


## SECTION 4

# FACTS AND FURTHER REFERENCE

- Regulations about driving licences
  - Stroke clubs
  - Guidelines on preventing stroke
  - Eating for health
  - How to access assistance
  - Stroke books and videos
- 

## DRIVING AFTER A STROKE

Following a stroke, no matter how good the recovery, a person must not drive a motor vehicle until medical clearance has been given.

Sometimes a person feels very strongly that they want and are able to resume driving, regardless of advice, and it may be necessary to remove the car keys. The effects of the stroke can not only affect driving ability, but make the person unaware that any problem exists.

### ASSESSMENT OF FITNESS TO DRIVE

Driving assessments are carried out by a specialist occupational therapist, or by specialist driving instructors who provide services for disabled drivers throughout New Zealand. For further information phone Enable New Zealand, the national disability information service, on freephone 0800 362 253. Not every person who has had a stroke will need to undergo this assessment.

### UNFITNESS TO DRIVE

If the doctor has decided a person is not fit to resume driving, and this opinion is not accepted, a second opinion may be sought from another medical practitioner, e.g. an appropriate specialist, at the person's expense. The person should receive a copy of any report provided by the second doctor.

If the second opinion confirms that the person is medically unfit to drive, the person should surrender their driving licence or otherwise make a commitment not to drive. If they are unwilling to do this, the doctor has a legal obligation to notify the New Zealand Transport Agency (NZTA), who will review the issue and may consider it necessary to take away the licence.

Before notifying the NZTA, the doctor must explain the procedure to the person and advise exactly what information will be given to the NZTA.

If a person who has been assessed as unfit to drive does not give up their licence voluntarily,



they may be visited at home by a member of the police and asked to hand over their licence.

### Driving as a job

People who have had a stroke are generally not granted licenses for vocational driving, such as licenses for heavy vehicles or to carry passengers. In some cases, a return to driving may be considered if there has been a full and complete recovery, or a license may be granted with conditions.

Under some circumstances, a license may be granted with conditions to existing holders of these classes and/or endorsement types. If there has been a full and complete recovery with no suggestion of recurrence over a period of three years, the possibility of a return to driving may be considered by the Transport Agency (via the Chief Medical Adviser). A supporting physician or neurologist's report will be required.

For more information, go to this link: [stroke.org.nz/driving-after-stroke](https://stroke.org.nz/driving-after-stroke)

## STROKE CLUBS

The majority of stroke clubs are affiliated to the Stroke Foundation. Clubs are organised by a coordinator and run by experienced volunteers. Phone the **Stroke Foundation (0800 78 76 53)** for details of the nearest club or ask a Community Stroke Advisor for information.

Stroke club activities can include:

- informal socialising where ideas, experience and advice can be swapped and new, supportive friendships made
- the opportunity to learn and practice in a relaxed environment skills which enhance rehabilitation, e.g. games, exercises, indoor sport
- outings planned to accommodate disability yet provide enjoyment and confidence-building experience, e.g. meals in a restaurant, swimming
- opportunities to help others, e.g. people with recent strokes.



# HELPING TO PREVENT STROKE

Everyone (not just people who have already had a stroke) should:

- be aware of stroke risk factors (**see page 13**)
- make an effort to change their lifestyle if necessary to reduce the risk of stroke
- see their doctor for regular check-ups.



## TO AVOID RISK OF STROKE

- Control high blood pressure (hypertension)
- Blood pressure should be checked regularly by the doctor and medication taken if necessary to help regulate it
- Be smokefree and vape-free
- While every smoker should quit for the sake of their health, it is even more important for a person with high blood pressure. Contact Quitline for help to quit (0800 778 778)
- Eat mostly whole foods (see next page)
- Eat less salt and processed foods. Learn to enjoy food without added salt by using herbs, spices and lemon juice to enhance flavour. Reduce takeaways and processed foods, e.g. bacon, sausages, corned beef and instant noodles.
- Sit less, move more. Aim for 30 minutes of moderate activity most days. You can break your activity into smaller frequent chunks, for example 10-minute periods.
- Keep your alcohol intake low. Aim for at least two alcohol free days per week and avoid binge drinking.

The Stroke Foundation has a free six-week programme, delivered via weekly emails, which offers support and motivation to help make lifestyle changes and maintain a healthy blood pressure: [stroke.org.nz/he-taonga](https://stroke.org.nz/he-taonga)

Based on recommendations of the National Heart Foundation of New Zealand

# EATING FOR HEALTH

1

Enjoy a variety of nutritious foods every day including:

- plenty of vegetables and fruit
- grain foods, mostly whole grain and those naturally high in fibre
- some milk and milk products, mostly low and reduced fat
- some legumes, nuts, seeds, fish and other seafood, eggs, poultry and/or red meat\* with the fat removed

\* If choosing red meat, eat less than 500g of cooked red meat a week.

2

Choose and/or prepare foods and drinks:

- with unsaturated fats instead of saturated fats
- that are low in salt (sodium); if using salt, choose iodised salt
- with little or no added sugar
- that are mostly 'whole' and less processed.

3

Make plain water your first choice over other drinks.

4

If you drink alcohol, keep your intake low.

5

Buy or gather, prepare, cook and store food in ways that keep it safe to eat.

6

Eat less salt

- Reduce takeaways, processed foods like bacon, sausages, corned beef, instant noodles or adding salt to food
- A diet high in salt increases the risk of high blood pressure.

7

Eat less sugar

- Reduce intake of foods or drinks high in sugar
- Having a diet that is low in added sugar is a key part of a healthy eating pattern that is linked with a lower risk of excess body weight.

**FOOD SWAPS**

**Easy healthy changes**

Salt



Fresh herbs, spices and other seasoning

White bread



Higher fibre, whole grain bread

Butter



Margarine

Chippies and dip



Raw vegetables and hummus

Muesli bars



Fresh fruit and a small handful of unsalted nuts

Ham



Shredded chicken

Tinned fish in brine



Tinned fish in spring water

# ASSISTANCE

- The level and types of help may vary between centres and communities.
- Qualifying for some types of help depends on an assessment of income/assets/circumstances.
- Some services are provided at a charge to the user. All services provided by the Stroke Foundation are free.
- Procedures for obtaining help may vary between centres or with changing regulations.

- Be clear about what help you would like: discuss with the family, plan ahead
- Find out what help is available, where to apply and what assessment is necessary.

## Ask:

- hospital staff (social worker, therapists, chaplain)
- family doctor
- Stroke Foundation
- Citizens' Advice Bureau
- help agencies, e.g. Work and Income (WINZ)



If you cannot find what you need, search further, e.g. talk to the minister of your church, look in the Yellow Pages of the telephone directory under headings such as:

- community services
- disability aids and services
- welfare organisations.



# COMMUNITY HEALTH SERVICES

The information given below is general. Refer to the websites for local numbers of services and organisations listed.

## Stroke Foundation of New Zealand

PO Box 12482 Wellington

The Stroke Foundation is a charitable organisation which provides free assistance to people affected by a stroke, caregivers and families/whanau.

Community Stroke Advisors give information, advice and support, work with therapists to optimise recovery and help with any problems which arise as a result of stroke.

The Stroke Foundation does not provide therapy services e.g. Physiotherapy, Occupational Therapy and Speech Therapy, but can advise on and help you to access such services.

Call **0800 78 76 53** or message us online via [stroke.org.nz](http://stroke.org.nz) or [strokenz@stroke.org.nz](mailto:strokenz@stroke.org.nz).

## Citizens' Advice Bureau

Contact your local Citizens' Advice Bureau for a wide range of general information on what services are available, what these services offer and how to apply.

Freephone **0800 FOR CAB (0800 367 222)**

[www.cab.org.nz](http://www.cab.org.nz)

## NZ Federation of Disability Information Centres

The Federation promotes and supports the local provision of disability information and referral services that are community integrated and needs driven.

Phone **0800 693 343**

[www.thefederation.nz](http://www.thefederation.nz)

## Enable New Zealand

Enable New Zealand helps provide access to resources for people with identified health and disability support needs. It is the biggest provider of equipment and housing modification services for the health and disability sector in New Zealand.

Phone **0800 362 253**

[www.enable.co.nz](http://www.enable.co.nz)

## Needs assessment and service coordination

Information about the following can be obtained directly from your health district – formerly called district health boards (DHBs), or through your family doctor:

- assessment and service coordinator
- continence nurse
- district nurse
- community occupational therapist
- community physiotherapist
- home help (short term)
- meals on wheels
- ostomy nurse
- podiatrist
- social worker
- speech-language therapist



# FINANCIAL SUPPORT:

## GOVERNMENT-FUNDED BENEFITS AND SUBSIDIES

- Accommodation supplement
- Carer support
- Community services card
- Disability allowance
- Domestic purposes benefit / carer's benefit
- High user's card (medication expenses)
- Invalid's benefit
- Living alone allowance
- Mobility vouchers (half-price taxi fares)
- National superannuation
- Residential care subsidy
- Respite care
- Sickness benefit
- Special grant
- Special needs grant
- Travel costs

### Home help

- Domestic assistance (housework, shopping, laundry)
- Personal care
- Meals on wheels (delivered hot daily during week)
- Frozen meals delivered in bulk

### Patient rights

Information is obtainable from the office of the Health and Disability Commissioner, online at [hdc.org.nz](http://hdc.org.nz) or phone **0800 11 22 33**.

In making any comments, suggestions or complaints about health care services you are entitled to be assisted by the Customer Relations Coordinator.

### Suppliers of special aids

- Ask your therapist for details
- Suppliers are listed in the Yellow Pages of the telephone directory under **Disability Aids and Services**. [www.yellow.co.nz](http://www.yellow.co.nz)

### Support groups, practical help, organisations for older or disabled people

- Stroke Clubs and other stroke support organisations (phone Stroke Foundation **0800 78 76 53** or [stroke.org.nz](http://stroke.org.nz))
- Age Concern [www.ageconcern.org.nz](http://www.ageconcern.org.nz)
- CCS Disability Action [www.ccsdisabilityaction.org.nz](http://www.ccsdisabilityaction.org.nz), **0800 227 2255**
- Disabled Persons Assembly, [www.dpa.org.nz](http://www.dpa.org.nz)
- Presbyterian Support (social service provider) [ps.org.nz](http://ps.org.nz), **04 473 5025**
- New Zealand Red Cross (provider of community programmes) [www.redcross.org.nz](http://www.redcross.org.nz), **0800 RED CROSS (0800 733 276)**
- Salvation Army, [salvationarmy.org.nz](http://salvationarmy.org.nz)
- Church groups, exercise groups, fitness programmes

### Transport

- Travel costs subsidy (may vary in different areas)
- Total Mobility subsidised taxi cards
- Driving by volunteers
- Personal driving services (paid)

# FURTHER INFORMATION ABOUT STROKE

We have tried to ensure that all the resources listed below are generally available either in bookshops or through online retailers or from sources indicated, but some may go out of print over time, or only be available second hand via online resellers. Libraries may also be able to obtain copies on request but this will not always be possible especially where an item is not published in New Zealand.

## Resources produced by the Stroke Foundation of New Zealand include the following topics:

- About stroke and TIA
- Stroke prevention and stroke risk factors
- Post-stroke specific information on fatigue, stress, emotional and behavioural changes, depression and anxiety, medication, driving and transport, intimacy, positioning for left and right hemiplegia
- How to recognise a stroke
- About the Stroke Foundation's Community Stroke Advisor and Return to Work services
- How to recognise a stroke F.A.S.T.
- Resources for children and teenagers whose parent had a stroke
- He taonga – support programme to maintain a healthy blood pressure

Resources can be downloaded from [www.stroke.org.nz/free-resources](http://www.stroke.org.nz/free-resources).

## OTHER INFORMATION

*The New Zealand Stroke and Aphasia Handbook*, NZ edition published by Aphasia New Zealand Charitable Trust, ([www.aphasia.org.nz](http://www.aphasia.org.nz)) 2021

### **National Stroke Foundation (Australia)**

[strokefoundation.com.au](http://strokefoundation.com.au)

Leaflets and factsheets can be downloaded from [strokefoundation.com.au/about/library](http://strokefoundation.com.au/about/library)

Postal address: Level 7, 461 Bourke Street, Melbourne, Victoria 3000, Australia.

### **Stroke Association (UK)** [www.stroke.org.uk](http://www.stroke.org.uk)

Another extensive online library of resources, as well as publications available for purchase:

[www.stroke.org.uk/information/resource-library](http://www.stroke.org.uk/information/resource-library)

A comprehensive book list can be downloaded from [www.stroke.org.uk/resourcesheet/book-list](http://www.stroke.org.uk/resourcesheet/book-list)

Postal address: Stroke Association House, 240 City Road, London, EC1V 2PR, UK.

### **American Stroke Association (USA)**

[www.strokeassociation.org](http://www.strokeassociation.org)

Postal address: 7272 Greenville Avenue, Dallas, TX 75231, USA.

# GLOSSARY

The glossary includes terms that medical staff may use when talking to you, as well as terms used in this book. A guide to pronunciation is given in square brackets.

**activities of daily living (ADL):** the basic elements of personal care such as eating, washing and showering, grooming, walking, standing up from a chair, using the toilet

**agraphia** [ay-graf-ee-ah]: inability to write

**alexia** [ay-lek-see-ah]: inability to read

**amnesia** [am-nee-zhee-ah]: failure in part of the memory system

**aneurysm** [an-yoo-ris-im]: the ballooning out of the wall of an artery. This stretches and thins the wall further and finally it may break, with severe bleeding

**angiogram** [an-jee-o-gram]: an x-ray to examine the inside of an artery

**angiography** [an-jee-og-rah-fee]: examination by angiogram

**anomia** [an-o-mee-ah]: difficulty in choosing the correct word

**aphasia** [a-fay-zhee-ah]: inability to speak or to understand spoken language

**apraxia** [a-prak-see-ah]: inability to carry out a purposeful act even though the person is physically able to do it

**arteriogram** [ar-teh-ree-o-gram]: x-ray of an artery

**arteriole** [ar-teh-ree-ole]: a small artery

**arteriosclerosis** [ar-teh-ree-o-skleh-ro-sis]: hardening of artery walls caused by atherosclerosis

**artery** [ar-teh-ree]: a blood vessel that carries blood from the heart to other parts of the body

**ataxia** [a-tak-see-ah]: a lack of co-ordination, unsteadiness

**atherosclerosis** [ath-er-o-skleh-ro-sis]: a disease where fats and other deposits build up on the inner lining of an artery

**atrial fibrillation** [at-ree-al fib-rill-ay-shun]: rapid, irregular contractions of the heart – the walls of the atrium (a chamber in the heart) ‘quiver’ rather than contract strongly, and this makes the blood in the heart more likely to clot

**bilateral** [by-lat-er-al]: both sides of the body

**body image:** the idea or image a person has of the shape and appearance of their own body

**brainstem:** the narrowed, lower part of the brain at the back, just above the spinal cord – controls survival functions such as breathing, blood pressure, consciousness

**capillary** [kah-pill-ah-ree]: a tiny blood vessel. Capillaries form a network that joins an artery and a vein

**cardiac** [kah-dee-ak]: relating to the heart

**cardiovascular** [kah-dee-o-vass-kew-lah]: relating to the heart and blood vessels

**carotid artery** [kah-rot-id ah-ter-ee]: one of a pair of important arteries running up the side of the neck and carrying blood to the brain

**carotid endarterectomy** [kah-rot-id en-dar-teh-rec-tom-ee]: an operation to remove deposits from the walls of a carotid artery

**catheter** [kath-et-er]: a small tube inserted into the bladder which drains urine into a collecting device such as a bag

**cerebellum** [seh-reh-bell-um]: the part of the brain at the back, underneath the main part of the brain – controls coordination of movements

**cerebral** [seh-reh-bral]: relating to the brain

**cerebral cortex** [seh-reh-bral kor-tekks]: the outer layer of the main, upper part of the brain

**cerebral haemorrhage** [seh-reh-bral hem-orr-aj]: bleeding from a burst artery into the substance of the brain or into surrounding areas

**cerebral hemisphere** [seh-reh-bral hem-iss-fear]: one of the two halves of the brain, which are joined together by large bundles of nerve fibres

**cerebral infarct** [seh-reh-bral in-farkt]: an area where brain cells have died

**cerebral oedema** [seh-reh-bral ee-dee-mah]: swelling of the brain

**cerebral thrombosis** [seh-reh-bral throm-bo-sis]: the closing off of an artery by blood clotting

**cerebrovascular accident (CVA)** [seh-reh-bro-vass-kew-lah...]: a term sometimes used for stroke

**cerebrum** [seh-reh-brum]: the main, upper part of the brain

**cholesterol** [koh-less-teh-rol]: a fat which is

normally found in the body, but which can cause disease if too much is present. Also found in some foods such as animal fats and eggs

**circulatory system** [*ser-kew-lah-torr-ee...*]: the body system, including heart and blood vessels, which circulates the blood

**cognition** (or cognitive function) [*kog-nish-un*]: higher intellectual functioning such as awareness, perception, learning, reasoning, memory, problem solving

**colour agnosia** [*...ag-no-zhee-ah*]: difficulty in recognising colours

**coma** [*ko-mah*]: a state of deep unconsciousness

**confabulation** [*kon-fab-yoo-lay-shun*]: filling gaps in memory with imagined events

**contraction of muscle**: shortening of fibres, pulling tight

**contracture**: shortening and tightening of tissue around a joint so that the muscle cannot be lengthened and loss of available movement occurs

**contralateral** [*kon-trah-lat-er-al*]: the opposite side of the body

**coordination**: a process of the brain which directs various parts of the body to function smoothly together

**CT (computerised tomography) scan**: a brain x-ray which can help find out the type of stroke and provide detailed information on changes caused to the brain

**CVA**: see cerebrovascular accident

**disability**: a defect in normal performance of an activity or action of mind or body

**disinhibition** [*diss-in-hib-ish-un*]: a lack of self-control

**drop-foot**: a foot that dangles when the leg is lifted because ankle muscles are weak

**dysarthria** [*diss-ar-three-ah*]: difficulty producing speech because of weakness of the tongue, mouth, jaw or voice-box

**dyslipidaemia** [*diss-lip-id-eem-ee-ah*]: abnormality in blood fats

**dyslexia** [*diss-lek-see-ah*]: difficulty with reading

**dysphagia** [*diss-fay-jee-ah*]: difficulty with swallowing

**dysphasia** [*diss-fay-zhee-ah*]: reduced ability to communicate

**dysphonia** [*diss-fo-nee-ah*]: impairment of the voice

**dyspraxia** [*diss-prak-see-ah*]: reduced ability to carry out purposeful movement

**echocardiogram** [*ek-o-kar-dee-o-gram*]: ultrasound scan to test heart function

**electrocardiogram** (ECG) [*ee-lek-tro-kar-dee-o-gram*]: a test that measures the rhythm and activity of the heart

**embolism** [*em-bol-iz-im*]: blockage of a blood vessel by an embolus

**embolus** [*em-bol-us*]: a clot of blood (or some other substance) that travels in the bloodstream

**emotional lability** [*...la-bil-it-ee*]: a condition in which the mood of the person swings rapidly from one state to another

**enteral feeding** [*en-teh-ral...*]: feeding using a tube connecting with the stomach

**flaccidity** [*flass-id-it-ee*]: absence of muscle tone, resulting in floppy muscles

**gait** [*gayt*]: manner of walking

**haemorrhage** [*hem-orr-aj*]: bleeding

**haemorrhagic** [*hem-orr-ah-jik*]: relating to bleeding

**handicap**: relates to the social implications of having a disability or impairment

**hemianopia** [*hem-ee-ah-nop-ee-ah*]: loss of half the field of vision in each eye

**hemiparesis** [*hem-ee-pah-ree-sis*]: weakness in one half (side) of the body

**hemiplegia** [*hem-ee-plee-jah*]: loss of movement in one half (side) of the body

**hemisphere of brain** [*hem-iss-fear...*]: one half (side) of brain

**hypertension** [*hy-per-ten-shun*]: abnormally high blood pressure

**hypotension** [*hy-po-ten-shun*]: abnormally low blood pressure

**impairment**: a defect in organ function or in a whole body system

**impotence**: loss of ability to obtain or maintain penile erection

**incontinence**: loss of control over bladder or bowel functions

**infarction** [*in-fark-shun*]: area of damaged or dead tissue

**intracerebral haemorrhage** [*in-tra-seh-reh-bral hem-orr-aj*]: bleeding within the brain

**intravenous** [*in-tra-veen-us*]: in a vein

**involuntary action**: one that happens without being willed or intended

**ipsilateral** [*ip-see-lat-er-al*]: the same side

**ischaemia** [*iss-kee-mee-ah*]: the state of a tissue whose blood supply has been reduced or cut off

**ischaemic stroke** [*iss-kee-mik...*]: a stroke caused by part of the brain not receiving sufficient blood

**ligament** [*lig-ah-ment*]: a band of tissue that connects and strengthens bone joints

**motor**: relating to movement

**motor nerve**: a nerve connected to a muscle – carries messages *from* the brain

**MRI (magnetic resonance imaging) scan**: a medical imaging technique used to visualise internal structures of the body in detail

**neglect, one-sided**: a term sometimes used for lack of awareness to one side

**nerve**: a bundle of fibres which carry messages between the brain and other parts of the body

**oedema** [*ee-dee-mah*]: swelling

**orthosis** [*or-tho-sis*]: device to support part of the body, eg, a leg brace

**paraesthesia** [*pah-res-thee-zhee-ah*]: abnormal skin sensations, eg, ‘pins and needles’

**paralysis** [*pah-ral-ee-sis*]: loss of movement

**paraphasia** [*pah-rah-fay-zhee-ah*]: producing unintended phrases, words or syllables during speech

**paresis** [*pah-ree-sis*]: muscle weakness

**perception**: the ability to receive, interpret and use information

**perceptual disorder**: impairment of perception

**rehabilitation**: restoration of the disabled person to the greatest possible independence

**sensory nerve**: a nerve carrying information about touch, pain, temperature, etc. *to* the brain

**spasm** [*spaz-im*]: involuntary contraction of a muscle

**spastic paralysis**: loss of voluntary movement, but with the muscles sometimes acting on their own

**spasticity** [*spass-tiss-it-ee*]: a state of increased muscle tone resulting in the muscle being continuously tight

**spinal cord**: a hollow structure that extends from the brainstem to the lower back and carries the main motor nerves and sensory nerves

**stroke**: sudden damage to nerve cells in the brain

**subarachnoid haemorrhage** [*sub-ah-rak-noid hem-orr-aj*]: bleeding between the brain surface and one of the thin layers of tissue that cover the brain

**tactile**: relating to touch

**thrombectomy** [*throm-bek-to-me*]: physical removal of a clot from a large artery. Also can be called an Endovascular Clot Retrieval.

**thromboembolus** [*throm-bo-em-bol-us*]: a clot which has travelled in an artery or vein

**thrombolysis** [*throm-bo-lie-sis*]: intravenous drug treatment to break down clots causing an ischaemic stroke; sometimes written as tPA

**thrombus** [*throm-bus*]: a clot formed within the heart or a blood vessel

**tone**: the degree of tension in a muscle at rest

**transient ischaemic attack (TIA)** [*tran-zhee-ent iss-kee-mik...*]: a temporary stroke with symptoms lasting less than 24 hours (usually less than 1-2 hours)

**vascular** [*vass-kew-lah*]: relating to the blood supply or blood vessels

**venule**: a small vein

**vein** [*vayn*]: a blood vessel that carries blood back to the heart

**vertebral artery** [*ver-teh-bral...*]: one of a pair of important arteries running up the back of the neck within the bones of the spine and carrying blood to the brain

**videofluoroscopy** (computerised tomography) [*vid-ee-o-flew-o-ros-co-pee*]: a video x-ray of swallowing mechanisms

**visuospatial disorder/disturbance** [*viz-yoo-o-spay-shal...*]: inability to recognise or perceive time, distance, areas of space, etc.

**voluntary movement or action**: a movement that arises as a result of wishing or intending to move, eg, putting out the hand to take food

**whanau**: the extended family.

## INDEX

## A

acceptance (of stroke) 36, 53, 55, 61, 67, 68, 72

Advocacy Service 21

age

recovery from stroke 19  
risk of stroke 5, 13  
younger 89-90

aggression 26, 27. *See also* anger; violence

aids 44, 60

home 59, 60  
incontinence 42  
memory 31  
suppliers of 50, 97, 99  
walking 40, 50

alcohol 13, 57, 63, 66, 94

aneurysm 10

anger 23, **36**, 37, 53, **54**, 55, 63, 70, 72  
caregiver 88

anxiety 14, 36, 78, 79  
caregiver 58  
sex 72  
*See also* fear

aphasia 33

appetite 41, 63, 67

artery 9, 12, 13, 16, 17  
clearing 12, 17

assessment 16

assistance. *See* help

atherosclerosis 10

atrial fibrillation 13

attention (difficulty with) 32

awareness

loss of social 38, 41  
one side 23, 26, 27, 30, 39

## B

background distraction 30, 31

balance 14, 28, 40, 50, 51

bed sores. *See* pressure sores

behaviour 27, **36**, 38, 62, 67

Emotional and Behavioural Changes brochure 100  
inappropriate 26, 36, 38, 70  
problems 38  
sexual 38, 61  
social 26, 27

bladder 23, 27, 42-43, 44, 66  
control 26, 27  
*See also* incontinence

bleeding 12

disorders 17  
into brain 4, 5, 10, 17

blood

clot **10**, 16, 17, 19  
treatment 5, 13, 17  
fats 13  
pressure 17, 28, 100  
high 4, 5, 13, 94  
supply (to brain) 4, **9**, 10, 12, 19  
test 16

body image 31, 72, 90

*See also* self-image

bowel 23, 42, 43, 45

brain 4, 5, **9**, 10, 12, 17  
damage to 5, 11, 19, **26**, **27**, **28**, 30, 31, 33  
functions of 4, 6, 29  
plasticity 11  
swelling 5, 11, 17  
*See also* message pathways; lobes; bleeding; right side; left side

brainstem 28

breathing 72  
difficulty 28, 45, 66

burst (blood vessel) 4, 9, 10

## C

capillary 9

caregiver 8, 17, 58, 62, 67, 74, 75, 78, 100  
care for 58, 59, 65, 76, 86, **87**, 90  
role of 56, 58, **85**, 87  
*See also* family/whanau

carotid

artery 12  
endarterectomy 12  
ultrasound 16

catheter 43, 72, 87

cause (of stroke) 4, 5, **9**, 12, 16

cerebellum 26-28

chaplain 7, **14**, 97

children 7, 31, 51

explaining stroke to 7, 57  
who have a stroke 89  
whose parent has a stroke 56, 70, 74, 90

cholesterol 13, 17, 94

Citizens' Advice Bureau 97, 98

clot. *See* blood clot

clothes. *See* dressing

clumsiness 22, 40

colour 29

coma. *See* unconscious

communication 14, 29, **33**, 34, 48, 51, 72  
difficulties with 51, 52, 70, 71, 74  
family 7, 71  
*See also* spokesperson (family); information; speech-language

community health services **98**

complications 86, 90  
(after stroke) 17, **44**

concentration 26, 27, 51  
loss of 26, 41, 42, 67

confidence 54, 57, 72, 74, 76, 81, 84, 86  
lack of 60

constipation 42, 43

convulsion. *See* fit

coordination 28

coping **55**

counselling 15, 54, 55, 67, 72, 90

crying 36

## D

death (from stroke) 4, 54

denial 26, **53**, 68, 72

dependence 56, 74, 81  
*See also* independence

depression 14, 26, 33, 37, 48, 54, 66, **67**, 72, 85  
caregiver 87  
warning signs 67

diabetes 13

diet 5, 13, 17, 43, 87, 94  
eating for health 95, 96  
*See also* nutrition

dietitian **15**, 20, 41

direction (sense of) 27, 30, **31**

Disability Aids and Services 99

disinhibition 38

distraction 22, 31, 36

dizziness 28



doctor 4, 5, 8, 17, 20, 44, 66, 73, 82, 92, 94  
 family 6, 19, 21, 97, 98  
 refer to 6, 7, 12, 36, 37, 40, 42, 43, 44, 45, 51, 67, 72  
 role of 14

drawing 26, 34, 110

dressing 30, 40, 61

drinking 23, 30, 31, 33, 41, 42, 43, 51, 57, 94, 96  
 techniques 87  
*See also* alcohol

driving 58, 61, 77, **92**  
 and epilepsy 45

drooling 41

drowsiness 19, 28

drugs 5, 17, 66  
*See also* medication

dysarthria 33

dyslipidaemia 13

dysphasia 33

## E

early supported discharge (ESD) 58

eating 22, 26, 30, **41-42**, 48, 51, 76, 87, **95**, 96  
*See also* swallowing; diet

ECG (electrocardiogram) 16

echocardiogram 16

embolus 10

emotions **36, 37-38**, 57, 70, 72  
 Emotional and Behavioural Changes brochure 100  
 negative 62  
 swings in 23, 26, 78  
*See also* mood; feelings;  
 grieving employment.  
*See work* (employment)  
 epilepsy. *See* epileptic fit

epileptic fit 36, 44. *See also* seizures

exercise 8, 13, 31, 40, 44, 48, 50, 51, 57, 61, 72, 82, 87, 93, 94  
 speech 86

explaining stroke  
 to children 7, 89-90  
 to employers 8, 84  
 to friends 71

## F

falls 40, 44  
 fear of 78

family/whanau 6, 31  
 communication within 7, 56, 60, 70  
 disruption to **56**, 69  
 feelings 52, 54, 55, 60  
 fostering independence 81  
 home care 58, 85  
*See also* caregiver  
 meetings 21  
 relationships 70, 71, 74, 90  
 role in rehabilitation 7, 18, 21, 48, 50, 51, 78

suggestions to help **7**  
 support and help 86  
*See also* information (getting)  
 understanding (of stroke)  
 29, 33, 61 *See also*  
 spokesperson (family)

F.A.S.T. 12

fatigue 23, 36, 48, 61, 65, 84  
 Fatigue after Stroke brochure 100  
*See also* tired(ness)

fear 36, 72, 78, 89  
*See also* anxiety

feelings 26, 27, 33, 36, 37, 52-55, 56, 60, 61, 63, 65, 67, 68, 70, 72, 80, 86, 87, 89, 90  
*See also* sensation; emotions

fit (epileptic) 36, 44. *See also* seizures

fluids. *See also* drinking  
 supplementary 17

food 17, 20, 22, 30, 41-42, 86  
 eating for health 95, 96  
*See also* diet; eating; nutrition

friends 56, 63, 64, 68, 70, **71**, 72, 85-86, 87

frustration 22, 23, 37, 55, 56, **68**, 70, 77 *See also* impatience

functions of brain. *See* brain  
 functions

## G

geriatrician **14**

goals **77**  
 long-term 77  
 making progress 62, 72, 74, 77, 82  
 motivation 78  
 personal 48, 81  
 prioritising 61, 78  
 rehabilitation 50, 77  
 setting 18, 22, 55, 77  
 short-term 78  
 unrealistic 77

GP. *See* doctor gratitude 60

grieving 72  
 process **52**, 67

guilt (feeling of) 54, 87

## H

haemorrhage **10**

haemorrhagic stroke 9, **10**

health and disability 98  
 (Act) 21  
 (Commissioner) 99

hearing 22, 26, 27, 63

heart 9, 10, 16, 63, 66  
 disease 13  
 rate/beat 5, 9, 16, 28, 72  
 rhythm (irregular) 13

help 15, 17, 18, 73, 89  
 assist communication 33  
 by family and friends 6, 22, 56  
 financial 99  
 for family and friends 7, 71, 86  
 getting 6, 7, 37, 38, 42, 56, 57, 61, 62, 67, 69, 78, 81, 85-86, 90, **97**  
 home care 19, 50, 58, 65, 86, 87  
 immediate 17, 37  
 legal 21  
 rehabilitation 31, 41, 48, 50, 51, 54, 55, 59, 60, 61, 70, 78, 82  
*See also* rehabilitation

roster 7, 82, 86  
*See also* friends

helpless (feeling) 54, 56, 67, 70, 80, 86

hiccups 28

hobbies 85

home care **58**, 59  
 planning for 57, 58  
*See also* help; aids; caregiver;  
 resthome care

home visits 57

hospital 6, 7, 12, 18, 19, 21, 48, 58, 77  
 discharge 51, 57, 58, 59, 60, 71  
 staff/team 6, 7, 8, 14, 15, 19, 21, 56, 58, 61, 80  
 visiting 22, 56

household. *See* schedule; aids;  
 family/whanau

hypertension. *See* blood pressure

**I**

ignoring one side 30  
*See also* awareness one side

images (difficulting interpreting) 30

immobility 43, 44, 50

impatience 36, 63, 74  
*See also* frustration

impulsive 37, 41

inability (to)  
 concentrate 31, 34  
 filter distractions 31  
 function 70  
 interpret situation 38  
 locate 41  
 read 27  
 recognise 31  
 shift attention 31  
 speak 34  
 split attention 31  
 start (motivation) 37  
 vision difficulties 39  
 wait/persevere 37  
 write 27, 34

inadequacy (feeling of) 70, 74, 86

inappropriate behaviour  
*See* behaviour (inappropriate)

incontinence 23, 42  
 continence nurse 42  
*See also* bladder

independence 14, 36, 41, 48, 51, 54,  
 58, 76, **77**, 78, **80**, 81  
 loss of 63, 80  
*See also* dependence

information **99**  
 brochures 100  
 getting 6, 7, 19, 20, 21, 56, 76,  
 organisation contacts **98-99**

insensitivity 38, 41  
*See also* sensitivity; social  
 behaviour insight 27, 40

intimacy 72

intracerebral haemorrhage 10

irritability 36, 67, 85

ischaemic stroke 9, 10, 12  
*See also* TIA

**J**

job. *See* work (employment)

judgement  
 of distance/dimensions 31  
 of physical ability 26, 40

**K**

key worker **20**, 21

**L**

language 22, **33**  
 body 33  
 written 34  
*See also* speech-language

laughter 23, 36, 38

laxative 43

left (side of the brain) 27, 29, 30, 33  
 hemiplegia brochure 100  
 right side of body 27

legal  
 competency 51  
 obligation 92  
 rights 21

lethargy 63

listening 7, 22, 31, 33, 37, 54, 59

lobes (of brain) 26, 27

loss (of)  
 ability 38, 52  
 appetite 41, 67  
*See also* appetite  
 awareness 26, 27, 38  
*See also* awareness  
 concentration 41  
*See also* concentration  
 feeling 26, 27, 28  
*See also* feelings  
 independence 80  
 interest 26, 67, 76, 78  
 memory 27. *See also* memory  
 movement 28  
*See also* movement  
 sensation 44  
*See also* sensation  
 sex drive 38, 67, 72  
*See also* sex  
 speech. *See* speech  
 speech control 33  
 spelling ability 34  
 strength 26, 27  
*See also* strength  
 vision 26, 27 *See also* vision  
 weight 67 *See also* weight  
*See also* grieving process

loss (sense of) 52, 54-55, 70

**M**

mad (fear of going) 36

Maori health worker 6, 15

medication 8, 12, 17, 36, 44, 72, 94, 99

memory 4, 15, 26, 27, **31**, 51  
 aids 31

message pathways (of the brain)  
 9, 11

mini-stroke. *See* TIA

mood 26, 27, 36, 78  
 swings 26, 78  
*See also* emotions

motivation 48, **78**  
 lack of 27, **37**, 82

mourning 54. *See also* grieving

movement 11, 15, 16, 23, 34, 40, 50,  
 59, 77  
 abnormal/unusual 28, 40  
 bowel 43  
 delicate/precise 40  
 loss of 28  
 purposeful 27, 40  
 repetitive 48  
 voluntary 26, 27 movements  
 delicate/precise 34

music 22, 29, 34, 51, 77, 87  
 appreciation 26

**N**

nasogastric tube 17

nausea 28

nerve cells 9, 10, 11, 17

neurologist 14

neurones. *See* nerve cells

neuropsychologist **14**

numbers 27, 29, 34

numbness 53  
*See also* sensation (loss of)

nurse **20**, 21, 22, 42, 44, 48, 99  
 (role of) **14**

nutrition 17, 41  
 eating for health 95, 96  
*See also* diet

**O**

obesity. *See* overweight

occupational therapist **15**, 23, 42,  
 44, 57, 59, 84, 99  
 (for driving) 92

occupational therapy (OT) **51**

one side  
 ignoring 30

operation 12, 18 *See also* surgery

outpatient 5, 19, 60

overweight 13

oxygen 9, 10

**P**

pain 11, 17, 42, 44, 66, 68, 72  
 expectations 53, 77  
*See also* shoulder pain



- paralysis 26, 27, 31, 72, 73
- pathways (of the brain) 9, 11
- patterns (interpreting) 30
- peer-group support 90
- perception 4, **29**, 36, 40, 51, 90
- perseverance 20, 33, 37, 48
- personality 4, 26, 27, 38  
change **36**
- pessimism 63
- physical control 40  
See also balance; clumsiness;  
coordination; movement;  
paralysis
- physiotherapist **14**, 22, 23, 40, 42, 44,  
51, 99
- physiotherapy 44, **50**, 51, 98
- plaque 10
- plasticity (of the brain) 11
- pneumonia 17, 41
- prescription drugs. See drugs  
See also medication
- pressure sores 17, **44**
- preventing stroke 12, 17, 100
- privacy 7, 42, 43, 63
- problems  
after stroke 28  
denying 26  
solving 26, 28, 41
- protests 86
- psychiatrist **14**, 67
- psychologist **14**
- R**
- radiologists **15**
- reaction **54**
- reading 27, **35**, 51  
difficulty with 30
- recognising  
caregiver limits 87  
emotions 38, 62, 67  
faces 26, 31  
needs 67, 70  
problem solving 38, 54, 69  
shapes/objects 26, 27, 31  
stress 63  
stroke symptoms 12, 36  
See also warning signs
- recovery (from stroke) 5, 6, 15, 19,  
21, 36, 38, 41, 48, 50, 51, 60, 68,  
78, 79, 80, 81, 86, 92
- starting a new life 61  
younger people 89  
See also rehabilitation
- recurrence (of stroke) 5
- rehabilitation 6, 11, 15, 18, 19, 48, 50,  
58, 60, 67, 68, 72, 74, 77, 80  
plan/programme 5, 14, 48, 56,  
61, 72  
social 76  
team 7, 20, 21, 37, 40, 48, 51, 57,  
58, 59, 60, 77  
See also therapy
- relationships 54, 70, 90, 100  
caregiver 86  
family/whanau 70  
friends 71, 72  
sexual 72  
workmates 8, 84  
relatives. See family/whanau
- relaxation 51, 64
- repeat 31, 33, 52  
actions 27
- research programmes 17
- respite care 86
- rest 7, 36, 48, 65, 72, 74, 75, 82,  
86
- rethome care 19, 58, 86
- restlessness 37, **66**
- right (side of the brain) 26, 29, 30,  
31, 33  
hemiplegia brochure 100  
left side of body 26
- risk of stroke 13, 94  
See also preventing stroke
- S**
- safety 15, 26, 28, 31, 51, 58
- salt (in diet) 13, 94, 96, 100
- sarcasm 26, 38
- scan 15  
(CT/MRI) 16
- schedule 31, 36, 63, 64, 72, 82, 83, 85  
See also timetable
- seizures 44
- self-centredness. See selfishness
- self-control (lack of) **37**
- self-image 67, **72**, 74  
See also body image
- selfishness 38, 60, 61
- sensation 41, 44, 72  
(loss of) 28, 44
- sensitivity 36 See also insensitivity
- seriousness (of stroke) 4, 7, 19, 22, 23,  
52
- severity 15, 19, 31
- sex 57, 61, **72**, 90  
drive 38, 67, 72  
inappropriate behaviour 38  
Intimacy After Stroke 72
- shapes (interpreting) 26, 27, 30, 31
- shock 4, 17, **53**
- shoulder pain 43, 44
- shoulder rest 84
- skin 11, 18, 42, 44
- sleeping 36, 44, 63, 66, 85  
caregiver 6, 65
- slow 27, 55, 56, 67, 68, 70, 74, 78, 84  
communication 33, 35
- smoking 4, 5, 13, 17, 63, 77, 94
- social/socialising 38, 41, 74, 77, 82,  
89-90  
awareness 38, 41  
behaviour 26, 27  
networking 7  
rehabilitation 67  
See also stroke club
- social worker 6, 7, **14**, 19, 20, 21, 56,  
58, 62, 89, 97, 99
- sounds (difficulty interpreting) 26
- spatial relationships 26, 31
- speech 22, 26, 27  
difficulty with **33**, 51, 72  
See also language
- speech-language 22, 51, 86
- speech-language therapist **14**, 41,  
51, 99  
spelling (difficulty with) 35  
spinal cord 12  
spokesperson (family) 7, 20  
strength 40, 77, 81, 87  
(loss of) 26, 27
- stress 56, **63**, 65, 67, 86  
Coping with Stress brochure  
100  
dealing with 63, 64, 67  
warning signs 63
- stroke club 67, 76, 79, 82, 87, 90, **93**,  
99
- Stroke Foundation 19, 21, 90, 97, **98**  
contact 6, 93  
Community Stroke Advisor 6,  
7, 19, 21, 56, 59, 62, 63, 68, 76, 79,  
84, 85, 86, 89, 90

subarachnoid haemorrhage 10

suicide (thinking of) 55, 67

support 15, 20, 23, 36, 44, 53, 58, 59, 60, 70, 71, 79, 89-90  
for caregiver 7, 89  
group 56, 79, 99  
*See also* stroke club

surgery 5, 17  
consent for 17

swallowing 15, 17, 26, 28, 41, 51, 87  
*See also* eating

swearing 33, 62

swimming 87, 89, 93

symbols (difficulty with) 30, 35

symptoms (of stroke) 12, 17, 44

**T**

Taking Charge After Stroke (TaCAS) 49, 109

talking 31, 33, 74  
about stroke 55, 67, 72  
excessive 26, 33  
to stroke patient 30  
*See also* speech

tears 23

teenager  
has a stroke 90  
parents have stroke 74

tests 16, 19

therapy 11, 18, 19, 20, 48, 50, 54, 57, 61, 66, 74, 77, 78, 82  
alternative 51  
by caregiver 85, 86, 87  
for children 89  
*See also* occupational therapy; physiotherapy; speech-language; rehabilitation

thinking 26, 38, 40, 51, 53, 63, 67, 70, 72  
difficulty with 15, 65

TIA 12

timetable 31, 57, **82**  
*See also* schedule

tired(ness) 7, 31, 40, 61, 63, **65**, 66, 67, 85, 86

toilet 40, 42, 57, 59, 61, 65, 74, 81

touch 22, 30, **31**

Transient Ischaemic Attack. *See* TIA

treatment 8, 14-15, **17**, 21  
initial 4, 5, 6, 17, 19

ongoing 16, 18 *See also* rehabilitation  
preventative 5, 13, 17

tumour 12

type (of stroke) 4, 9, 11, 16  
haemorrhagic 10  
*See also* haemorrhagic stroke  
ischaemic 10.  
*See also* ischaemic stroke

**U**

ulcer **44**

unconscious 4, 19, 22, 28, 36, 44

urinary problems 43  
*See also* bladder

**V**

vein 9, 17

violence 37

vision 26, 27, **39**

voice 33, 41

vomiting 28

**W**

walking 78, 87, 94

warning signs **12**, 68  
depression **67**  
stress **63**

weeping 36

weight 44, 67, 77, 94

whanau. *See* family/whanau

words 20, 29, 33, 34  
difficulty with 30, 33

Work and Income (WINZ) 97

work (employment) 8, 51, 72, 90  
loss of 76  
returning to **84**  
voluntary 84

worries 63

writing 27, 30, **35**, 51, 77

**X**

x-ray 15, 16

**Y**

young adult 90

# TAKING CHARGE AFTER STROKE

Taking Charge after Stroke (TaCAS) is a new service that the Stroke Foundation of New Zealand is delivering through its nationwide team of Community Stroke Advisors.

It was created in New Zealand and led by Dr Harry McNaughton and the Medical Research Institute of New Zealand (MRINZ) and has been designed to put the person who has had a stroke in the driver's seat of their recovery.

The 'Take Charge' programme is undertaken in the home and involves one or two hour-long sessions with a trained facilitator. The 'talking therapy' sessions encourage people recovering from stroke to focus on what, and who, is most important to them in order to best plan their own rehabilitation. Each participant, not the facilitator, lead their recovery process, offering autonomy, harnessing self-motivation, and supporting connectedness with others.

The TaCAS Study builds on significant findings from The Māori and Pacific Stroke Study (MaPSS), a landmark MRINZ trial published in 2012, co-led in New Zealand by Dr Matire Harwood and Dr McNaughton. In this unique world-first trial all participants, and the researchers who delivered the study interventions, were Māori and Pasifika.

The first three pages of Take Charge are included here to show you how it works. If you want further information, contact a Community Stroke Advisor.

The 'Take Charge' intervention booklet and training manual is available, free to download, from the MRINZ website ([www.mrinz.ac.nz/programmes/stroke](http://www.mrinz.ac.nz/programmes/stroke)), so that any rehabilitation service, or individual, can start using it immediately.

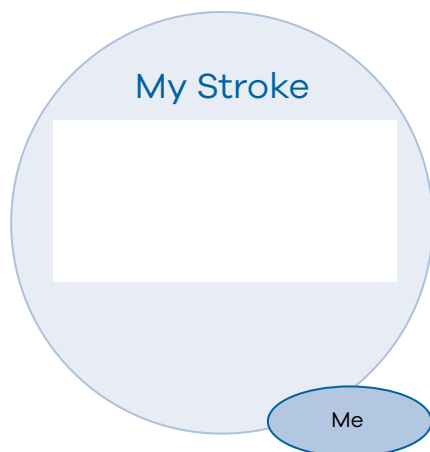
Authors: Harry McNaughton, Vivian Fu, Judith Riley.



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**For example:**

Weak, hard to talk, hard to walk, feel funny, tired, can't concentrate, lonely, sad, can't work, need help.



**For example:**

Mother, daughter, wife, choir member, helper, walker, gardener, grandma, teacher, friend, reader, joker, volunteer, strong, happy, energetic, warm, kind, gentle and lots more!



## Overall hopes, aims, aspirations for next 12 months



- 1.
- 2.
- 3.
- 4.



## Main fears

- 1.
- 2.
- 3.

## What would my 'Best Day' look like?



### Draw a picture of your best day here. Friends and family may also want to draw something.

For people who don't feel like drawing, an alternate strategy is to ask the person to close their eyes and visualise their best day and to describe it. (A support person or the facilitator might draw what is described or write a verbatim description.)

# NOTES

This book is an essential information resource for people with a stroke, their families and caregivers, and all who come in contact with the stroke community.

The causes, nature and effects of stroke are explained in simple language. Hospital procedures are described and the roles of health professionals outlined, with advice on who to approach for help and ongoing information.

Practical recommendations are given for reorganising the household to accommodate disability, planning for the future and adapting to living with a stroke in the long term.

