

Stroke Recovery Tips

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EMOTIONAL AND MENTAL CHANGES AFTER STROKE



Perhaps one of the hardest consequences of stroke that a family deals with is personality changes in the stroke patient. It is not uncommon for the stroke victim to become apathetic, depressed, or have frequent mood swings. Depression is by far the most common emotional change, but there are others that are equally as difficult. Below are some emotional changes that may occur with stroke:

Emotional Lability - This is characterized by mood swings and emotional responses for no apparent reason. The person may cry uncontrollably without provocation or laugh at inappropriate times. Emotional lability can be debilitating for patients because it interferes with their ability to interact with others socially. Emotional lability is not the same as depression. A stroke victim can be labile without being depressed or he or she may be afflicted with both

conditions.

Depression - Due to brain injury and decline in function, it is not uncommon for the stroke patient to become depressed. If the patient has aphasia or is prone to lability, it may be difficult to determine if depression is present. Grieving due to the stroke or short term reactive depression is normal, but deeper depression may include persistence of these symptoms:

- Feelings of despair and hopelessness
- Poor appetite or increased appetite
- Frequent crying
- Excessive sleeping or not sleeping enough.
- Apathy toward life

- Increased agitation or restlessness
- Expression of suicidal thoughts or thoughts about dying

In order to determine if your loved one is experiencing depression after stroke, have an evaluation performed by a physician. Neuropsychiatrists can be helpful in dealing with post stroke depression. Tips to help patients with depression include involving them in activities, exposing them to sunlight or the outdoors, expressing a positive attitude when interacting with them, and helping them find a support group.

Agitation - The stroke patient may appear angry or have episodes of lashing out verbally and/or physically.

Anxiety - The patient may worry or have fear.

NEGLECT OF AFFECTED SIDE (UNILATERAL NEGLECT)

Unilateral neglect presents as lack of awareness of one side of the body or lack of response to stimuli on one side. Left side neglect is more frequently seen than right side neglect. The stroke patient may act oblivious to one side.

Some examples of neglect include eating food on only one side of the plate, inability to see objects off to one side, grooming or dressing only one side of the body (i.e. only putting one arm through a sleeve), being unaware of the affected limbs, and reading only one side of text on a page. When asked to draw an object, a stroke victim with unilateral neglect may only draw half of the object. These are only a few examples, and symptoms of neglect will differ from person to person.

Techniques to Help Improve Neglect

1. Approach the stroke patient from the affected side causing them to have to attend to that side. If they do not look at you, gently turn their head toward you. Sit on the affected side when interacting with the stroke patient.
2. Put objects on the affected side to make the patient search for them. This applies to things like the TV remote, a glass of water, the phone, etc. This does not apply to the nurses call light though. Patients need to be able to call for help.
3. Touch the affected side or bring the patient's non-affected hand over to touch their affected side. This is to help make them aware of that side via

touch.

4. Incorporate the affected limb into activities. An example would be the caregiver guiding the affected arm through an activity such as stroking the family pet, reaching for an object, or wiping off a table.

5. Apply vibration or electric stimulation (if there are no contraindications) to the affected limb to make person more aware of limb.

6. Have the patient try bilateral arm activities if able such as holding, throwing, or catching a ball. If that is too difficult, try placing both hands on a towel and slide the arms forward together (the strong arm can help the weak arm)

7. Do passive range of motion exercises with hands clasped.

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Leg Exercises



The following leg exercises can be done in bed lying down on the back:

Bridging – Lie with the feet flat on a bed and lift your hips off the surface then back down.

Foot Slides – Slide the foot up toward the buttocks and back down. You can put a hard smooth surface under the foot and slide a pillowcase up and down make it easier if needed.

Knee Raises – Bring the knee toward the chest and back down.

Knee Extension – Place a bolster under the

knees (can roll towels up as substitute). Straighten knee by bringing foot up into air then bring foot back down.



Hip Abduction – Take leg out to side and back in.



Leg Raises – Keep leg straight, raise leg up and back down.



CAREGIVER'S CORNER: EMERGENCY ROOM PREPAREDNESS

Here are some tips to help you prepare for taking your loved one on an emergency trip to the hospital:

- Prepare a notebook in advance that contains a list of meds, any legal docs (power of attorney, living will, DNR, etc.), insurance information, medical history, and family contact information.
- Prepare a small overnight bag for yourself in advance so you can grab & go. Include items such as a change of clothes, toothbrush, toothpaste, extra cell phone charger, snack, & notepad/pen.
- Call your loved one's insurance company ahead of time and find out which hospital ERs are covered by their plan. Keep this list handy.
- Find out in advance which hospitals have board-certified ER physicians. A trained ER physician should be able to provide care with more aptitude.
- At the emergency room, record information on your notepad such as what procedures/tests were done, what meds were given, timeline of events, and names of medical providers.
- Make sure staff are aware of any allergies patient may have.
- Prevent illness by making sure caregivers/staff wash their hands before handling patient.
- If discharged from the ER, make sure you have discharge instructions. Don't hesitate to return to the ER or call your MD if your loved one is still having complications.
- Once you receive the ER bill, make sure you compare it to the log you created to make sure there are no billing errors or overcharges.



CAN A STROKE PATIENT CHANGE THEIR WILL?

If a stroke patient's mental capacity has not been affected or their mental capacity is such that the patient understands the nature, scope and effect of the will, then a stroke patient can change their will. If, however, their cognitive status has changed to the point where they are not capable of this understanding or are not mentally competent, then the will could not be changed by the person while in this condition (in the U.S.)

It's important to remember that when a person first has a stroke, he or she may be confused but later recover cognitively so it's possible that a person might not be able to make decisions regarding a will immediately after a stroke but then later be able as they recover. The best advice is to consult your attorney and be upfront about the stroke patient's mental/cognitive status.

In most cases, it would be best

not to have a loved one change a will immediately after a stroke especially if there were cognitive and mental/emotional changes. It would be better to wait until the patient stabilized in their recovery. Stroke can be overwhelming so what a person is feeling immediately after a stroke may change later, and cognitively, the person will most likely be clearer after stabilizing and allowing some healing to occur.