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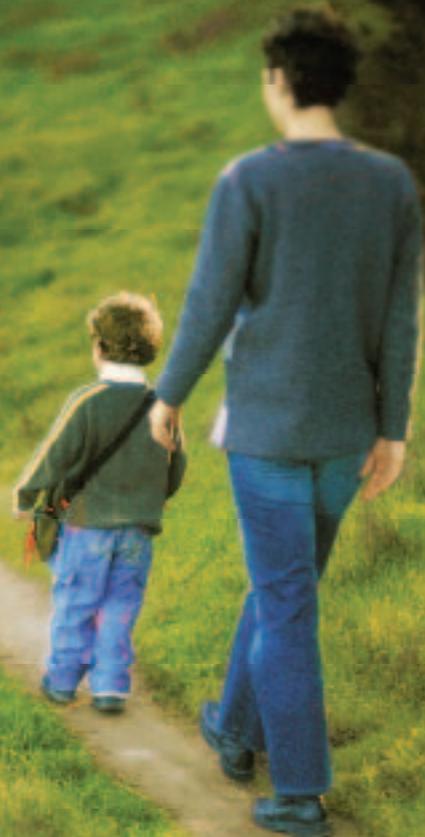
1 - G. Alon, K. McBride and H. Ring. Improving selected hand functions using a noninvasive neuroprosthesis in persons with chronic upper extremity paresis following a stroke. *Journal of Cerebrovascular Disease*. 2002; 11:99-106.

2 - G. Alon, KS Sunnerhagen, AC Geurts and A Ohry. A home-based, self-administered stimulation program to improve selected hand functions of chronic stroke. *NeuroRehabilitation*. 2003;18(3):215-225.

3 - H. Weingarden and J. Hausdorff. FES Neuroprosthesis versus an Ankle Foot Orthosis: the effect on gait stability and symmetry. Presented on June 5, 2007 at the 15th World Confederation for Physical Therapy, Vancouver, Canada.

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*Stroke Risk Factors, American Heart Association 2007

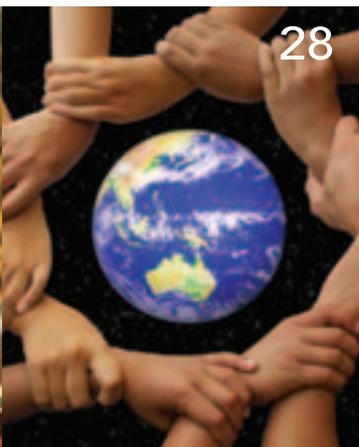
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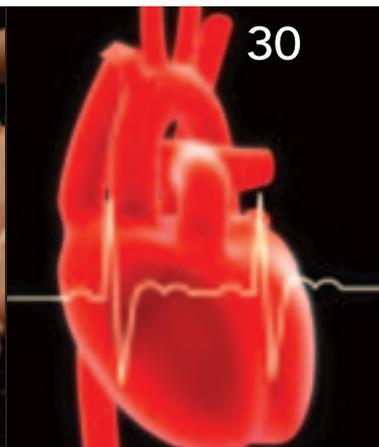
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StrokeSmart

ON THE WEB

Restless Leg Syndrome
Increases Stroke Risk

Antibiotics Cut Stroke Risk for
Heart Patients

Blood Pressure Medicine
May Prevent Stroke

Being Fit over 40 May
Significantly Cut Stroke Risk

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hey caregivers, need a *lift*?

It's not always easy to care for someone who has had a stroke. Where do you turn when you need advice? When you need more information? When you need emotional support? Millions of people are touched by the effects of stroke, and a growing number of caregivers are reaching out at disaboom.com.

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The logo for disaboom features the word "disaboom" in a bold, lowercase sans-serif font. Above the letter "i" is a stylized orange and yellow graphic consisting of three curved lines that resemble a signal or a sound wave. Below "disaboom" is the tagline "live forward" in a smaller, lowercase sans-serif font, with "live" in orange and "forward" in black.

disaboom
live forward



Dear Reader,

Some say the brain is the final frontier. That is especially true for many strokes survivors and caregivers. Though we are learning so much each day, there still is much we don't know. In this issue of StrokeSmart we share the successes some survivors have had with alternative treatments. We also examine alternative ways to live your life. Whether you are learning new moves in a tai chi class, considering ancient herbal medicine or clicking into the world of new media, there are all types of ways for you to re-energize your travels along your stroke recovery journey.



It is always important – no matter what alternatives you may be considering – to talk to your doctor, therapist or counselor. When East meets West in medicines, the combination can be beneficial but also can come with risks. Make sure that your healthcare professional is a part of your journey and fully aware of any decisions you make.

Remember, we are constantly hearing stories of how strokes survivors and caregivers, years after their stroke, are living fuller lives. Who knows what will be discovered tomorrow? What you can be sure about is that StrokeSmart will continue to share the latest information so that you are living your best life everyday.

Diane Mulligan

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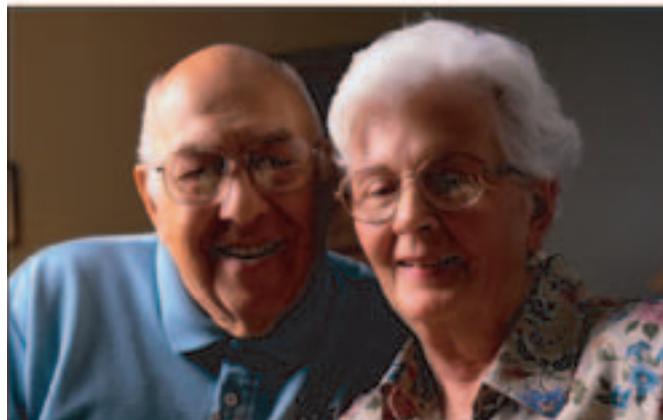
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Q&A

Make a Difference: National Stroke Awareness Month

BY DIANE MULLIGAN

May is National Stroke Awareness Month, and every year at this time a lot of people ask me how they can get involved. Here are some of the most common questions and answers.

WHAT CAN I DO TO RAISE STROKE AWARENESS DURING THIS TIME?

Start with your family and friends. Make sure they know the basics:

- How to manage their risk factors to lower their stroke risk; more than half a million strokes can be prevented each year.
- F.A.S.T. (Face-Arm-Speech-Time): an easy way to recognize strokes.
- The location of the closest stroke center hospital in their area.

You can find all of this information at www.stroke.org. Share your stroke knowledge while chatting on the phone, through emails and blogs, and on social networking sites such as Facebook or MySpace. Make presentations to your church or other groups with which you're involved.

IS THERE A SPECIFIC MESSAGE OR THEME I SHOULD KNOW ABOUT?

In 2008, National Stroke Association is focusing on four key areas: TIA (mini-stroke), cholesterol, recurrent stroke, and recognizing symptoms using the F.A.S.T. (Face, Arm, Speech, Time) tool. We will have materials on each of these messages.

HOW DO I MAKE PRESENTATION?

National Stroke Association offers a community education PowerPoint presentation that includes notes about what to say during your talk. You can download it at www.stroke.org. Add your personal story so that your audience sees first-hand the face of stroke.

WHAT CAN I DO AT MY WORKPLACE?

Go to www.stroke.org and click on the National Stroke Awareness Month link to find free downloadable items to distribute at your workplace. We can provide video for your interoffice television feeds, send a stroke expert to put on a "Lunch and Learn" for employees, or do stroke screenings. We also can develop a comprehensive National Stroke Awareness plan specifically for your company. Call 800-STROKES (787-6537) if you'd like to work more closely with National Stroke Association. Remember, this is also a great time to tell local television stations and newspapers what your company is doing for National Stroke Awareness Month and possibly get some very positive coverage.

WHAT CAN I DO IN MY COMMUNITY?

You can either participate in a health fair or put one on yourself. This is also a great time to seek out stroke survivors and share some special time. Remember that many stroke survivors feel ostracized in



public because of speech, memory or movement issues. Many are home bound. If you don't know a local stroke survivor but would like to reach out, contact a stroke center hospital or support group in your area and ask for ideas. Both can be located at www.stroke.org.

WHAT IS AVAILABLE FOR THE KIDS?

National Stroke Association has an entire section of www.stroke.org dedicated to educating children and to helping kids teach others. The program is called Brainiac Kids. Maybe your child's scout troop would be interested in learning more. How about the kid's church or Sunday school group? Educating the kids now will make a difference in our country's future—from how many strokes we'll see each year and how many lives we can save by recognizing symptoms and acting fast, to how people view stroke survivors.

ANY FINAL COMMENTS?

Whatever you do, have fun! You can make such a difference! 🇺🇸

.....
Diane Mulligan is the Vice President of National Communications at National Stroke Association.

movement
for living

An invitation to learn about controlling tight, stiff muscles after stroke...

If you or someone you care for has tight, stiff muscles related to stroke, you know that this condition (called severe spasticity) can make movement difficult or uncontrollable. It can make doing even the smallest things exhausting or impossible.

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May 13

June 10

July 8

August 12

*All teleconferences will be held at 7 p.m. Eastern,
6 p.m. Central, 5 p.m. Mountain, 4 p.m. Pacific.*

Tools for Your Stroke Recovery Journey

BY CHRISTINA LANHAM



REDWARE DINING SET

For stroke survivors with memory loss or decreased visual capacity, bright red tableware increases color contrast, which, in turn, can help increase food and beverage consumption. This colorful dining set includes a rimmed plate, a cup, an easy-grip fork and spoon, and a partitioned bowl with a lid. The plastic won't break and is dishwasher safe. Cost: \$38 from www.goldviolin.com or by calling (877) 648-8400.

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Using rainbow putty can be a fun way to develop hand muscle strength. Varying resistances are available and are indicated by the color of the putty. Tan - extra soft, Yellow - soft, Red - medium-soft, Green - medium, Blue - firm. To gently increase range of motion or reduce stiffness, start with the soft yellow putty. The putty is packaged in convenient reusable containers. Cost: \$5.95 to \$19.95 at www.activeforever.com or by calling (800) 377-8033. StrokeSmart™ readers receive a 10% discount when they mention code SSM.



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Quick Stroke Updates

BY JONATHAN BITZ

NERVE TRANSPLANT SURGERY COULD REVERSE PARALYSIS IN SURVIVORS

In New Jersey, a man is recovering from a surgery that may give him use of his right side again. After suffering a stroke, Vinni Filipini, 44, was paralyzed on one side of his body. Filipini underwent an innovative surgery where doctor took healthy nerves from his legs and connected them to his arm. The idea was to create an “extension cord” of nerves that would tunnel across Filipini’s chest to his bad arm. Monmouth Medical doctors said the surgery was successful but that Filipini will now undergo months of recovery and therapy before results can be determined.

IMPLANT TO HELP SURVIVORS WITH DROPPED FOOT

Salisbury District Hospital researchers in England have developed an implant that helps those with dropped foot. Dropped foot is a condition where a stroke survivor’s toes drag along the ground while walking. This increases the risk of falls. The STIMuSTEP device applies small electrical impulses to stimulate nerves. It is implanted under the skin in a procedure that lasts just one hour. Use of this implant can help contract the muscle and lift the foot. The device is in the early stages of research and not yet available to the general public.



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THOSE WITH AMNESIA AND CONFUSION MAY BE AT HIGHER RISK FOR STROKE

People who have problems with temporary amnesia, confusion, dizziness or fainting may be at a higher risk for stroke. These experiences, called transient neurological attacks (TNAs), fall into two categories: nonfocal (temporary amnesia) and focal (transient ischemic attack or mini-stroke). Up until now, it was uncertain whether or not nonfocal TNAs were a serious health threat. In the latest study, patients with nonfocal TNAs were seen to have a 56 percent higher risk of stroke and a 59 percent higher risk of having dementia. The study included 6,062 residents of Holland over the age of 54.

STROKE AND HEART DISEASE DEATHS ON THE DECLINE

The Centers for Disease Control reports that death rates from stroke have decreased nearly 25 percent since 1999. In 2004, heart disease was the leading killer and cancer was second. Stroke was the third leading killer, taking 150,074 lives.

continued on page 12

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ON THESE STORIES
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A growing number of respected clinicians are prescribing WalkAide to patients presenting with stroke-related foot drop. WalkAide can provide an immediate, significant improvement in your walking ability without you settling for specific shoes to accommodate an added device, or wearing several pieces of equipment needing multiple batteries. Visit our website to receive additional information for you and your doctor and choose from over 600 WalkAide trained centers waiting to give you a free in-office trial with no commitment for therapy sessions. That's a prescription any stroke survivor would gladly fill.

www.walkaide.com 866-909-WALK (9255)



continued from page 10



ELECTRICAL STIMULATION MAY PLAY ROLE IN UPPER LIMB STROKE RECOVERY

During the 2007 International Neuromodulation Society conference, it was announced that the increase of nerve activity using an implanted microstimulator could help improve movement in the upper limbs of stroke patients. Developed at the Alfred Mann Foundation (Valencia CA), the tiny device, which is smaller than a penny, is inserted under the skin to stimulate muscle nerves. Researchers at the Southampton University Health Science Dept., UK, initially applied stimulation for 12 weeks to the nerves in the arms, hands and fingers. They found that electrical stimulation led to more precise functional movements, such as those required to pick up a glass. They did not see any moderate/serious side effects in these seven initial participants. More studies will be needed on a larger group of people to really determine how effective the longer term treatment is on stroke survivors.

A SLIGHT INCREASED RISK FOR HEMORRHAGIC STROKE WITH LIPITOR®

Duke University's Stroke Center is reporting that cholesterol-lowering atorvastatin medicine (Lipitor®) may slightly increase risk of hemorrhagic stroke. While researchers found that the use of atorvastatin reduced the risk of ischemic or clot-caused stroke, they also found a small increase in brain bleeding. Researchers looked at 4,731 patients around the world who had either a stroke or a TIA (mini-stroke) within six months of the study. They saw a 21 percent decrease in risk for ischemic stroke, but 2.3 percent of patients experienced a hemorrhagic stroke.

PENUMBRA SYSTEM NOW AVAILABLE FOR USE WITH ISCHEMIC STROKE

Early this year it was announced that the Penumbra System is available for use. The system helps open up blocked vessels after an ischemic (clot-caused) stroke, restoring brain blood flow. Penumbra is delivered using a small tube called a catheter. With the help of x-ray technology to see inside the body, the device is moved through blood vessels from the groin to the clot in the brain. A separator is advanced and retracted through the catheter to dislodge the clot and a suction device grabs and removes it. For doctors and patients alike, the Penumbra System is revolutionary. Previously doctors had limited treatment options for acute ischemic stroke patients who arrived beyond the three-hour window for t-PA. The Penumbra System can be effective within eight hours of symptom onset. For more information, go to www.penumbrainc.com.



"THE DIVING BELL AND THE BUTTERFLY": A STROKE INSPIRATION

Jean-Dominique Bauby's bestselling memoir about his catastrophic stroke has been adapted for the silver screen and released as a film. "The Diving Bell and the Butterfly" is the story of Bauby's experience with locked-in syndrome after his stroke. Though immobile and unable to talk, he was able to write his story by blinking one eye. The film has been nominated for four Oscars® and has won several awards, including 2008 Golden Globe® awards for Best Foreign Language Film and Best Director, as well as the Best Director Award at the 2007 Cannes Film Festival. Directed by Julian Schnabel, "The Diving Bell and The Butterfly" is showing in select theaters. Go to www.thedivingbellandthebutterfly.net for more information about the movie and book. Check your local listings for a theater near you.

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Tai Chi for the Mind and Body

BY PETE LEWIS

After his stroke, Herb Stead couldn't talk or move. Fortunately, he was treated with the clot-busting drug t-PA at the hospital within the critical three-hour window after symptom onset. The quick response may have saved his life. Still, Stead's stroke left one side of his body weak.

"When I stood up, I'd tilt to one side," Stead said. "I've always been an athletic person, and felt like my body had let me down."

Stead took a proactive approach to his recovery. He began lifting weights and enrolled in a tai chi class at the Fairview Southdale Hospital in Edina, Minn.

Tai chi is a form of exercise, meditation and martial arts that has been practiced in China for thousands of years. It consists of a series of slow, gentle movements designed to restore health and calm the mind. Tai chi has become popular in the United States because it is a low-impact, low-intensity exercise that can be performed by people of various abilities. And because tai chi can improve balance and coordination, lower blood pressure, promote relaxation, and improve mood, the exercise may be especially well suited for stroke survivors.

Fairview Southdale Hospital has sponsored a tai chi class for stroke survivors and caregivers for more than six years. The class meets once a week for one hour, but students are encouraged to practice on their own.

"It's such a gentle exercise, there are no vigorous movements, that once you learn the movements, you can practice every day at home," said Lindsey McDivitt, the hospital's stroke outreach director. "If you do it every day, you really see the benefits."



© Nick R.

People usually enroll in the class to improve their balance, but McDivitt said many discover other benefits such as stress reduction, improved concentration and increased confidence.

"It's an exercise in relaxation," said stroke survivor Bob Wilson, who has practiced tai chi with his wife for years. "It puts you in sort of a hypnotic state and helps you relax, concentrate and focus your mind."

Research on the benefits of tai chi for stroke survivors is limited. But, there is much research proving the effectiveness of tai chi in other populations.

There are several forms of tai chi. Fairview Southdale's class teaches tai chi chih, which uses fewer movements and requires less pivoting. Instructor Ruth Anne Plourde said the 20 movements may take a few months to master, but people often will see benefits after just a few times.

Not all tai chi classes are suited for older adults or stroke survivors. Plourde said you should observe any class before enrolling. She suggested looking for a class offered at a senior center or community college. And, avoid one taught at a martial arts studio, which may be too rigorous. Always check with your doctor before starting any exercise program.

Like all aspects of recovery, tai chi requires patience and effort, but for Stead, the benefits have been worth it.

"I was searching for the peace I had before my stroke," Stead said. "Today, I walk around with a smile inside." 🍀

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Imagine Your Way to Better Movement

BY STEPHEN J. PAGE, PH.D.

Did you know that many athletes mentally rehearse their performances? This technique, called “mental practice,” involves a rehearsal of movements in the mind without actually doing them. Research has shown that the same muscles fired during physical practice are fired during mental practice of a movement. Thanks to improved brain imaging methods, we also now know that the same parts of the brain fired during mental practice of a task are fired during physical performance of the same task. In fact, studies have shown that people who both mentally and physically practice have much higher rates of skill learning, and better movements, than those who only physically practice. And now, my research team is exploring how the “mind-body” connection of mental practice can help stroke survivors.

My team develops and tests new rehabilitative therapies for stroke patients. While some techniques are promising, many are not practical for most people. That’s partly why we like the idea of mental practice. It is safe and easy to administer, requires minimal setup, and involves no costly equipment. For nearly a decade, we have shown that patients who both physically and mentally practice therapy activities improve more than those who do no mental practice. This occurs because of two things. First, the mental therapy provides both your muscles and brain extra practice. And, the combination of both physical and mental practice allows you more opportunities to figure out ways to store movement than with physical practice alone.

To test the effects of mental practice use, our studies provide patients with the same type of arm therapy that is provided in most therapy clinics. The therapy is administered to each patient by the same therapists, and in the same environment. One half of the patients only attend these therapy sessions. The other half of the patients also attend the therapy sessions, then mentally practice the arm movements



Top, Stroke patient, Margie Harris, listens to descriptive audiocassettes as part of her mental practice for handwriting. **Bottom**, Harris practices handwriting during occupational therapy.

at home. The mental practice is administered via an audio and/or videotape, and usually begins with relaxation. This is followed by 15- to 20-minute scenarios in which patients imagine themselves performing the tasks they physically performed that day in therapy. Lastly, we provide another five minutes of relaxation.

We are currently conducting several studies on this promising technique, and have had much success with it, as have other groups around the world. In fact, we have shown that patients who mentally and physically practice tend to have better therapy outcomes than patients who simply go to therapy then go home.

To learn more about my team, mental practice and other ongoing research, go to www.rehablab.org. 🇺🇸

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Stephen Page, Ph.D., is an Associate Professor of Rehabilitation Sciences, Physical Medicine and Rehabilitation, and Neurosciences, all at The University of Cincinnati Academic Medical Center. He is also Director of the Neuromotor Recovery and Rehabilitation Laboratory at Drake Rehabilitation Center in Cincinnati, Ohio.

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Stroke of Inspiration

march 2008

						1 saturday
<p><i>“Some come with the mind, some come with the heart. Many desire to heal, not many desire to do what it takes to heal. What are you willing to do to heal?”</i></p> <p>— <i>Jonah (submitted by William Oliva, Progressive Health Center)</i></p>						
2 sunday	3 monday	4 tuesday	5 wednesday	6 thursday	7 friday	8 saturday
9 sunday	10 monday	11 tuesday	12 wednesday	13 thursday	14 friday	15 saturday
Daylight Savings Time Begins	<p>“Remember to acknowledge the ‘little’ accomplishments; they can sometimes be more important than the ‘big’ ones.”</p> <p>— <i>Melanie Wheless (stroke survivor)</i></p>					
16 sunday	17 monday	18 tuesday	19 wednesday	20 thursday	21 friday	22 saturday
	St. Patrick's Day			<p>“The greatest healing therapy is friendship and love.”</p> <p>— <i>Hubert H. Humphrey (submitted by Lindsey Larson, daughter of a stroke survivor)</i></p>		
23 sunday	24 monday	25 tuesday	26 wednesday	27 thursday	28 friday	29 saturday
Easter			<p>“Life consists not in holding good cards but in playing those you hold well.”</p> <p>— <i>Josh Billings</i></p>			
30 sunday	31 monday					

These motivational quotes were submitted by StrokeSmart readers. We hope that you will refer to them often for inspiration throughout the year.

Calendar 2008

april 2008

		1 tuesday	2 wednesday	3 thursday	4 friday	5 saturday
<p>“The difference between the impossible and the possible lies in a person’s determination.” — Tommy Lasorda</p>						
6 sunday	7 monday	8 tuesday	9 wednesday	10 thursday	11 friday	12 saturday
		<p>“Look within, for within is the wellspring of virtue, which will not cease flowing, if you cease not from digging.” — Marcus Aurelius (submitted by Peggy Vance, caregiver)</p>				
13 sunday	14 monday	15 tuesday	16 wednesday	17 thursday	18 friday	19 saturday
			<p>“Live up to the best that is in you: Live noble lives, as you all may, in whatever condition you may find yourselves.” — Henry W. Longfellow</p>			Passover
20 sunday	21 monday	22 tuesday	23 wednesday	24 thursday	25 friday	26 saturday
			Secretary's Day			
27 sunday	28 monday	29 tuesday	30 wednesday			
		<p>“Let us strive to improve ourselves, for we cannot remain stationary, one either progresses or retrogrades.” — Mme. Du Deffand (submitted by Dawn Vlcek, family member of a stroke survivor)</p>				

If you have a favorite quote you would like to share, please send it to cbailey@stroke.org along with a little information about yourself.

The Power of Journal Therapy

BY CHRISTY BAILEY

An investment of five minutes, a few times per week, can help you heal, change and grow. That's how powerful journal writing can be, according to Kathleen Adams, LPC and founder of the Center for Journal Therapy in Denver, Colo.

Adams defines journal therapy as the purposeful use of reflective writing to improve mental, physical, emotional and spiritual health.

Journal writing can be especially helpful for caregivers, who are constantly busy meeting someone else's needs. "We can't give from an empty cup," says Adams. By taking some time to release and explore emotions, caregivers can begin to heal from the stroke—a step that often is neglected because the focus is on the survivor.

The first step is to choose a computer or pen and paper for your journal. The next step is to write. For some people, morning is the best time. Others prefer to write at night.

Start with a basic "check-in" of how you are feeling and what is going on. Then take time to explore concerns that pop up in your writing.

In the beginning, write in five-minute blocks, two to three times per week. Over time, try to build up to 15 to 20 minutes.

Give yourself permission to be completely honest about your feelings. You can't deal with any anger, resentment or guilt until you are aware that you feel them.

"Writing in my journal allowed me to express emotions without fear of criticism," says Lori Cavallo, caregiver of her stroke survivor mom. "Once I stopped carrying around my emotions, I became a more patient, giving and loving caregiver."

14 PROMPTS TO JUMP-START YOUR JOURNAL

1. I wish that...
2. I want to remember...
3. Today was a [good, frustrating, challenging, perfect, impossible] day.
4. If I had time, I would...
5. What's the most important thing to do?
6. I feel...
7. What do I want?
8. A funny thing happened today.
9. My heart wants to say...
10. What's going on?
11. I need...
12. [Survivor's name] was [describe mood or behavior] today.
13. I'm worried about ...
14. Dear God ...

— Kathleen Adams,
Center for Journal Therapy
www.journaltherapy.com



© 2007 Ian Atupian

"When what is coming up in your writing is more distressing than resolving, it's time to talk things through with someone," says Adams. That may mean a support group or a professional counselor or even a good friend.

You can also use writing to provide balance. Note beauty, humor or wisdom that you observed during the day. Write about a colorful sunset or how funny it was when the dog tried to take on the vacuum cleaner. This can help you see beyond your day-to-day situation.

"There's no right or wrong way to do this," says Adams. With just a notebook and a pen, you can begin to mend from the stroke that changed your life, too. 🍀

How to Cope with Swallowing Problems—Part II

See StrokeSmart
January/February 2008
Issue for Part I of Coping
with Swallowing
Problems

BY MARY HENDERSON AND
JONATHAN AVIV, M.D.

When a person's swallowing reflexes aren't working normally, food can "go down the wrong way," that is, instead of going to the stomach, it can go into the lungs. The first danger at this point is that the person can die from choking. More commonly, the food or liquid that ended in the lungs becomes a breeding ground for bacteria, and aspiration pneumonia is the result. A person with swallowing problems may have an episode after episode of aspiration pneumonia, becoming weaker each time. This pattern is, unfortunately, a common cause of death.

Some people also have a type of aspiration known as "silent aspiration" where they still get food or liquid in their lungs, but they don't cough when it happens. This is just as serious, if not more so, as when they do cough, because you don't realize it until they have already developed pneumonia. The key point here is that before embarking on a dietary regimen it is critical to consult with the physician taking care of the patient in question.

You can also contact a certified speech pathologist; go to www.asha.org or call (800) 638-8255 to find one in your area. 📞

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Organic Foods

BY JONATHAN BITZ

Bynowwehaveallseentheterm“organic” onfoodlabels.Butdowereallyknowwhat it means?

Simply put, organic meat, poultry, eggs and dairy are foods produced without the use of chemicals. Animals on an organic farm have access to the outdoors. Organic farms are not necessarily small or local. Many large corporate farms have been deemed organic as well.

Consumerstypically“buyorganic”becauseofenvironmentalandethicalreasons.Buttherearealsohealthreasonstochooseorganicfoods,especiallyfor stroke survivors.

AccordingtoDieticianLauraNyquist,R.D.,research shows that organic foods are richer in flavonoids. Nyquist says that “flavonoids are natural plant pigments that can reduce the risk of stroke and have other health benefits. Quercetin, in particular, is a flavonoid with antioxidant properties that may help prevent stroke, heart disease and cancer.”

Organic foods may be richer in anti-inflammatory plant nutrients. Nyquist notes that, “Research published in the European Journal of Nutrition indicated that the organic soups studied contained higher amounts of salicylic acid (a natural anti-inflammatory plant nutrient) than the non-organic soups.” Because of its anti-inflammatory properties, salicylic acid is sometimes used in disease prevention.

Another health issue concerns pesticides. The average American carries around 13 different pesticide residues. Recent reports indicate that this can have health implications. In children, for example, pesticides may increase risk of leukemia, brain tumors and brain development disorders.

In addition, growth hormones injected into cattle to make them grow faster can lead to an increase in some cancers and interfere with the reproductive system.



In the United States, antibiotics are given to cows, chickens and pigs as additives in their feed. This high use in our food sources can lead to resistance among humans to important antibiotic drugs.

The Journal of Alternative and Complementary Medicine reported that organic crops contain higher amounts of vitamin C, iron, magnesium and phosphorus than non-organic foods. Average antioxidant levels also are higher in organic foods.

One drawback is that organic foods typically cost more. For example, organic milk runs 50 to 100 percent more than non-organic milk. Analysts predict that these prices will eventually drop.

Some say buying organic is a waste of money and that organic foods actually are less healthy. A few organic products (eg, chips, cookies, granola and cereals) do contain more sugar, fat and/or calories. Also, organic foods are not always completely free of chemicals. For a product to be deemed “organic” it must be 95 percent free of chemicals, not 100 percent.

More studies are on the horizon. But even with the current research, the health advantages are noticeable. And for some people, a small chance that organic food could help prevent stroke and cancer may be reason enough to give it a try. 

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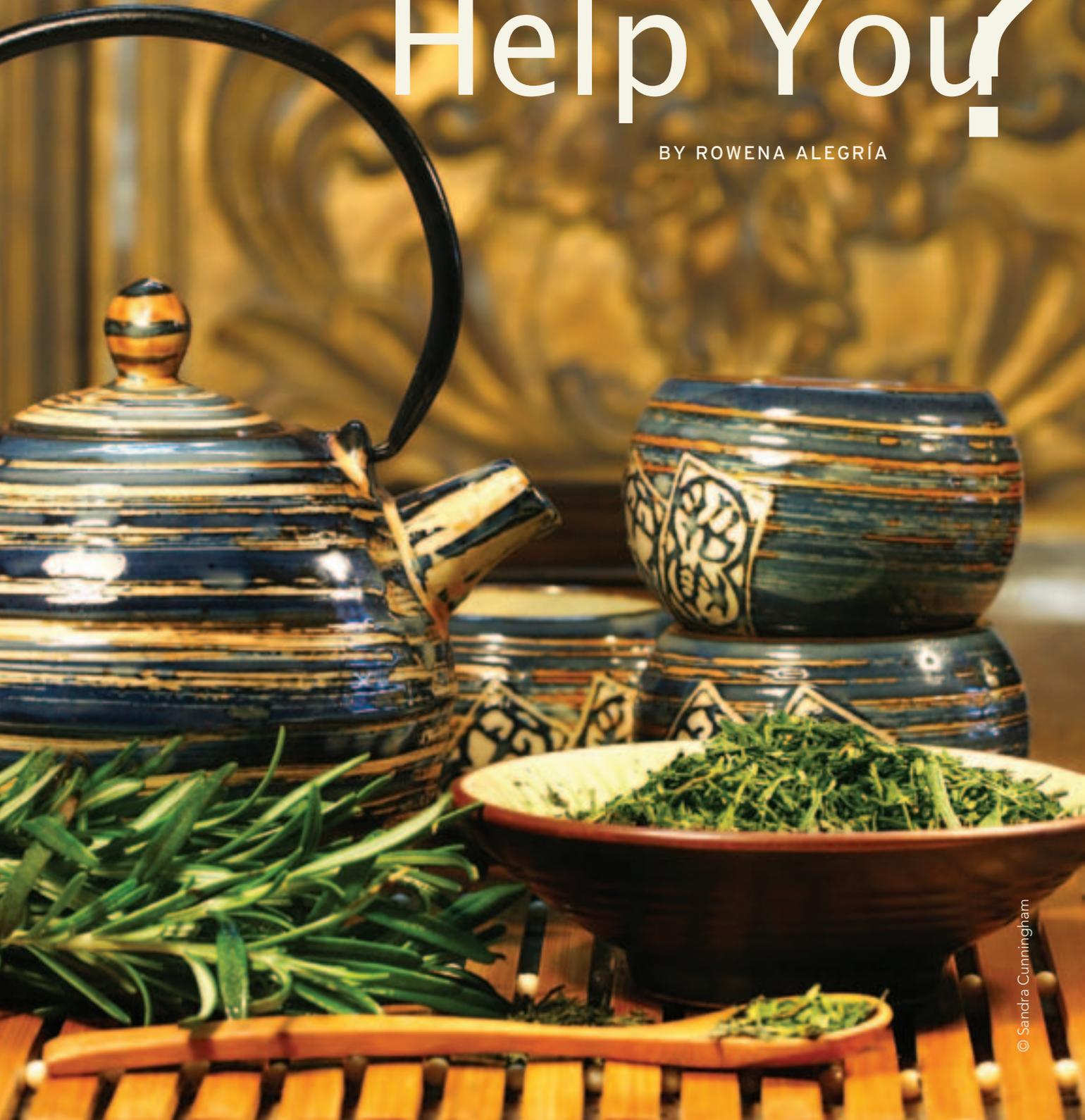
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Could Alternative Medicine Help You?

BY ROWENA ALEGRÍA



Nearly two in three people age 50 and over have tried “alternative” treatments, says a survey from AARP and the National Center for Complementary and Alternative Medicine published early last year. Some are stroke survivors seeking to heal in new – and sometimes ancient – ways.

Actually, most of these “new” therapies have been practiced in China for thousands of years. Chinese medicine includes herbal supplements, meditation and acupuncture. Some are meant to work with standard medical treatment. Many are called “holistic,” meaning they treat the patient as a whole. This includes physical, mental, emotional, spiritual, social and economic needs.

“Stroke survivors should take responsibility for their health, and look for options,” says Sue Goodin, CEO of Progressive Health Center in Englewood, Colo. The nonprofit organization unites alternative therapies with conventional treatments. “There might be something that works for them.”

Goodin says that health services are so disconnected that they don’t address the whole person. For example, many people with long-term conditions say they don’t want to take so many drugs. They want to explore other ways of managing their health problems. The center helps these patients set health and wellness goals, and then creates plans to help achieve them. Staff members work with doctors to offer patients everything from dietary advice and stress management to yoga and healing touch therapy.

“We wanted to be able to enhance someone’s services,” Goodin says. “Bridging the gap between traditional and holistic therapies is a huge piece of that.”

The Progressive Health Center, and others like it across the country, is serving a growing number of patients who want to do more than just treat their

symptoms. If possible, they want to find the cause of their health problems and do whatever they can to prevent further illness. They are looking outside the traditional doctor’s office for answers.

The Memorial Hermann/HBU Wellness Center in Houston, for example, calls itself a prevention, wellness and recovery center.

“We are a lifestyle change center,” says trainer and program manager John Ramirez. “We cover all aspects of wellness – mental, spiritual and social.”

The center focuses on the needs of the Houston community. So it offers programs to treat stroke, diabetes, obesity, heart ailments, and arthritis.

To work on balance, for example, patients learn the Chinese forms of movement

and meditation, called tai chi, in the water. The center calls the classes Aqua Chi.

The wellness center strives to be the place patients go when they have finished rehab or physical therapy but still feel like there is more work to do to get back to normal.

So many people complete what I call the probation period, says Ramirez. And then decide they’re not seeing results.

“We try to change that 90-day period to life,” he says. “It’s all about commitment.”

Many doctors in the United States, however, are more committed to traditional Western medicine.

“I don’t tend to do any of the alternative things,” says Rich Zorowitz, a visiting associate professor and chairman at Johns Hopkins Bayview Medical Center in Baltimore. “There’s a lot of stuff out there, but none of it has any evidence for or against it. It’s not proven.”



© Charles Taylor



Doing trials on some of this stuff would be very, very helpful. After all, you talk about willow bark; what became of it was aspirin.

— Rich Zorowitz

Zorowitz says tai chi is great for balance, particularly in older adults, and that there's probably no downside to acupuncture. But he is especially fearful of some of the herbal treatments. "They are not necessarily benign," he says. "They have potential side effects."

Take, for example, ginkgo biloba. It is used to increase blood flow and enhance memory. But studies have shown that the best-selling herb may increase risk of bleeding in the brain. So it should not be used with Coumadin®, which is sometimes taken by those with high risk for stroke.

"Certainly I think there are things we should be considering," Zorowitz says. "Doing trials on some of this stuff would be very, very helpful. After all, you talk about willow bark; what became of it was aspirin. There may be some potential benefits. But they have to be looked at systematically."

Moleac, a drug company based in the Philippines, is attempting to do just that. The company is testing a mixture of 14 herbs that are used to treat stroke in China. They are testing the drug, called Neuroaid, in a clinical trial of about 600 patients.

David Picard, CEO and founder of Moleac, says the results look promising. "After a month of Neuroaid treatment, when compared with those not taking the treatment, twice as many patients show the chance to achieve independence," he says.

"If you look at stroke," he adds, "you have a lot of Western treatments, all meant to address secondary risk (recurrent stroke) prevention. There is no treatment yet in helping recovery. But what matters most for stroke patients is: Will I be able to do tomorrow what I was able to do yesterday?"

The University of Kansas is also studying acupuncture for its effect on strength and stroke. For more information on this study, go to www.clinicaltrials.gov and type in NCT00547690 on the search screen.



© 2006 Laurin Rinder

"Basically, the major thing is to take great care in what you're doing," Zorowitz says. "Before you make any decisions, make sure you have all the information."

It is also important to talk to your doctor about what you would like to try, in case it would conflict with your more traditional medicines. While 63 percent of those in the AARP survey said they had used an alternative treatment, 69 percent had not discussed it with their physician.

More research is needed to scientifically prove that Chinese medicine and other alternative therapies can be a safe and effective part of your stroke rehabilitation. As these treatments continue to grow in popularity, however, we are likely to see a rise in the number of research studies in this area. Meanwhile, there is plenty of anecdotal evidence that Chinese medicine and other alternative therapies work for some people. With the proper guidance from your doctor, you may even find one that works for you. 🍵

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New Media, New Possibilities

Web Tools For Stroke Recovery

BY LINDSEY LARSON

In today's world of technology, stroke survivors can easily go to the Internet for information and inspiration throughout their stroke recovery journey. People from across the globe connect and interact with each other on what are called "social networking" websites. And, even better: Getting involved is easy to do from your own home!

MYSPACE

MySpace (www.myspace.com), a very popular social networking website, offers users an interactive experience with a user-submitted network of friends, personal profiles, groups, photos, music and videos.

In London, Edwyn Collins had been a musician, songwriter, performer and producer for 25 years. In February 2005, he suffered a stroke, following two cerebral hemorrhages (brain bleeds). Although predictions for his outcome weren't good, his recovery has since been positive.

After the stroke, Edwyn's son created a MySpace page. Edwyn's wife and manager, Grace, has witnessed the positive impact it has had on her husband's recovery — especially from aphasia.

"It's been so hard (for him) to recover written language; I don't believe he would have made the progress he has without MySpace," Grace says. His answers may be short and simple, but he enjoys talking about his stroke experience — and many other things — with MySpace friends and fans.



A year after coming home from the hospital, Edwyn was able to complete an album he had been in the process of producing before his stroke. The record was released in the summer of 2007. He may not be able to play the guitar, as his right arm has no controllable movement, but he is singing again, has relearned the words to his songs, and even performed with his band for the first time since the stroke.

FACEBOOK

Sarah White had a stroke in February 2003 at the age of 25, while living in Boston. After her stroke, Sarah moved to Honolulu, Hawaii, to live with her mother. The Internet — specifically a site called Facebook and her own blog — has since become a large part of her recovery process. Facebook (www.facebook.com), similar to MySpace, is also an international social networking website, connecting people and information via the Internet. A blog is essentially a personal online journal, updated frequently and shared with friends and family.

"My uncle introduced me to Facebook and I love it. I have connected with many old friends from high school and college," Sarah explained. Sarah also joined National Stroke Association's Facebook Cause page



© 2006 Stephen Coburn

total loss of speech. However, she began making fast and dramatic progress in rehabilitation, thanks to her will to succeed and her new friend and fellow stroke survivor, Diane Rein.

When the two ladies grew curious about rehabilitation techniques that weren't available at their rehab center, Lori turned to the Internet for answers. She quickly realized that finding information was much harder than anticipated. She persisted, got creative and dug a little deeper. The information accumulated and Lori decided to do something with it.

"I wanted to help other stroke survivors find additional ways to recover and become more independent. I thought it would be a great idea to create a website," Lori explained.

StrokeSOS (<http://www.StrokeSOS.com>) was born soon after. Today, Lori updates the site with new information each week. Through the site, Lori and Diane not only provide support and information, but also act as a personal support system for other survivors.

"Don't give up. We will talk with you, we will cry with you. You can do it!" are common words of encouragement given to other stroke survivors.

YOUTUBE

National Stroke Association has also expanded its reach on the Web. With two MySpace pages, two Facebook pages and videos on YouTube, National Stroke Association is leveraging the Web to generate more stroke awareness. YouTube (www.youtube.com) is the leader in online video and the premier destination to watch and share videos worldwide through the Internet. 🇺🇸

TO FIND NATIONAL STROKE ASSOCIATION ON THE WEB, GO TO:

www.stroke.org

YouTube:

www.youtube.com/NationalStrokeAssoc

MySpace:

www.myspace.com/brainiacbhiphopstroke

www.myspace.com/brainiackids

Facebook:

www.causesonfacebook.com/beneficiaries/2655

(designed for organizations and non-profit groups) and has encouraged her friends to join as well.

Soon after Sarah's stroke, one of her friends set up an electronic mailing list so that her friends and family could post updates on her progress. Today, Sarah sends a weekly update to that list. She also posts information on her own blog, which is updated weekly and includes information about her recovery process, as well as personal interests and activities.

Sarah's journey through recovery has been impressive. She was minimally responsive after her stroke and at the start of rehabilitation. Now Sarah walks with a cane, is able to use her right hand for some tasks, paints watercolors and is taking college classes. And, of course, she loves talking with friends on Facebook and her blog.

To join Sarah's blog, visit <http://sowhiteyjournal.blogspot.com/>.

STROKE SOS

Lori Kaupas, a Philadelphia mother of three, had an ischemic stroke in January 2006. The stroke left her with right-sided paralysis, in a wheelchair and with

Beat the Odds

BY PETE LEWIS

Atrial fibrillation, a type of irregular heart-beat also called AFib or AF, can dramatically increase your odds for another stroke. But, there are things you can do to manage this heart condition and reduce stroke risk.

AFib affects more than 2.2 million Americans, or one percent of the population, and causes about 15 percent of all strokes.

People with atrial fibrillation, or AFib, are six times more likely to have a stroke than those without the condition. Strokes caused by AFib tend to be more severe and are more likely to be fatal. In fact, 70 percent of stroke patients with AFib die as a result of their strokes. Those who survive are more likely to have another stroke than patients who survive other types of strokes.

Your chances of having AFib increase as you age. About five percent of Americans 65 and older have the condition. The symptoms of atrial fibrillation can be very subtle and difficult to detect. In fact, about one third of all cases go undiagnosed.

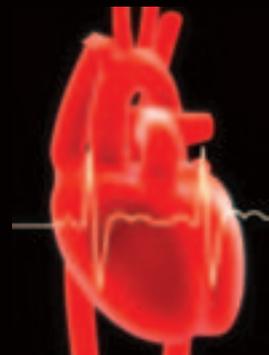
The heart is a muscle that pumps blood by contracting. These contractions are controlled by electrical impulses. With atrial fibrillation the impulses are irregular, disorganized, chaotic and very rapid. This causes the two upper chambers of the heart (the atria) to flutter or quiver rather than contract effectively so that blood is not pumped completely out of the chambers with each beat. The blood that remains in the chamber can clot and if these clots break away and travel out of the heart through the blood stream, they can eventually block an artery that feeds the brain and cause a stroke.

Strokes caused by atrial fibrillation can be harder to treat than strokes caused by clots formed in blood vessels because clots can sit longer in the heart so they're often larger and more resistant to clot-busting drugs or surgery.

SIGNS OF ATRIAL FIBRILLATION

A Fib is an irregular heart rhythm that may last a few minutes or for hours, or be constant.

1. Heart palpitations – a feeling of fluttering, a sudden pounding or racing of the heart
2. Dizziness, feeling lightheaded, or fainting
3. Weakness or shortness of breath
4. Chest pain.
5. Many people have no symptoms at all.



The most effective and most common treatment for atrial fibrillation is anticoagulant medicine. Sometimes called “blood thinners,” these drugs can reduce the blood’s capacity to form clots. Warfarin, also known by the brand name Coumadin®, is a common anticoagulant prescribed to reduce stroke risk. Aspirin also is sometimes prescribed.

“An anticoagulant like Coumadin® can decrease the risk of a stroke by two thirds,” said Dr. Don Smith, Stroke Program Medical Director at Colorado Neurological Institute in Denver, Colo. “Aspirin can cut stroke risk by 20 percent.”

Anticoagulants, including aspirin, have some risks and their effectiveness is influenced by diet and by other medicines, so it’s important to follow your doctor’s instructions and have your blood tested periodically.

“Atrial fibrillation is an important stroke risk that increases with age, but while it usually is not a curable problem, it is modifiable,” Smith said.

AFib patients sometimes are prescribed drugs to slow their heart rate or restore rhythmic heart patterns. In some cases, surgery, electronic stimulation or an electronic pacemaker can eliminate the irregular heartbeats. But Smith said only anticoagulants have been shown to significantly reduce stroke risk. 

WHAT'S GOING ON

ALABAMA

MARCH 6, APRIL 3

Moving Forward Stroke Support Group

Meets 1st Thurs each month

Regional Rehab Hosp - Phenix City

Contact: Erin Baker (334) 732-2294

CALIFORNIA

MAY 3

UCLA Brain Attack!

2008 Symposium

State-of-the-art symposium on stroke

management for healthcare professionals

Beverly Hills Hotel - Beverly Hills

Contact: Dianne Homsher

(310) 794-2620

COLORADO

MARCH 15 & 17

St. Patrick's Day Fundraiser

Volunteers needed for this event

Fado Irish Pub - Denver

For information visit

www.stroke.org/evStPat

MAY 9

2nd Annual Dance for Dignity

Dance & Silent Auction

Denver Marriott South - Littleton

Contact: Melanie Wheless

(303) 754-0942

KENTUCKY

MARCH 6, 13, 20, 27

APRIL 3, 10, 17, 24

Stroke Support Group

Meets every Thurs

Cardinal Hill Rehab Hosp - Lexington

Contact: Kim Gay

(859) 254-5701 x5666

MARYLAND

VARIOUS DATES

Montgomery County Stroke Association Chapter Meetings

Meets Tues & Wed

Various Locations -

Montgomery County

For details visit www.mcstroke.org or

call (301) 681-6272

MISSISSIPPI

MARCH 18, APRIL 15

Meridian Stroke Support Group

Meets 3rd Tues each month

RileyHosp-EducationBldg-Meridian

Contact: Tom Maynor

(601) 484-3585

MISSOURI

MARCH 12, APRIL 9

Stroke Support Group

Meets 2nd Wed each month

MERIL - St. Joseph

Contact: Dian Smith (816) 279-8558

NEW JERSEY

APRIL 5

Aphasia Conference - Living with Aphasia

9am to 2pm

JFK Conf Ctr - Edison

Contact: Mary Jo Santo Pietro

(908) 737-5409 oraphasianj@gmail.com

NEW YORK

MARCH 14

Black Tie Gala

Benefit event for Rehabilitation at Mount

Sinai and stroke survivors

Cost: \$100 per person

New York City - New York

For more information visit

www.stroke.org/EVRush

NORTH CAROLINA

MARCH 3, 17 APRIL 7, 21

Stroke Support Group

Meets 1st & 3rd Mon each month

CarePartners Rehab Hosp - Asheville

Contact: David Rhinehart

(828) 658-0636

OREGON

AUGUST 2

Strokes for Stroke Golf Tournament

Stroke Awareness Event

Wildwood Golf Course - Portland

For information visit

www.stroke.org/EVMeadowGolf

PENNSYLVANIA

MARCH 11, APRIL 15

Stroke Survivors Support Group

Meets 2nd Tues each month

HealthSouth Rehab Hosp - Reading

Contact: Patricia Heckpat.heck@health-

south.com

TENNESSEE

MARCH 10, APRIL 14

Stroke Support Group

Meets 2nd Mon each month

HealthSouth North - Memphis

Contacts: Fred & Regina Ware

(901) 876-3022

TEXAS

MARCH 8

2nd Annual Stride 4 Stroke

5k Walk/Run

Rice University - Houston

For information visit

www.methodiststride4stroke.com

or call (832) 667-5867

VIRGINIA

MARCH 28, APRIL 25

The Survivors

Meets 4th Fri each month

Fair Oaks Hosp - Fairfax

Contact: Helen Parker (703) 391-1026

WASHINGTON

MARCH 6, APRIL 3

Stroke Support Group

Meets 1st Thurs each month

SW Washington Med Ctr - Vancouver

Contact: Louise Jenkins

(360) 514-3273

WISCONSIN

MARCH 17, APRIL 21

Stroke Support Group

Meets 3rd Mon each month

Aurora Lakeland Med Ctr - Elkhorn

Contact: Pat Positano (262) 741-2402

For more than 100 additional events all over the country, go to www.stroke.org. To add your event to the StrokeSmart calendar, contact Christy Bailey at cbailey@stroke.org.

Sudoku: Brain Food

BY MARK A.W. ANDREWS, PH.D.

Most of us are familiar with the feelings of satisfaction that come from solving a Sudoku or crossword puzzle or a riddle. But few of us have ever stopped to think about why completing these types of challenging mental tasks causes such positive emotional reactions.

Actually, many researchers have sought to understand this very concept. But, until recent times there had been a lack of in-depth knowledge of the brain. However, advanced equipment now allows us to see the brain's reaction to various stimuli. These brain imaging tools have helped us understand the brain better and shed some light on this topic.

Results from various brain scan studies show that the "satisfaction center" of the brain is stimulated when we play these mental games. The "prefrontal cortex" is the area of the brain responsible for directing logical thoughts and actions towards goals. The interaction between the cortex and the satisfaction center may create feelings of pleasure in response to solving problems.

The neurotransmitter dopamine is also involved. Dopamine is a chemical substance produced naturally by the human body. It generates the feeling of pleasure or happiness. When doing these puzzles, dopamine may lead to feelings of accomplishment and satisfaction. It may drive you to want to solve more of them. This same system may be involved with "shopaholics" and the feeling of satisfaction in finding a bargain.

Also, MRIs indicate that there is a difference between pleasure and satisfaction. Pleasure and happiness are seen as passive emotions; they happen to you. In contrast, satisfaction is considered an active pursuit. While pleasure is enjoyable, animals are eager to

Sudoku By Trillium

	9			4	5	7
4		8		3		2
	3			2	9	
5			7	8	4	
8		1				6
			4			
6			9		3	
9						
			1			6

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To solve a Sudoku puzzle, every number from 1 to 9 must appear in:

- Each of the nine vertical columns
- Each of the nine horizontal rows
- Each of the nine 3 x 3 boxes

Remember no number can occur more than once in any row, column or box.

succeed, adapt to a situation, or solve a problem. In doing so they gain satisfaction.

In addition, such thought stimulation appears to help maintain the brain, even after a stroke or other forms of brain changes associated with high blood pressure, diabetes or Alzheimer disease. It appears that "active" leisure pursuits, leading stimulating lives or getting a higher education, may cause people to develop more complex connections among brain cells. These connections help the brain cope with the loss of some cells. With the proper stimulation, people may be able to create needed detours around damaged brain cells. In such a way, stimulating activities, from Sudoku or crossword puzzles to going to museums or reading, appear to build a "cognitive reserve" account on which the brain can draw at older ages or when memory problems arise, and help stave off mental problems. 🍀

3	7	4	8	1	5	2	9	6
9	8	5	2	3	6	1	7	4
6	1	2	9	4	7	3	8	5
7	2	3	4	6	1	8	5	9
8	4	1	5	2	9	7	6	3
5	6	9	3	7	8	4	2	1
1	3	7	6	5	2	9	4	8
4	5	8	7	9	3	6	1	2
2	9	6	1	8	4	5	3	7

ucapno3

.....
Dr. Andrews is a Professor of Physiology at Lake Erie College of Osteopathic Medicine in Erie, Penn.

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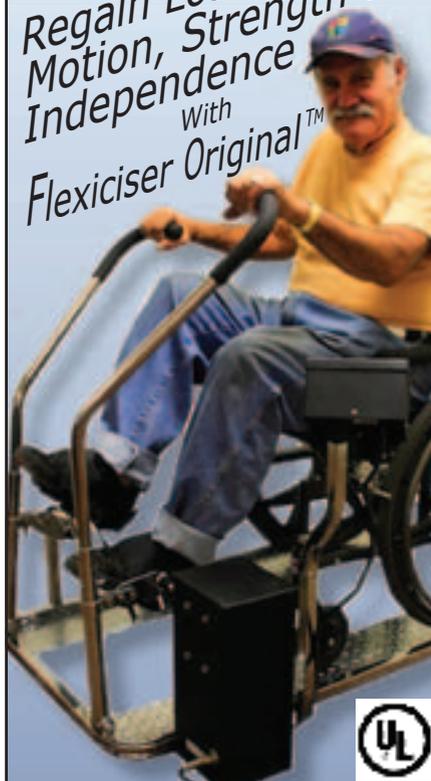
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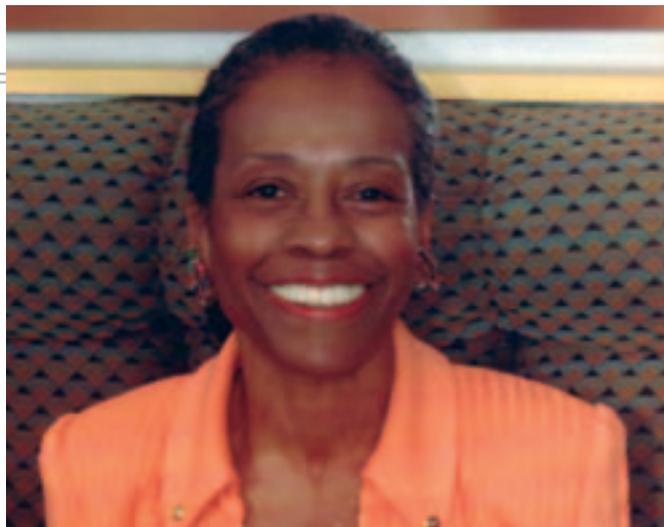
WWW.AJUSTASINK.COM

Janet Avery, Ph.D.

BY JEANNIE PRICE

In 2001, Janet Avery, businesswoman, competitive bodybuilder and marathon runner, was preparing to celebrate her 51st birthday when she suddenly had a stroke. Though paralyzed on her left side, she had hoped that she could continue to lead a full life. For Janet, “setting, working toward and attaining goals are wonderful ways to restore energy and optimism.”

Janet’s motto had always been, “Faith + Hope + Action = Success.” Today, she credits this formula for her remarkable progress. Months after leaving the hospital, Janet sent her wheelchair back. To reduce her pronounced limp, she began classes in qigong and taichi, two forms of exercise and meditation practiced in China for years. As she gained balance and mobility, Janet aspired to run marathons again. In December 2002 she completed the 4.2-mile Midnight Run in Central Park. In November 2006, she completed the 26.2-mile New York City Marathon.



Now, despite a busy work schedule, Janet still finds time to reach out to others. She volunteers at the DeWitt Nursing home and the Mt. Sinai Hospital Stroke Unit, where she shares her experiences and provides hope to stroke survivors and their families. She is also developing a series of workshops, called Hope in Harlem, to inspire others to keep hoping and working towards their goals each day.

You can learn more about Janet Avery in her memoir, *The Power of Hope*. The book is available at Barnes and Noble stores or online at www.bn.com, www.amazon.com or www.starcloudpress.com.

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WHO IS PLAVIX FOR?

PLAVIX is a prescription-only medicine that helps keep blood platelets from sticking together and forming clots.

PLAVIX is for patients who have:

- had a recent heart attack.
- had a recent stroke.
- poor circulation in their legs (Peripheral Artery Disease).

PLAVIX in combination with aspirin is for patients hospitalized with:

- heart-related chest pain (unstable angina).
- heart attack.

Doctors may refer to these conditions as ACS (Acute Coronary Syndrome).

Clots can become dangerous when they form inside your arteries. These clots form when blood platelets stick together, forming a blockage within your arteries, restricting blood flow to your heart or brain, causing a heart attack or stroke.

WHO SHOULD NOT TAKE PLAVIX?

You should NOT take PLAVIX if you:

- are allergic to clopidogrel (the active ingredient in PLAVIX).
- have a stomach ulcer
- have another condition that causes bleeding.
- are pregnant or may become pregnant.
- are breast feeding.

WHAT SHOULD I TELL MY DOCTOR BEFORE TAKING PLAVIX?

Before taking PLAVIX, tell your doctor if you're pregnant or are breast feeding or have any of the following:

- gastrointestinal ulcer
- stomach ulcer(s)
- liver problems
- kidney problems
- a history of bleeding conditions

WHAT IMPORTANT INFORMATION SHOULD I KNOW ABOUT PLAVIX?

TTP: A very serious blood condition called TTP (Thrombotic Thrombocytopenic Purpura) has been rarely reported in people taking PLAVIX. TTP is a potentially life-threatening condition that involves low blood platelet and red blood cell levels, and requires urgent referral to a specialist for prompt treatment once a diagnosis is suspected. Warning signs of TTP may include fever, unexplained confusion or weakness (due to a low blood count, what doctors call anemia). To make an accurate diagnosis, your doctor will need to order blood tests. TTP has been reported rarely, sometimes in less than 2 weeks after starting therapy.

Gastrointestinal Bleeding: There is a potential risk of gastrointestinal (stomach and intestine) bleeding when taking PLAVIX. PLAVIX should be used with caution in patients who have lesions that may bleed (such as ulcers), along with patients who take drugs that cause such lesions.

Bleeding: You may bleed more easily and it may take you longer than usual to stop bleeding when you take PLAVIX alone or in combination with aspirin. Report any unusual bleeding to your doctor.

Geriatrics: When taking aspirin with PLAVIX the risk of serious bleeding increases with age in patients 65 and over.

Stroke Patients: If you have had a recent TIA (also known as a mini-stroke) or stroke taking aspirin with PLAVIX has not been shown to be more effective than taking PLAVIX alone, but taking aspirin with PLAVIX has been shown to increase the risk of bleeding compared to taking PLAVIX alone.

Surgery: Inform doctors and dentists well in advance of any surgery that you are taking PLAVIX so they can help you decide whether or not to discontinue your PLAVIX treatment prior to surgery.

WHAT SHOULD I KNOW ABOUT TAKING OTHER MEDICINES WITH PLAVIX?

You should only take aspirin with PLAVIX when directed to do so by your doctor. Certain other medicines should not be taken with PLAVIX. Be sure to tell your doctor about all of your current medications, especially if you are taking the following:

- aspirin
- nonsteroidal anti-inflammatory drugs (NSAIDs)
- warfarin
- heparin

Be sure to tell your doctor if you are taking PLAVIX before starting any new medication.

WHAT ARE THE COMMON SIDE EFFECTS OF PLAVIX?

The most common side effects of PLAVIX include gastrointestinal events (bleeding, abdominal pain, indigestion, diarrhea, and nausea) and rash. This is not a complete list of side effects associated with PLAVIX. Ask your doctor or pharmacist for a complete list.

HOW SHOULD I TAKE PLAVIX?

Only take PLAVIX exactly as prescribed by your doctor. Do not change your dose or stop taking PLAVIX without talking to your doctor first.

PLAVIX should be taken around the same time every day, and it can be taken with or without food. If you miss a day, do not double up on your medication. Just continue your usual dose. If you have any questions about taking your medications, please consult your doctor.

OVERDOSAGE

As with any prescription medicine, it is possible to overdose on PLAVIX. If you think you may have overdosed, immediately call your doctor or Poison Control Center, or go to the nearest emergency room.

FOR MORE INFORMATION

For more information on PLAVIX, call 1-800-633-1610 or visit www.PLAVIX.com. Neither of these resources, nor the information contained here, can take the place of talking to your doctor. Only your doctor knows the specifics of your condition and how PLAVIX fits into your overall therapy. It is therefore important to maintain an ongoing dialogue with your doctor concerning your condition and your treatment.

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If you've had a stroke, your chance of having another is 9 times greater.

Help raise your protection against another stroke with PLAVIX. If you've had a heart attack or stroke, the last thing you want is another one sneaking up on you. PLAVIX may help. PLAVIX is a prescription medication for people who have had a recent heart attack or recent stroke, or who have poor circulation in the legs (peripheral artery disease) causing pain.

IMPORTANT INFORMATION: If you have a stomach ulcer or other condition that causes bleeding, you should not use PLAVIX. When taking PLAVIX alone or with some other medicines including aspirin, the risk of bleeding may increase so tell your doctor before planning surgery. And, always talk to your doctor before taking aspirin or other medicines with PLAVIX, especially if you've had a stroke. If you develop fever, unexplained weakness or confusion, tell your doctor promptly as these may be signs of a rare but potentially life-threatening condition called TTP, which has been reported rarely, sometimes in less than 2 weeks after starting therapy. Other rare but serious side effects may occur.



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