

STROKE & MEDICINES

This fact sheet is about medicines prescribed:

- to reduce your risk of stroke
- after stroke or TIA. TIA is also known as transient ischaemic attack, 'mini-stroke', or warning stroke



If you have difficulty swallowing medicines, it is important you discuss this with your pharmacist and doctor. Some medicines cannot be crushed.

YOUR DOCTOR

Your doctor is the person who works out what is happening in your body and prescribes the appropriate medicines and doses. This is usually your GP, but could also be specialists you see, for example a neurologist or a cardiologist. If you have trouble remembering everything, ask the doctor, nurse, or pharmacist to write things down so you can share this with your family.



A pharmacist is the expert if you have any questions about your medicines. It is not necessary to make an appointment; you can just call in for advice.

YOUR PHARMACIST

Your pharmacist prepares your medicines and explains how to use them. They can often provide you with written information about your medicines and how they work. A pharmacist is the expert if you have any questions about your medicines. It is not necessary to make an appointment; you can just call in for advice.

It is best if you can use the same pharmacy each time, so the staff get to know you and the medicines you use. They can then check for interactions and side effects of your medicines. This is especially important if you are seeing more than one doctor, e.g. a GP and a specialist.

A Prescription Subsidy Card is available for a family or person once they have paid for 20 prescriptions after 1 February each year. If you are eligible, your pharmacist can give you the subsidy when you visit them to get your medicines. Any pharmacy can check your eligibility.

TIPS FOR MANAGING YOUR MEDICATION

It is helpful to keep an up-to-date list of all your medicines and take it to all your health appointments. This makes it so everyone understands which medicines you use.



- Always check with your pharmacist or doctor before taking any over-the-counter (purchased) medicines. This includes vitamins, minerals, herbal supplements and traditional remedies. They may affect the way your prescribed medicines work or cause side effects.
- Always take your medicines as they are prescribed. It's easy to ask your pharmacist if you have any questions about this. Do not stop taking your medicines unless your doctor tells you to stop.
- You may have to take your medicines for the rest of your life. Your doctor will advise you about this and monitor your health on a regular basis.

Don't be afraid to ask your medical centre, pharmacy, whānau or friends for help to organise your daily medicine schedule.



TIPS FOR FAMILY AND CARERS

After a stroke, it may be difficult for a person to manage their medicines well. There are many reasons for this. They may include one or more of the following points:

- difficulty talking, understanding conversations, reading and writing (aphasia)
- memory loss, confusion, limited concentration and attention
- difficulty identifying familiar shapes
- not understanding what the medicine is for
- poor eyesight
- difficulty walking and moving around, poor balance
- having the use of one side of the body only
- unable to open bottles and medicine packaging
- difficulty swallowing medicines

After a stroke, it may be difficult for a person to manage their medicines well.



A person who has experienced a stroke may need support and encouragement to take their medicines. It is useful to go over their medicines and keep track of how things are going.

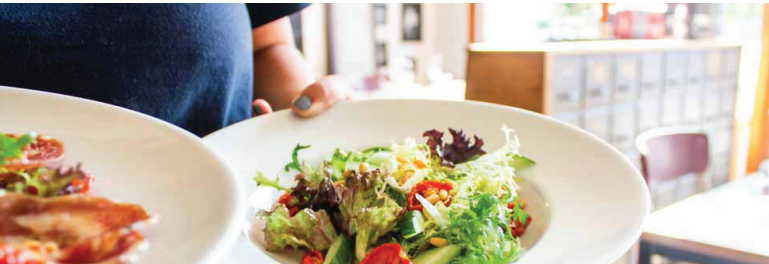


• • → If you need more support and advice, please contact **Stroke Aotearoa New Zealand, 0800 78 76 53.** **Healthline 0800 611 116** provides free health advice 24 hours a day. In case of medicine overdose or accidental poisoning, contact the **National Poisons Centre, 0800 764 766**, or call **111 in an emergency.**

MEDICINES TO REDUCE YOUR RISK OF A FIRST STROKE, OR A STROKE HAPPENING AGAIN

1. High blood pressure and medicines

High blood pressure is the leading risk factor for stroke. You can have high blood pressure and not know it. It is important to get your blood pressure checked regularly. Your doctor, nurse or pharmacist will advise you how often – it will depend on your



age, whether you are taking other medicines and your general health.

An effective way to manage high blood pressure is to exercise regularly and eat a healthy diet. It may also be necessary to use medicines to manage your blood pressure. Many different medicines do this. Sometimes it is better to use two or three medicines that work in different ways to manage your blood pressure rather than taking a higher dose of just one or two medicines. Your doctor will advise you and prescribe the most appropriate medicines for you.

Do not stop taking your blood pressure medicines unless your doctor tells you to stop.

2. Blood-thinning medicines

There are two different types of blood thinning medicines called anti-platelets and anti-coagulants. Anti-platelets make your blood less 'sticky', so clots are less likely to form in your arteries. Anti-coagulants thin the blood to help prevent dangerous clots. You may be prescribed more than one blood thinner to get the best result for you. The choice of medicine for each person will depend on many factors including a person's age, their medical conditions, and other medicines that might interact with blood thinning medicines.

If you experience any unexpected bruising or bleeding while on any blood thinning medicines, it is important you report this to your doctor promptly.

Warfarin is one type of blood thinner often prescribed in New Zealand and is available in 2 different brands – the Marevan® brand and the Coumadin® brand. Always remember the name of the brand you are taking, as it is important to stay on the same brand.



Always check with your pharmacist or doctor before taking any over-the-counter (purchased) medicines. This includes vitamins, minerals, herbal supplements and traditional remedies. They may affect the way your prescribed medicines work or cause side effects.



Warfarin needs careful monitoring and regular blood testing is essential. Blood tests are usually done by a laboratory. Sometimes the blood is taken at the GP and sent to the laboratory. The results come back to the GP. The GP practice will contact you if you need to adjust your dose. Some community pharmacists do the tests and can immediately give you the results. When necessary, they will adjust your dose in accordance with your doctor's instructions. Your doctor can advise you about this local service.

Warfarin interacts with many other medicines and some foods. It is important to have a consistent diet while taking warfarin. Changes in your diet can affect warfarin. Please consult your doctor or pharmacist if you have any concerns.

You must tell any health professional treating you that you are taking warfarin, especially your dentist.



3. Statins – cholesterol-lowering medication

Statins are an important group of cholesterol-lowering medicines that could save your life by reducing your chance of a stroke. A doctor may prescribe statins if:

- you've survived a stroke or heart attack, as they will help reduce your risk of having another
- you have high cardiovascular risk and are at high risk of heart disease or stroke. This risk is common if you have a strong family history of early onset heart disease, an inherited high cholesterol condition or have diabetes.

Grapefruit and grapefruit juice can affect the rate at which statins are processed by your liver and cause side effects. You should avoid grapefruit and grapefruit juice while taking statins.

When you start using statins, you will need to be monitored to make sure you are taking the right dose. Your doctor will advise you about this. If statins are not right for you, there are other cholesterol-lowering medicines available as well: talk to your doctor.



Do not stop taking your statin unless your doctor tells you to stop. Contact your doctor if you experience any unexplained muscle pain, tenderness or weakness while taking a statin.

4. Atrial fibrillation medication

Atrial fibrillation (AF) is a type of irregular heartbeat that can cause stroke. With AF, blood clots may form in the heart. These clots can travel to the brain, cause a blockage in a blood vessel and result in a stroke. People with AF may feel heart palpitations

(rapid heartbeats), breathlessness or chest pain. Some people may not have any symptoms.

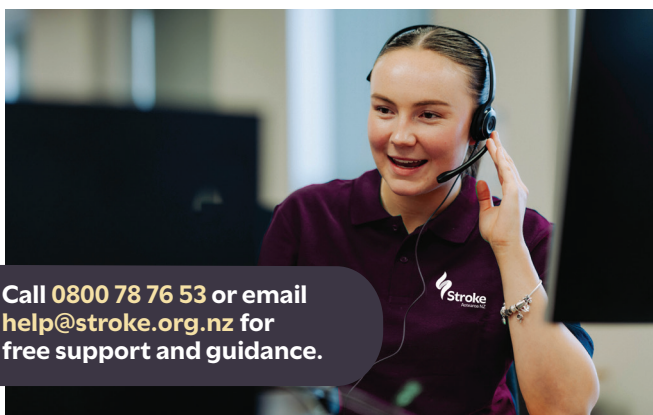
There are two types of AF medicines: anti-arrhythmic medicines help to control the heart rate, and anticoagulants help to stop blood clots forming.

5. Epilepsy after stroke

A small number of people develop epilepsy after a stroke. This may be managed with medicine. Your doctor will discuss this with you. They may prescribe anti-epileptic medicine if this is appropriate.



You must keep taking your medicines, even if you feel better. If you have any concerns around your medicine, talk to your doctor.



➔ **Call 0800 78 76 53 or email help@stroke.org.nz for free support and guidance.**

About Stroke Aotearoa New Zealand

Stroke Aotearoa New Zealand is the national charity dedicated to stroke prevention and improving outcomes for stroke survivors and their whānau. The generosity of individuals allows us to provide every aspect of our life-changing services.

If you want to find out more about donating or fundraising to help protect the lives of people living in your community **0800 45 99 54** or email **fundraising@stroke.org.nz**.