can make a good recovery with specialist stroke care and multidisciplinary rehabilitation

WHAT CAUSES STROKE

In simple terms stroke is caused by a sudden interruption to the brain's blood supply. This can occur as a result of:

- A sudden blockage in an artery. Similar to material causing a blockage in a pipe, this material can build up at the site of the blockage (atherosclerosis/arteriosclerosis) or travel from another site (clot travelling from the heart or major blood vessels) to become blocked in the 'pipe'. This type of stroke is called an ischaemic (isskeme-ik) stroke
- A sudden bleed into the brain due to rupture of an artery as a result of an abnormal swelling of the artery (aneurysm) or a leaky artery due to other diseases. This is called a Haemorrhagic (hem-o-rajik) stroke

Other rarer causes of stroke include infection, inflammation, clotting in the brain vein (venous sinus thrombosis)

Occasionally other diseases such as multiple sclerosis or brain tumour can mimic stroke symptoms

WHAT CAN MAKE YOU AT RISK OF A STROKE?

The following are the common risk factors for stroke

- High blood pressure (hypertension)
- Smoking
- Diabetes
- High Cholesterol
- Overweight (obesity)
- Inactivity (Lack of exercise)
- A family History of stroke
- Heart Disease
- Irregular heart rhythm (atrial fibrillation)
- Disease of major neck (carotid/vertebral) arteries resulting in narrowing called stenosis
- Peripheral vascular disease (circulation problems)

Most are conditions which result in, or are associated with, damage to the heart or circulation. This leads to the formation of clots within the heart chambers or the build up of abnormal material (plaque) lining the artery walls, both of which have the potential to interrupt blood supply to the brain, by a clot breaking off and travelling to the brain (embolism) or by plaque critically narrowing the arteries (stenosis).

Some of these risks may also weaken the arterial walls making them more likely to form swellings (aneurysms) or become 'leaky' and result in bleeding into the brain.

WHAT SHOULD I DO IF I SUSPECT I'M HAVING SYMPTOMS OR WITNESS SOMEONE HAVING A TIA/STROKE

This is a medical emergency – if you or someone else have sudden onset of any of the above symptoms you should call an ambulance or attend your nearest Hospital Emergency Department for evaluation as soon as possible.

Tallaght Hospital has an Emergency Department protocol for stroke/TIA and a 24/7 specialist stroke consultant on-call at all times.

If in doubt- go to the Emergency Department. Time is Brain and every minute counts in suspected stroke.

HOW WOULD I RECOGNISE SOMEONE ELSE IS HAVING A STROKE / TIA?

A simple recognition tool that predicts likelihood that someone is having a stroke is the

FAST test

F - FACE Is their face drooping on one side? If so this is suspicious for stroke.

A - ARM Ask the person to lift both their arms and hold them there. If they can't lift one arm or it begins to fall down on one side then this is suspicious for stroke

S - SPEECH Ask them to state their name and address. Is their speech slurred? Have they difficulty getting their words out? Have they difficulty understanding you? If yes to any of these then this is suspicious of stroke

T - TIME “Time is Brain”- if yes to any of the above get emergency help!

TREATMENT OF TIA/STROKE

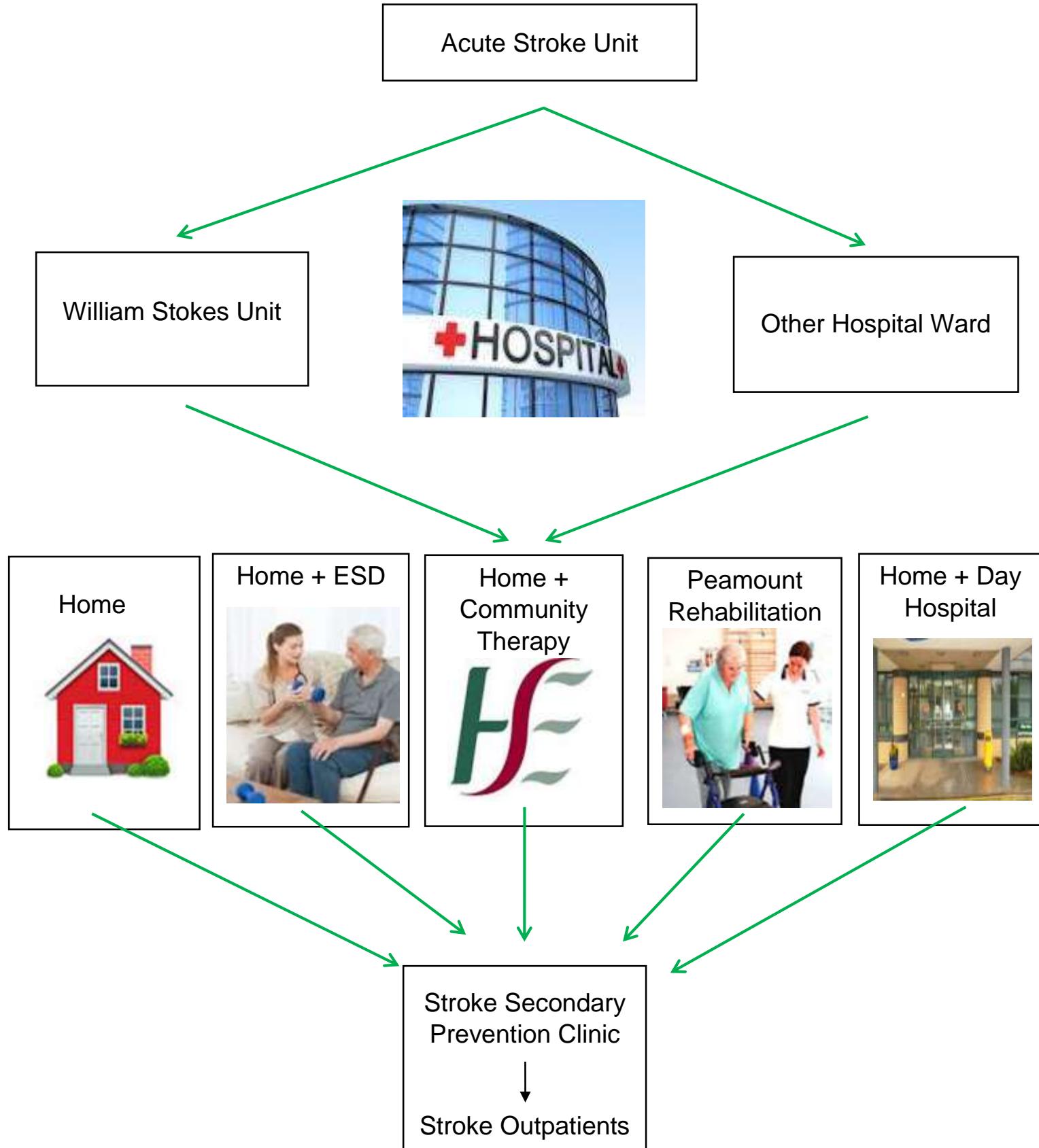
Once you are assessed and your type of stroke/ TIA has been diagnosed correctly by a specialist in stroke medicine (usually a geriatrician or neurologist) the stroke-service team will start treatment and conduct some investigations into the cause of your stroke.

All treatment of the stroke-service at Tallaght Hospital aims to:

- To reduce the effects of stroke where possible through dissolving or removing clot
- Prevent further events or a worse stroke
- Treat risk factors that may be contributing to your stroke
- Assess heart or artery conditions that may need specialised medical treatment or surgery e.g. carotid artery endarterectomy to remove blockage
- Prevent and treat complications of stroke such as pneumonia, depression, seizures, incontinence, pain
- Restore you to as near normal function again as possible by treatment and advice from a specialised stroke multidisciplinary (involving doctors, nurses, physiotherapists, occupational therapists, speech & Language therapists, social workers and psychologists)
- To help you return to as full and enjoyable life as possible through ongoing support and advice on aids & adaptation, financial aspects of illness, driving assessments and vocational advice

Tallaght is a teaching hospital which participates in stroke research and you may be invited to participate in research to help improve our knowledge of stroke treatment and recovery post stroke

Stroke Admission & Discharge Pathway



NURSING

Nurses have a vital role to play as they are with you 24 hours a day. They will act as a key link, helping to plan and co-ordinate the various parts of your care. The nurses will assess you looking at various things like washing and dressing, skincare, elimination and eating/drinking among others. They will draw an individual plan of care for you. The nurse will work closely with other members of the team and will help to co-ordinate the advice your therapists give you. The nurse can also provide support and education for you and your carer. When it is time for you to go home the nurse will help to plan your discharge together with you, your family, carers and the multidisciplinary team.

ON ADMISSION

Once the doctor has admitted you into the hospital the next person you will meet is the nurse. The nurse will help you settle into the ward explaining the location of the toilets, day room etc and will explain how to use the call bell system. He/ She will then assess how your stroke has affected you looking at the following things.

- Blood pressure, pulse, temperature, breathing
- Your swallow and nutritional needs
- Your ability to communicate
- Your skin
- Your ability to use the toilet
- Your mobility
- Whether you are experiencing any pain
- Your mood

The nurse may also need to seek information from your family at this stage.

DURING YOUR STAY IN HOSPITAL

Whilst in hospital you will become very familiar with the nurse. The nurse will be with you 24 hours a day to assist you with some of the following things:

- Eating and drinking
- Washing and dressing
- Mobilising
- Going to the toilet
- Medications
- Emotional wellbeing
- To talk to you about your plan of care
- To contact pastoral care if you wish

You will meet the Stroke Nurse Specialist during your stay; she will talk to you about stroke in detail and will work closely with the nurse to oversee and plan your care. She will also talk to you about the future and changes you may need to make e.g. giving up smoking. When you go home you will be followed up in the Nurse Led Secondary Prevention clinic. At this clinic the Stroke Nurse Specialist will assess how you are adapting to life after your stroke and discuss with you lifestyle changes you can make to reduce your risk of stroke like:

- Stopping smoking
- Blood pressure control
- Alcohol intake
- Exercise
- Cholesterol
- Healthy eating
- Achieving a healthy weight
- Managing diabetes

IMPORTANT INFORMATION

- If you are admitted to the Acute Stroke Unit you may be moved to another area of the hospital at any stage at short notice day or night to facilitate admissions, this decision will be made in conjunction with your medical team
- Visiting hours are 2pm – 4pm & 6.30pm- 8.30pm only
- The Acute Stroke Unit operates a rest hour from 1pm- 2pm
- William Stokes Unit/Acute Stroke Unit operates a protected mealtimes policy, strictly no visiting at mealtimes without discussion with the Clinical Nurse manager
- Mealtimes, Lunch 12.10pm - 1pm & Evening Meal 5pm – 5.45pm

CLINICAL NUTRITION

The role of the dietitian/clinical nutritionist differs depending on the individual and where you are in your stroke journey. No matter what the intervention the emphasis is on collaborative working to achieve your goals whether that be maximising a poor appetite, optimising a texture modified diet or addressing diet factors that impact longer term stroke risk. Some of the areas that the dietitian/clinical nutritionist may work with you on are outlined below.

1. DYSPHAGIA

People after a stroke may experience difficulty swallowing foods/fluids (dysphagia) which may lead to a risk of food/fluids going into your lung which could lead to a pneumonia/chest infection. The speech and language therapist will assess your swallow and decide if you need a texture modified diet to help prevent this. The different types of texture modified menus available are:

- *Smooth Puree Diet* – no lumps, particles or stringy pieces. No chewing required
- *Minced Moist Diet* – soft and moist, easily forms a ball in the mouth, contains soft lumps that can easily be broken down with the tongue, avoiding large pieces of food
- *Soft Diet* – easy to chew, not requiring being bitten/significant chewing, may require sauce /gravy
- *Regular Diet*

Due to the food restrictions on some of these diets the nutritional value of the diet may be reduced. Therefore the dietitian will advise you on alternatives to optimise your intake and ensure you are achieving your bodies' requirements.

2. ALTERNATIVE NUTRITION

For some people the swallowing difficulty may significantly restrict the volume of food/fluids you can take so that you are not able to meet your full needs from diet alone. A feeding tube may be required to ensure that you get enough nutrition. The dietitian will work with you to ensure that what you receive in the feeding tube is adequate for your bodies' requirements. For a very small number of people the difficulty with food and fluids can be longer term. The dietitian will work with you to decide how best to fit the feeding system into your day so as to minimise the impact on your daily life.

3. OPTIMISING REHABILITATION

The dietitian will work with you to optimise your diet during the rehab phase. Some people may experience a poor appetite due to a number of reasons including low mood, dislike of hospital food & modified diets, impact of medications or other medical conditions. For these individuals the dietitian will advise on strategies to maximise intake and weight providing energy for rehabilitation. For others weight loss may be more appropriate during the rehabilitation process so you can achieve your rehab goals.

4. PREVENTING FUTURE ILLNESS

Diet and lifestyle can play an important role in stroke prevention. Optimal management of blood pressure, diabetes, cholesterol and weight control are essential parts of risk reduction that you can control. The dietician will assess your diet, advise you on how best to manage your risks and can support you after discharge to continue with the changes advised.

IMPORTANT POINTS TO BE AWARE OF WHILE IN HOSPITAL

1. MANAGING MEALTIMES

- A stroke can affect your ability to do everyday tasks that you took for granted i.e., buttering bread, holding a cup or chopping up food. Some people out of good intentions may want to help to feed you, however for most people with stroke this is discouraged. It is important to attempt to do these tasks yourself as it will help you in the rehabilitation process regaining your independence. There are a small number of people where due to a significant problem swallowing feeding themselves is unsafe, if this relates to you the staff will make you aware
- If you find particular aspects of feeding difficult you may be referred to the occupational therapist who may suggest altered cutlery, utensils to assist your independence in feeding
- Food placement can be very important. The stroke may affect one side of your body more than the other it is important that the food is placed within your reach. Your eyesight may be affected i.e you may only see things that are placed on the right hand side, so that food on the right of the plate may be missed if you don't rotate your plate
- Most importantly don't be afraid of making a mess. REMEMBER you are relearning skills and we expect this may take you some time.

2. SPECIAL DIETS

- There are numerous different types of menus depending on your needs and your medical condition. If you already require a special diet prior to coming into hospital it is important that you make staff aware of this i.e. gluten free diet, renal diet, diabetic diet.

3. BRINGING IN FOOD FROM OUTSIDE

- Due to infection control concerns the hospital policy is that we ask you not to bring in food from the outside that requires reheating, unless you have had sought permission from the ward sister.

SPEECH & LANGUAGE THERAPY (SLT)

A stroke can cause difficulties with communication and swallowing. The Speech & Language Therapist has a key role in assessing and treating difficulties in these areas.

As part of the Stroke team, the Speech & Language Therapist will work closely with you and your family to identify goals for rehabilitation.

COMMUNICATION



Communication can be affected in a number of ways following stroke. Communication involves speech, language, voice and non-verbal skills such as body language, eye contact, facial expression, tone of voice and gesture.

SPEECH

- Stroke can cause a speech difficulty called **dysarthria**. This is caused by weak, paralysed or uncoordinated speech muscles. The main muscles involved in speech are the lips, tongue, soft palate and vocal cords
- Speech may be difficult to understand and sound slow, monotonous or slurred

LANGUAGE

- **Aphasia** is a language problem that can occur after a stroke
- It can make it difficult for a person to understand what is being said and/or to use words and sentences correctly. A person with aphasia can have difficulties with the following:



Understanding



Speaking



Reading



Writing

- Often, a person with aphasia knows exactly what he/she wants to say but cannot get the words out. This can cause frustration in conversation for the person with aphasia and the communication partner

GENERAL TIPS TO HELP COMMUNICATION

- Allow extra time for conversation
- Reduce background noise e.g. turn off the radio, pull the curtain around the bed
- Sit at the same level as the patient to ensure you are speaking face to face
- Use and accept any means of communication e.g. hand gestures, pointing, drawing, writing, pointing at pictures
- Don't change the topic abruptly
- Check frequently to ensure the person has understood what has been said
- Remember communication success is more about getting your MESSAGE across successfully, not about HOW it sounds e.g. saying the word correctly. Focus on the message; WHAT is being communicated



SWALLOWING DIFFICULTIES

Dysphagia is the medical term for swallowing difficulties.

In the early stages after a stroke, eating and drinking can be difficult. This happens because there is a weakness in the muscles of the mouth and throat that are needed for chewing and swallowing. There may be a risk of food or drink 'going down the wrong way' to the lungs, this is called **aspiration**. This can cause chest infections.

The SLT will assess your swallowing and determine which foods/drinks are safest for you to take. An x-ray of your swallow or a camera test may be part of this assessment.

The SLT may recommend changes to the consistency and amount of your food and drink in order for you to swallow more safely.

The SLT may also provide exercises and therapy to improve your swallowing.

SOCIAL WORK

Most patients who have had a stroke and their families are routinely referred to the social work service. Social workers are part of the multi-disciplinary stroke team and are there to offer help and support during your stay in hospital.

On receipt of a referral from the stroke team a social worker will come to meet you, and with your permission, link with your family. The aim is to gather details about your social circumstances and how you are coping with the onset of a stroke. The initial assessment helps us establish together what level of support/assistance, if any, that you might need during your hospital stay.

If you have not been referred to a social worker but would like to have contact you can request this via the medical, nursing or therapy staff or call in to the social work department which is located off the main foyer of the hospital.

Social workers provided assistance in the following main areas.

PSYCHOLOGICAL AND EMOTIONAL SUPPORT

Having a stroke generally has an emotional impact, both for you and those close to you. The emotional impact can be as significant, and take just as long to adjust to, as the physical effects of stroke. Social workers are trained in counselling skills. They can offer psychological support regarding the emotional impact of stroke and any pre existing issues that might affect your ability to cope.

PRACTICAL INFORMATION AND REFERRAL TO SERVICES

Social workers can provide a wide range of general information e.g. about financial benefits and entitlements, legal matters, accommodation options and community services. They can make referrals to and advocate on your behalf with a wide variety of community support services.

COMMUNICATION WITH THE MULTI-DISCIPLINARY TEAM

During your stay in hospital social workers help provide a link and can act as advocates for you with the multi-disciplinary team. Part of this may involve co-ordinating a care planning meeting with the purpose of updating you and your family of your progress in all areas and/or looking at future discharge plans.

CARING FOR YOURSELF WHEN YOU'RE RELATIVE IS IN HOSPITAL

When someone close to us comes into hospital it disrupts the normal routine and can be stressful time. If you are supporting the person who has had the stroke it is very important that you take care of yourself during their hospital stay. If your relative is quite unwell you will most likely want to be with them at the hospital and may initially stay for long periods of time. However, when they are medically stable we encourage you, for your own well being, to reduce the visiting time. Your relative when able for it will be slotted into a timetable for rehabilitation and have a much more active day. As fatigue is often a feature of stroke and the therapy can be tiring they are also likely to need some quiet, down time to rest. You will be invited to attend therapy sessions to see how your relative is progressing and to receive education from team members but we do not expect you to be here all the time.

It is important as things improve to take the opportunity to rest and attend to the everyday matters that may have had to be put on hold during an initial crisis. It is helpful if you can pick up some of your normal routine again as soon as possible. Think about the things that you did to relax before this happened and try to gradually re-introduce them into your routine again. Remember that some stroke patients need to be in hospital for many weeks and sometimes months so it is important to pace yourself.

Sometimes people feel guilty about doing things for themselves but remember:

THE MOST IMPORTANT THING YOU CAN DO FOR YOUR RELATIVE IS TO TAKE CARE OF YOURSELF.

GENERAL TIPS:

- Try to eat nutritious food regularly even if not feeling like a full portion
- Try to get sufficient rest – lie down for periods even if sleep is disrupted
- Share the load – if there are family members/friends who are offering assistance allow them to do so and guide them as to what would be most helpful for you
- Nominate one person who will be available to update family and friends about your relative's condition. This can prevent you having to repeat the same information over and over again which can be upsetting and exhausting

Set up a rota for visiting to avoid everyone coming at once and to reassure yourself that when you are not there your relative is having other visitors

OCCUPATIONAL THERAPY

Stroke may cause temporary or permanent weakness or paralysis on one side of the body. It can also affect a person's vision, memory, speech, and muscle strength. A person who has suffered a stroke may have difficulty caring for himself or herself, such as in bathing, dressing, and managing a household or a job, as well as affect his or her ability to drive a car safely and engage in typical leisure activities. They are likely to need help to regain old abilities, learn new skills and cope with any remaining abilities.

Occupational therapists are trained in helping people lead as independent as life as possible. They use techniques to improve your postural control, muscle strength, cognition (thinking ability), perception and motor planning to gain independence in daily tasks. Occupational can also advise you on the use of compensatory strategies or new ways of carrying out tasks that have become more difficult since your stroke.

WHAT CAN AN OCCUPATIONAL THERAPIST DO?

- Recommend equipment for the home that can aid a person in completing tasks, such as dressing, bathing, preparing meals, and driving
- Fabricate a customised splint to improve hand function
- Evaluate the home for safety hazards and adapt the home by removing hazards that could cause further injury
- Provide training that improves the ability to complete daily tasks.
- Build a person's physical endurance and strength
- Help a person compensate for vision and memory loss
- Provide activities that rebuild self-confidence and self-esteem

WHAT CAN FAMILY AND FRIENDS DO?

- Encourage a stroke survivor to practice tasks to increase strength and endurance and to speed recovery
- Consult an occupational therapist about how to help a person who has suffered a stroke to participate in meaningful daily activities and tasks

COGNITION

Cognition describes the mental processes involved in remembering, knowing, learning, understanding, awareness, judgment and attitudes. After a stroke, a person may have problems with a wide range of cognitive functions. The part of the brain that has been affected by stroke determines the nature of these cognitive problems.

PROBLEMS MAY INCLUDE:

- ATTENTION DIFFICULTIES. A person who has had a stroke may find it difficult to give their attention and may get easily distracted. As a result, they may experience irritability, poor memory, fatigue, impulsiveness and the inability to plan ahead or to do more than one thing at a time.
- CONCENTRATION DIFFICULTIES. A person who has had a stroke may complain of difficulty with concentrating on immediate matters, focusing on a task at hand and shifting attention from one task to another
- MEMORY DIFFICULTIES. A person with stroke may have difficulty remembering to perform a task such as taking tablets, making a telephone call (prospective memory), remembering things such as names, stories or any language related information (verbal memory) and remembering information such as faces and shapes (visual memory)

You will be assessed by your Occupational Therapist and will look at ways of improving these skills or suggest ways to cope with these problems. An Occupational Therapist can also help you find the best ways of using prompts and memory aids.

WHAT MAY HELP?

- Ask anyone who is giving you information or asking you to do something to keep it simple. It may be helpful if you repeat what they have told you in your own words
- Pace yourself. Do not try to do too much at one time
- Break tasks down into simple steps
- Try to keep to a routine as far as possible, doing certain tasks at set times of the day or set days of the week
- Use prompts to jog your memory. For example, leave letters that need posting beside the front door when you go out
- Leave notes to yourself in appropriate places around the house. For example, leave letters or reminders beside the front door so you see them whenever you go out
- Keep a page-a-day diary or calendar and note the time of even the smallest task. For example, when you fed the dog or made your sandwich
- Try and make a habit of always putting things away in the same place
- If something needs doing, do it immediately or make a note of it

PERCEPTION

Perception is the process of making sense of what you see, hear or touch. A stroke can alter a person's awareness of the world around them. They tend to affect the right half of the brain, which usually left sided weakness of paralysis.

These problems include:

- Difficulty with recognition of familiar faces (visual agnosia) and a distorted view of themselves and their environment.
- Problems with planning and carrying out a series of actions for example pouring a cup of tea into a cup (apraxia)
- Failure to pay attention to one side of their body (usually the left) or the space they are in (visual neglect) This problem can vary from being slight or it maybe more extreme, to the extent that a person cannot recognize or acknowledge their own limbs as part of their body.

WHAT MAY HELP?

- In your home, ensure that your room lighting is good. This makes it easier to see things around you.
- Lay out objects you use regularly such as your clothes in an orderly way. If everything is jumbled together you may find it difficult to find the items you need.
- Allow extra time if you are performing tasks that involve visual perception.
- If you tend to miss things on your left side, remind you're verbally to check on the left. Try to use your left arms for activities, as this may help reduce the failure to pay attention to that side.

Your Occupational Therapist will carry out an assessment, help you to improve on these skills and suggest ways on coping.

PHYSIOTHERAPY

The physiotherapist helps you with your physical recovery. The ultimate goal is for you to achieve the fullest movement. However, how much you achieve depends on many issues such as where the stroke occurred in the brain and the severity of the damage after your stroke.

The physiotherapist will set realistic goals with you as success depends on your efforts as well as those of the physiotherapist, and your family. Together you will review and reset your goals if this is necessary.

As your rehabilitation progresses, you may need physiotherapy less often. This will allow you to practice your own exercises and walking in preparation for discharge.

You may get an individual exercise programme to practice on the ward, and then at home, to help your muscles work as well as possible.

WHAT HAPPENS TO YOUR BODY AFTER A STROKE?

These effects are some of the common physical problems after a stroke.

- “hemi-paresis” means “half-paralysed” or loss of control of movement of one side of the body. This can be either partial or complete. It can affect the arm leg trunk one side of the face and the tongue
- Changes in sensation to one side of the body; numbness, pins and needles
- Balance may be affected so that you are likely to fall or lean sideways in the bed or chair
- Initially the affected side of the body may be floppy (“low-toned”) but, then can become stiff (“high toned”) making the muscles tight and inflexible

EARLY PHYSIOTHERAPY TREATMENT AFTER THE STROKE

Correct positioning in bed

Ensuring muscles and joints remain flexible and pain-free.

Guided movements of the limbs

Practicing sitting and standing

Retraining balance.

STANDING AND WALKING

The ability to walk is complicated and may be difficult to achieve. As a result you need to be aware of this and try not to get too frustrated.

Shoes should be comfortable and firm and provide good support. Slippers should not be worn in place of shoes- they will increase your risk of falling.

As your mobility improves you may need advice from the physiotherapist whether it is safe to attempt walking with support from another person, or whether you might benefit from using a mobility aid such as a walking frame, stick or foot support. You should also talk to the physiotherapist if you are considering changing your mobility aid as safety is very important.

RECOMMENDED LEVELS OF EXERCISE TO KEEP HEART & LUNGS HEALTHY & TO MINIMISE RISK OF FUTURE STROKES

- At least 30 minutes
- Most days of the week (at least five days)
- Moderate intensity (at lease hard enough to raise your heart rate and break a sweat, but still be able to carry on conversation)
- The 30 minutes can be broken down into 10 minutes bursts.
- Choose activities that you like and will make exercise fun. Walking is a great, easy way to do moderate- intensity physical activity
- Include some strength training two to three times a week i.e. 10 – 15 repetitions of sit-to-stand exercise.
- If you are at risk of falling, your physiotherapist will recommend some balance exercises.

CLINICAL PSYCHOLOGY

A stroke can affect an individual both physically and psychologically. It can also affect the people around him or her, such as family and friends. The role of a Clinical Psychologist is to provide information and support to you, your family and the stroke team on the psychological aspects of stroke.

In broad terms a stroke can affect cognitive or thinking skills and emotions. For the purposes of explaining the role of a Clinical Psychologist it is useful to consider each in turn.

COGNITIVE ABILITIES

'Cognitive abilities' is a term used to describe a range of skills such as memory, language, perception, movement, attention, reasoning, planning and judgement.

Just as it can be hard to move an arm or a leg after a stroke, it can also be difficult to use some of these abilities. To help you, your family and the stroke team to make sense of these changes you might be referred to a Clinical Psychologist. For example, after a stroke it is quite common for people to be aware of 'feeling muddled', to feel 'frustrated' or to have difficulty 'getting started' on tasks. You or your family may notice other changes, and the Clinical Psychologist will do an assessment to find out what your brain can do well and what it struggles with, and suggest how this can be managed in a way that will be helpful to you your family and the stroke team.

You may be seen by the Clinical Psychologist for assessment of your cognitive abilities while you are in hospital or after you have left hospital.

EMOTION

After a stroke a person can experience a range of emotions such as sadness, loss, anger and fear. All of these feelings are to be expected, not least because people are often trying to understand what has happened and it is commonly a distressing time. There can be a variety of reasons for a person's distress, partly because the effects of a stroke can mean very different things to different people.

For some people the level and duration of distress can make it harder for them to engage with their rehabilitation and a Clinical Psychologist may be asked to assess these reasons and to provide some advice and support to the therapists working with you to help reduce or manage the impact of this distress on the rehabilitation sessions. It may be helpful to you to talk about these feelings and, if necessary, you can be referred for structured therapy.

ADAPTATION AND ADJUSTMENT:

Sometimes you and your family/carers need support in the normal process of coming to terms with the changes in your abilities, roles and relationships following stroke. This may involve discussing these issues with a Clinical Psychologist and addressing them during a structured 'talking therapy'. For example, the Clinical Psychologist may work with you to identify ways to help you to adjust to what has happened. This may involve identifying your strengths and drawing on your own experiences of coping styles which have been helpful to you in dealing with change in the past.

RELATIONSHIP ISSUES

A stroke affects more than the patient. It also affects his/her family and close friends. When a loved one has a stroke, family and friends commonly have their own distress and worries, and they may feel that they are finding it difficult to understand and cope with what has happened. Sometimes it can be difficult to talk about these aspects of Stroke. Part of the role of a Clinical Psychologist is to provide emotional support to families and where there are some difficulties, the Clinical Psychologist may be able to help open the lines of communication by providing a supportive atmosphere in which to talk. The Clinical Psychologist may also work with your family to assist them to better understand some of the difficulties you may be having and provide some suggestions as to how to adjust to and manage these changes.

The Early Supported Discharge (ESD) for Stroke Team

WHAT IS ESD?

ESD is now a routine part of modern stroke care and recovery. It facilitates an early discharge home from hospital for people who have had a stroke, are medically stable and still require acute rehabilitation. Your suitability for referral to ESD will be discussed with you, your medical team and inpatient therapists.

The **aim** is to complete your inpatient rehabilitation in your home environment where physical and emotional recovery can continue. During your ESD rehabilitation programme you will:

- **Review** and **set goals** with your therapist
- Continue to work on things that are **important for you**
- Work towards **maximising** your **independence**

The ESD team will meet weekly to discuss your progress and plan for your discharge from the service

ACCESSING THE SERVICE

Our team takes referrals from Tallaght Hospital, St. James's Hospital and Peamount Rehabilitation Hospital. We work very closely with your current medical team and therapists in discussing your potential rehabilitation needs and ensuring a smooth and seamless transition home.

HOW IT WORKS

Before you are discharged from hospital, we will meet you to talk about your likely rehabilitation needs. Therapy will start the day after you return home.

LENGTH OF PROGRAMME

Our team provides rehabilitation until you have achieved your goals. This can be up to a period of eight weeks maximum. We will then refer you to other services if required.

USEFUL CONTACT NUMBERS

| | |
|--------------------------------------|---------------|
| Stroke Nurse Specialist | (01) 414 3219 |
| Speech & Language Therapy Department | (01) 414 2776 |
| Physiotherapy Department | (01) 414 2336 |
| Social Work Department | (01) 414 2462 |
| Occupational Therapy Department | (01) 414 2790 |
| Clinical Nutrition Department | (01) 414 2484 |

OTHER USEFUL CONTACTS

| | | |
|---|--|---|
| Irish Heart Foundation | www.irishheart.ie | 1890 432 787 |
| American Heart Association | www.americanheart.org | |
| The Carers Association | www.carersireland.com | 045 – 889 513 (Naas) |
| Employ Ability | www.employability.ie | 01 460 3081 (Dublin 12) |
| Citizens Information Centre (Tallaght) | www.tallaghtinfo.com | (01) 4515 887 |
| The Volunteer Stroke Scheme | www.strokescheme.ie | 01-455 9036 |
| Irish Association of Speech and Language Therapists | www.iaslt | |
| The Stroke Association | www.stroke.org.uk | |
| Irish Nutrition & Dietetic Institute | www.indi.ie | 01 -290 4839 |
| Irish Society of Chartered Physiotherapists | www.iscp.ie | 01-4022 148 |
| Headway Ireland. | www.headway.ie | 01 819 1066 or Helpline 1890 200 278 |
| Acquired Brain Injury Ireland (Peter Bradley Foundation): | www.abiireland.ie | 01 2804 164 |
| Bri Ireland (The Acquired Brain Injury Advocacy Association): | www.briireland.ie | 01 235 5501 |
| Useful aphasia websites | www.speakability.org.uk www.ukconnect.org www.aphasiahelp.org | |