

Suffolk stroke early supported discharge service

Patient pack

We are a team of healthcare professionals offering rehabilitation to you, in you own home. We provide a short term, intensive service providing individual therapy programmes designed to meet your individual needs.



Your support team

Your key worker

.....

Your occupational therapist(s)

.....

Your physiotherapist(s)

.....

Your speech and language therapist(s)

.....

Your rehabilitation assistant(s)

.....

Other team members

.....

.....

This service is provided by West Suffolk NHS Foundation Trust, East Suffolk and North Essex NHS Foundation Trust, and Suffolk County Council, alongside voluntary sector partners.

Visit www.wsh.nhs.uk/esd for more details.

Your goals

It can help with your recovery to have goals to aim for. These should be simple, realistic, and personal to you.



I would like to achieve the following:

1.
2.
3.
4.
5.
6.
7.

Your signature

.....

Discussed and agreed with:

.....

Date

.....

Multi-disciplinary goals

These should be what we call SMART goals:

Specific

Measurable

Achievable

Relevant

Timebound

[illegible]

Multi-disciplinary goals

These should be what we call SMART goals:

Specific

Measurable

Achievable

Relevant

Timebound

[illegible]

Useful sources of information

Your support team will do their best to answer any questions you have. Our runs from 9am until 5pm, Monday to Friday. We do not provide a weekend, bank holiday or overnight service. You can call us on **0345 5045421** or email suffolkesd.referrals@nhs.net for advice.

You may also find the following organisations and the services they provide helpful.



Stroke Association

If you would like information about stroke, or sources of support available after a stroke, please contact the Association's helpline (usually open Monday, Thursday and Friday, 9am to 5pm; Tuesday and Wednesday 8am to 6pm; and Saturday 10am to 1pm) or view their website.

0303 303 3100 • www.stroke.org.uk

Headway (Ipswich & East Suffolk)

A charity supporting people with an acquired brain injury and those who care for them, offering advice, support, rehabilitation and support services to anyone (over the age of 16) who has, during their lifetime, sustained a brain injury through traumatic, stroke, virus, tumour, neurological conditions or other similar events.

Neuro hubs are based in Ipswich and Bury St Edmunds.

Ipswich hub: 01473 712225

Bury hub: 01284 702535

www.headwaysuffolk.org.uk

Different Strokes

A charity run by working age stroke survivors and their families, for the younger-aged stroke survivors. Empowering younger stroke survivors, their families and friends to reclaim their lives and ambitions through active support.

0345 130 7172 • www.differentstrokes.co.uk

British Red Cross

Provide short-term loans of equipment including wheelchairs, locations include:

15 Chevalier Street, Ipswich, IP1 2PF • 01473 219261

Unit 1 Wallis Court, James Carter Road, Mildenhall, IP28 7DD • 01638 712911

Unit C, 511 Coldhams Lane, Cambridge, CB1 3JS • 01223 868696
Woodfarm Lane, Beacon Park, Great Yarmouth, NR31 9AQ • 01493
663626

General enquiries: 0344 871 1111 • www.redcross.org.uk

Suffolk Family Carers

A registered charity, working with unpaid family carers across Suffolk.
The charity provides information, advice and guidance for those caring for
family members.

01473 835477 • www.suffolkfamilycarers.org

Suffolk Wellbeing Service

Provides a range of psychological interventions to help people with
common mental health problems and negative emotions such as low
mood, anxiety, depression or stress. Self-refer online or through your GP.

0300 123 1503 • www.wellbeingnands.co.uk/suffolk

Customer First

Customer First is the initial point of contact for social services in
Suffolk, with trained staff who can advise on services within Suffolk
including carer need, support for carers, as well as offering advice and a
'signposting' service of who else to contact that may be able to help.

www.suffolk.gov.uk/care-and-support-for-adults

The council encourages people to contact them via their website for the
fastest response. If you cannot do this, you can telephone 0800 917
1109.

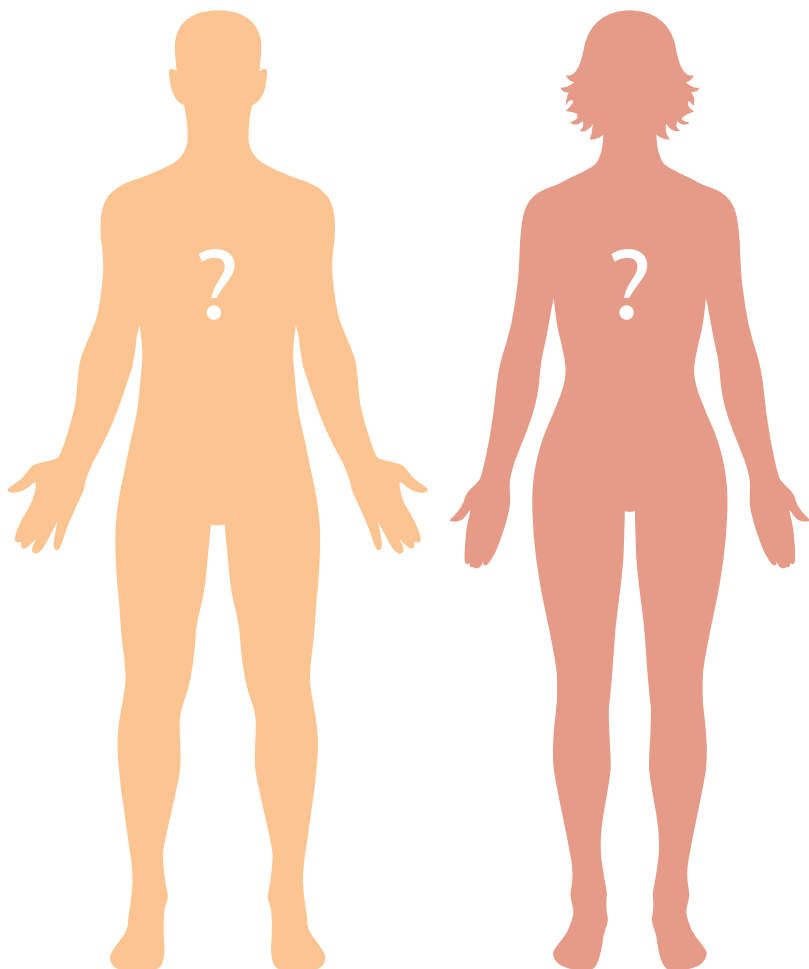
How to reduce your risk of a **stroke**

Active steps everyone can take



Stroke and you

How much do you know about your risk of a stroke?



I'm too young to think about stroke

A quarter of all strokes happen to people aged 18-65 who may feel fit and healthy. For some easy ways to discover your own risk of a stroke, see **page 5**.

I'm older or have some health problems

It is never too late to take steps to reduce your risk of a stroke, like being more active, eating healthily, and treating your health problems. To find out more, see **page 9**.

I have high blood pressure

High blood pressure is a factor in up to half of all strokes. For more information, see **page 22**.

I'm a smoker

Stopping smoking is one of the best things you can do for your health. For help with quitting, see **page 10**.

I could do with losing weight

Being overweight or obese means you are more likely to have a stroke. For more information and healthy living ideas, see **page 11**.

I've had a stroke or a TIA (transient ischaemic attack or mini-stroke)

If you've already had a stroke or TIA, you are at higher risk. This guide includes handy tips that can help you reduce your risk of another stroke, and how to get more help and support so you don't feel alone. To find out more, see **page 21**.



Anyone can have a stroke, at any age.
To find out more about your individual
stroke risk, visit your GP or pharmacist.

Your risk of a stroke

When doctors use the word risk, they mean your chances of having an illness. Everyone has a different risk of having a stroke, which depends on the unique factors that belong to them.

Risk factors can be anything about you and your lifestyle, like your age, a health problem, or whether you drink or smoke.

If you have had a stroke or TIA (mini-stroke), you are at higher risk of having a stroke in the future. You will have advice from professionals about treating any medical conditions that could have led to your first stroke or TIA, such as high blood pressure. For more information, see **page 21**.



Turn to **page 9** for healthy lifestyle choices everyone can try!

The main risk factors for stroke

Age

As you get older, your arteries naturally become harder, making them more likely to become blocked. You can take active steps to reduce your stroke risk at any age, so have a look at our healthy living tips on **page 9**.

Health problems

Some health problems raise your risk of a stroke. These include:

- High blood pressure.
- Atrial fibrillation (irregular heartbeat).
- Diabetes and pre-diabetes.
- High cholesterol.

Lifestyle

Stroke risk can be increased by things we do in everyday life, including:

- Smoking.
- Being overweight.
- Drinking too much alcohol.
- Not getting much exercise.
- Eating unhealthy food.

Family history

Strokes can run in families, so speak to your GP or nurse if you have a family history of stroke. You may need some tests and health checks, and advice on reducing your risk.

Ethnicity

Strokes happen more often to people from African or Caribbean families, as well as people from South Asian countries such as India, Pakistan and Bangladesh. If you are from one of these groups, you are more likely to have some risk factors for stroke such as diabetes and high blood pressure. Take a look at our information about these health conditions on **page 21**.



People from African-Caribbean or Asian ethnic groups should aim for a BMI of 23. See **page 11**.



Actively reduce your risk

You can help to reduce your risk of a stroke by making some healthy lifestyle choices. Whether it's your diet, activity levels, smoking or drinking, it's never too late to make a change.



Get individual advice

Remember, this guide can only give general information. You should always get individual advice about your own health and any treatment you may need from a medical professional such as a GP or pharmacist.

Visit the NHS One You website for information on healthy living [nhs.uk/oneyou](https://www.nhs.uk/oneyou)



Cut down on alcohol

Regularly drinking too much alcohol raises your risk of a stroke. In the UK, the government advises that to keep health risks low, it's best to drink no more than 14 units a week, and to spread the units over the week. The limit is the same for men and women.

For tips on knowing your limits, or if you are worried about your drinking, visit [drinkaware.co.uk](https://www.drinkaware.co.uk).



Stop smoking

Smoking doubles your risk of dying from a stroke. But the minute you quit, your risk of a stroke starts to drop right away. Stopping smoking could be one of the best things you ever do for your health, and there is lots of help available.

To find your local stop-smoking services, look online. You can also call these free helplines: England: **0300 123 1044**, Scotland **0800 84 84 84**, Wales **0800 085 2219**. In Northern Ireland visit **want2stop.info**.

Local stop-smoking services can offer products like nicotine gum and tablets to reduce cravings. Using e-cigarettes, or vaping, is a popular way of reducing smoking. E-cigarettes are not available on prescription but they might be helpful as part of your stop-smoking plan.



Shisha pipes pass tobacco smoke through water, but they are not harmless. During a shisha session, a smoker inhales around 100 cigarettes-worth of smoke.



Being physically active reduces your risk of a stroke – and you don't have to join a gym! See **page 18**.



Reduce your waist size

Being overweight makes you over 20% more likely to have a stroke, and your risk goes up with your weight. Being obese puts your risk of a stroke up by 64%. Extra weight affects your body in many ways, such as raising the risk of high blood pressure and type 2 diabetes, which are both linked to stroke.

If your waist is larger than 94cm (37 inches) in men, or 80cm (31.5 inches) in women you could be overweight.

BMI, or body mass index, shows whether you are the right weight for your height. Your BMI should be below 25, although people from African/Caribbean and South Asian ethnic groups should aim for a lower BMI of 23. This is because people in these groups are more likely to have conditions like diabetes and high blood pressure.

If you are advised to lose some weight or you want to make some healthy lifestyle changes, you don't have to do it alone. There are some great resources online such as NHS One You and apps for stopping smoking. Your local pharmacist may be able to help. Your family and friends could give support by encouraging you, or joining in with your healthy eating and exercise plans.



Look for the online BMI calculator and the NHS Weight Loss Plan on nhs.uk/loseweight.



Eat healthily

There are no secrets to a healthy balanced diet, just a few basic diet guidelines to remember.

Practical support for healthy eating

Shopping and cooking can sometimes be difficult if you have a disability or you're living on a low income. If you are having financial difficulties after a stroke, see our guide 'Benefits and financial assistance'. If you need more support with a disability after a stroke, call our Helpline on **0303 3033 100**.



Tip: For information on spotting hidden sugars, salt and fat, plus healthy recipe ideas, visit change4life.co.uk.

1. Reduce salt

Eating too much salt can raise your blood pressure, which is a major risk for stroke.

We all need a small amount of salt, but the most salt we should have in a day is about a teaspoon (6g).

In your cooking, you can reduce the amount of salt you use in dishes. Try adding spices to boost flavour instead.

A lot of the salt we eat is hidden in everyday foods, including bread, cereal and processed meats like ham. Ready meals and takeaways are often high in salt too.

2. Reduce your sugar

Having too much sugar can make you gain weight, which increases your risk of stroke and type 2 diabetes.

You should aim to eat no more than seven sugar cubes-worth (30g) of sugar per day. It's not very much when you know that a can of fizzy drink can have more than nine cubes of sugar.

Just like salt, a lot of sugar is hidden in common foods. And it's not only sweet food – savoury foods like baked beans and tomato ketchup can be very high in sugar.

Hidden sugars in one serving of some everyday foods

 One sugar cube = 4g sugar



**Baked
beans**



Cola drink



**Pasta
sauce**



Muesli



3. Eat less fat

Having a low-fat diet can help with losing weight, which reduces your risk of a stroke.

You can help to reduce your cholesterol by eating less saturated fat and replacing it with a small amount of unsaturated fat. But if you have high cholesterol you may need medication, so visit your GP.

Saturated fat is often a solid fat, such as butter. You'll find it in foods like cheese, cakes, fatty meat and sausages, as well as coconut oil and palm oil.

Unsaturated fat is often an oil, such as olive oil or groundnut oil. It's also in oily fish like salmon and sardines, and other foods like peanut butter, avocados, nuts and seeds.

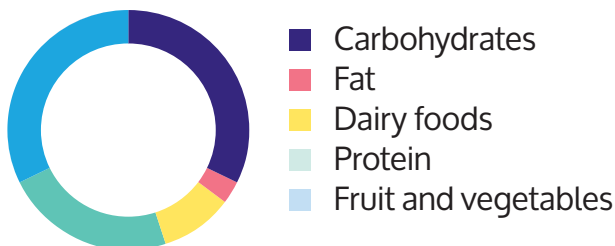
For cooking, try replacing saturated (hard) fats like butter and coconut oil with small amounts of olive oil or groundnut oil.

4. Boost your fibre

Going for foods with lots of fibre can help with weight loss, diabetes and heart health, which can reduce your stroke risk. Eating plenty of vegetables and fruit is a great way to get more fibre. Choose whole grains in foods like bread, pasta and rice. Eat the peel on things like potatoes and apples. Oats, nuts and seeds can also boost your daily fibre intake.

5. Balance your diet

Across the day, try to eat something from each of the food groups below. Home-made food is often the best option because you know it's made with fresh ingredients, and it has much less fat, salt or sugar than ready-made food.



Fruit and vegetables: aim for five a day. Remember that tinned and frozen fruit and veg count. Go for a colourful variety of vegetables on your plate. These can make up about a third of your food each day.

Carbohydrates like potatoes, rice, bread and pasta can make up about a third of what you eat.

Protein comes from lean meat, fish and eggs. Non-animal protein could be dried beans, lentils and nuts.

Dairy foods like milk, cheese and yoghurt provide calcium, to help keep bones strong. Try choosing lower-fat varieties.

Fat contains the most calories per gram so you need very little. Try to use unsaturated fats like olive oil instead of solid fats like butter and coconut oil.





Be as active as you can

Being physically active can help to reduce your risk of a stroke. Moving around can also help your emotional wellbeing by releasing chemicals into your brain that make you feel better.

If you are able to increase your levels of physical activity, it can make a difference to your health and wellbeing. For some people, staying active could mean walking around the room, and for others it means joining a fitness class or doing some gardening.

Don't forget, the Stroke Association offers a very successful series of fundraising runs, walks and bike rides. If you're able to walk, run or cycle, why not make one of our fun events a goal for yourself?



Swallowing difficulties after a stroke

If you have trouble swallowing after a stroke, you should have support from a dietitian or speech and language therapist to help you eat safely. A dietitian can advise on making safe and tasty food, and taking part in family meals. For more information see our guide 'Dealing with swallowing problems'.

Illegal drug use

People may use illegal drugs without knowing about the risk of stroke. Drugs such as cocaine can raise the risk of a stroke in the days after using them. Others, like cannabis, heroin and khat, are also linked with an increased risk and higher death rate from stroke.

More help and information

The drugs advice organisation FRANK provides information and confidential advice about drugs to users, their friends and family. Visit **talktofrank.com** or call **03001 236 600**. Our Stroke Helpline can also advise you on ways to get help.



Having an active, healthy lifestyle and treating your medical problems can also help reduce your risk of heart disease, dementia and cancer.



Treat your health conditions

If you have a health condition linked to stroke, sticking to your treatment can help you reduce your risk. If you have had a stroke or TIA, one of the best ways to reduce your risk of another stroke is to follow the treatment for your health conditions advised by doctors.

How to get your health checked

All the health conditions listed here can happen to you at any age. So even if you feel in good health, get a regular health check.

In England, people aged 40-74 can have the NHS Health Check, which looks for early signs of health problems including stroke risk.

If you're worried about your health, go to your nurse or GP. A local pharmacist can also give advice and do some health checks.

High blood pressure

High blood pressure plays a part in half of all strokes so it's the biggest single risk factor for stroke.

What is it?

Your heart pumps blood through your blood vessels. When the blood presses too hard against the walls of the blood vessels, this is known as high blood pressure. It's also called hypertension.

Why is it a risk?

High blood pressure can lead to clots forming, or cause bleeding in the brain. High blood pressure can also increase the risk of heart attacks, dementia and kidney failure.

How do I know I have it?

It usually has no symptoms, so get your blood pressure checked regularly. You can get this done at your GP surgery or pharmacy. Blood pressure monitors are also available to buy. To find a local Stroke Association Know Your Blood Pressure event for a free and easy blood pressure check, visit stroke.org.uk/kybp.

What can I do about it?

If you are diagnosed with high blood pressure, making some healthy lifestyle changes can help, and you may need some medication. If you are advised to take tablets it is very important to take them regularly.

Know your blood pressure

Take action, prevent stroke

Helpline: 0303 3033 100
stroke.org.uk



Atrial fibrillation (AF)

If you have untreated atrial fibrillation (AF), your risk of a stroke is up to five times higher, and a stroke can be more severe if you have AF .

What is it?

In AF your heartbeat is irregular and may be abnormally fast.

Why is it a risk?

The heart might not empty itself of blood at each beat, and a clot can form in the blood left behind. The clot can travel to the brain and cause a stroke.

How do I know I have it?

You might feel your heart racing, but most people don't get any symptoms. A GP or nurse can check you and send you for further tests.

What can I do about it?

If you have AF and your GP or nurse finds that your stroke risk score is high, you will be given an anticoagulant drug to reduce your risk of a stroke. It's important to keep taking the anticoagulants to keep your stroke risk lowered.



Not sure how to get your health checked?
See [page 21](#).

Diabetes

Having diabetes almost doubles your risk of a stroke.

What is it?

Diabetes means that your body can't take the sugar out of your blood properly.

Why is it a risk?

Too much sugar in your blood can lead to damage to the blood vessels and nerves. This increases the risk of having a stroke. It can also lead to heart attacks, vision loss and kidney problems.

How do I know I have it?

You might not have any symptoms, but diabetes can make you need to wee more often, and feel very tired and thirsty. A blood test can confirm if you have diabetes or pre-diabetes. For more information about the symptoms of type 1 and type 2 diabetes, visit [nhs.uk/diabetes](https://www.nhs.uk/diabetes).

What can I do about it?

People with type 1 diabetes generally need insulin treatment. Some people with type 2 diabetes only need to make changes to their diet, while others need drugs or insulin treatment. Treating your diabetes and making healthy lifestyle choices, such as losing weight if you need to, can help you reduce your risk of a stroke.



High cholesterol

High cholesterol doesn't usually have any symptoms, but it's a major risk factor for stroke.

What is it?

Cholesterol is a vital substance in our bodies, but if there is too much cholesterol in your blood it can cause heart disease and stroke.

Why is it a risk?

Excess cholesterol in your blood can make the blood vessels clogged up and narrowed (atherosclerosis). It can lead to a clot forming and causing a stroke.

How do I know I have it?

A blood test from your GP or pharmacist.

What can I do about it?

Your cholesterol result can be used to calculate your risk of having a stroke. If your risk is high, you can try making lifestyle changes such as losing weight, being more active and eating healthily.

Drugs called statins are often given for high cholesterol, and have been shown to reduce the chances of a stroke.

Some people are born with high cholesterol. This is an inherited condition called familial hypercholesterolaemia. It can lead to people dying in their 20s or 30s, so it's vital to get tested if you know of early deaths from heart disease or stroke in your family. It can be treated with cholesterol-lowering drugs.

Other health conditions linked to stroke

Sickle cell disease (SCD)

A quarter of people with sickle cell disease (SCD) have a stroke before the age of 45. SCD mainly affects people of African, African-Caribbean, Asian and Mediterranean heritage. It raises the risk of a stroke because the red blood cells change shape, making them more likely to form clots.

In the UK, SCD is usually diagnosed during pregnancy or soon after birth with a blood test. The main treatment to reduce the risk of a stroke is regular blood transfusions. For information and support on SCD contact the Sickle Cell Society sicklecellsociety.org.

Stress, anxiety and depression

You can be at higher risk of stroke if you experience stress, anxiety or depression. It's not known why this is, but one reason could be that it's harder to look after your health if you are depressed or under a lot of pressure. Try to find support for any emotional problems from friends or professionals, and think about healthy lifestyle choices that could help your wellbeing.

Obstructive sleep apnoea (OSA)

A sleep disorder called obstructive sleep apnoea (OSA) is linked to stroke. OSA interrupts your breathing during sleep. Some people with OSA snore, but not all. You might wake up a lot at night, and feel very sleepy in the daytime. Speak to your GP if you think you have OSA.

Women's contraception and hormone treatment

Some oral contraceptives and hormone replacement therapy (HRT) can cause a higher risk of stroke in women. Your doctor should assess your stroke risk before giving you these treatments. If you have high blood pressure, get migraines or have had a previous blood clot or stroke, you may not be eligible.

Smoking, being overweight, or over 35 years old, can also increase your risk of having a stroke while taking the pill or HRT.

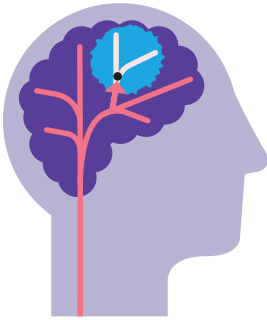
Overall, the risk of stroke from contraception or HRT is low, so if you are worried, don't stop any treatment until you can talk to your GP or nurse. Ask them about your own risk, and the best contraception or hormone treatment for you.



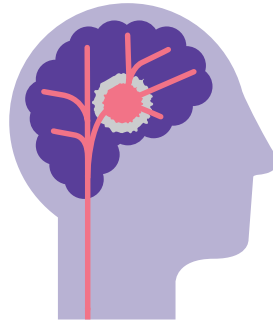
About stroke

A stroke is a brain attack. It happens when the blood supply to part of the brain is cut off, killing brain cells. Damage to the brain can affect how the body works. It can also change how you think and feel.

There are two main types of stroke



1. Ischaemic:
due to a blocked blood vessel in the brain.



2. Haemorrhagic:
due to bleeding in or around the brain.

Ischaemic stroke is often referred to as a clot.
Haemorrhagic stroke is often called a bleed.

Spotting the signs of a stroke

It's important to know how to spot the common signs of a stroke in yourself or someone else. Using the FAST test is the best way to do this.

FAST Test

F

Face

Can the person smile?
Has their face fallen on one side?



A

Arms

Can the person raise both arms
and keep them there?



S

Speech problems

Can the person speak clearly
and understand what you say?
Is their speech slurred?



T

Time

If you see any of these three
signs, it's time to call **999**.



The FAST test helps to spot the three most common symptoms of stroke. But there are other signs that you should always take seriously. These include:

- sudden weakness or numbness on one side of the body, including legs, hands or feet
- difficulty finding words or speaking in clear sentences
- sudden blurred vision or loss of sight in one or both eyes
- sudden memory loss or confusion, and dizziness or a sudden fall.
- a sudden, severe headache.

Stroke can happen to anyone, at any age. Every second counts. If you spot any of these signs of a stroke, don't wait. Call **999** straight away.

TIA, or transient ischaemic attack

A TIA (sometimes known as a mini-stroke) is the same as a stroke, except that symptoms last for a short amount of time. There is no way of knowing whether someone is having a TIA or a full stroke when the symptoms first start, so do not wait. Call **999** straight away.

Treating a stroke emergency

When someone has a suspected stroke, they should be taken to a specialist stroke unit in a hospital by ambulance. It's vital to get stroke treatment as soon as possible. Clot-busting and clot-removal treatments need to be given within a few hours of the stroke, so if you suspect a stroke, call **999** straight away.

Where to get help and information

Our Stroke Helpline is for anyone affected by a stroke, including family, friends and carers. The Helpline can give you information and support on any aspect of stroke.

Call us on **0303 3033 100**, from a textphone **18001 0303 3033 100** or email **helpline@stroke.org.uk**.

Read our information

Find out more about stroke and how to reduce your risk at **stroke.org.uk**.

Talk to others affected by stroke

There may be a stroke group in your local area where you can meet other stroke survivors. Find your local group at **stroke.org.uk/support** or call our Helpline.

My Stroke Guide

The Stroke Association's online tool My Stroke Guide gives you free access to trusted advice, information and support 24/7. My Stroke Guide connects you to our online community, to find out how others manage their recovery.

Log on to **mystrokeguide.com** today.

About our information

We want to provide the best information for people affected by stroke. That's why we ask stroke survivors and their families, as well as medical experts, to help us put our publications together.



How did we do?

To tell us what you think of this guide, or to request a list of the sources we used to create it, email us at **feedback@stroke.org.uk**.



Accessible formats

Visit our website if you need this information in audio, large print or braille.



Always get individual advice

Please be aware that this information is not intended as a substitute for specialist professional advice tailored to your situation. We strive to ensure that the content we provide is accurate and up-to-date, but information can change over time. So far as is permitted by law, the Stroke Association does not accept any liability in relation to the use of the information in this publication, or any third-party information or websites included or referred to.

When stroke strikes, part of your brain shuts down. And so does a part of you. Life changes instantly and recovery is tough. But the brain can adapt. Our specialist support, research and campaigning are only possible with the courage and determination of the stroke community. With more donations and support from you, we can rebuild even more lives.

Donate or find out more at **stroke.org.uk**

Contact us

We're here for you. Contact us for expert information and support by phone, email and online.

Stroke Helpline: **0303 3033 100**

From a textphone: **18001 0303 3033 100**

Email: **helpline@stroke.org.uk**

Website: **stroke.org.uk**

Rebuilding lives after stroke



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Patient information awards
Highly commended

The Stroke Association is registered as a charity in England and Wales (No 211015) and in Scotland (SC037789). Also registered in the Isle of Man (No. 945) and Jersey (No. 221), and operating as a charity in Northern Ireland.

Emotional changes after a stroke

Stroke Helpline: 0303 3033 100
or email: helpline@stroke.org.uk

Most people who have had a stroke will experience some kind of emotional change afterwards.

In this guide we talk about some of the most common emotional changes people experience after a stroke, why they happen and what you can do about them.

It's aimed at people who have had a stroke but there is information for family and friends as well.

We have information on all aspects of stroke. If you have a question that is not answered in this guide, visit **stroke.org.uk** or call our Stroke Helpline on **0303 3033 100**.



If you're looking for more information on this topic you may want to take a look at our 'Complete guide to emotional changes after stroke'. Go to **stroke.org.uk/publications** to find it.

What's in this guide?

Why do I feel different?	4
What kind of problems can this cause?	6
Anxiety	6
Frustration and anger	6
Difficulty controlling your mood and emotions	7
Depression	8
Will it get better?	9
What can I do about the way I feel?	10
Where to get help and information	19
Tips for family and friends	21
About our information	23

Why do I feel different?



A stroke is a sudden and shocking event that can affect every part of your life. It's a lot to deal with, not just for you but for everyone around you too.

Everyone's experience of stroke is different, but for many people it feels like they've lost the life they had before.

Feelings of shock, denial, anger, grief and guilt are normal when you're faced with such a devastating change. Dealing with these feelings can be hard and everyone does it differently. What can make it harder is that the people around you may not realise what you're going through.

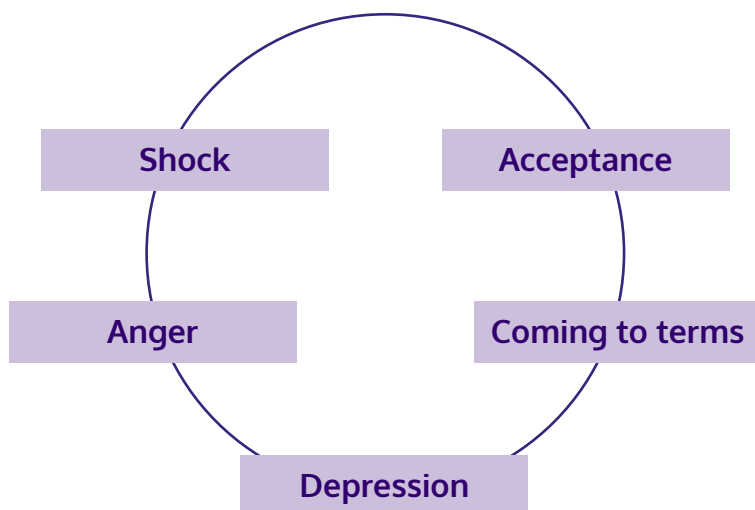
"If I had a penny for the amount of times people say 'you don't look like you've had a stroke.' On the plus side it must mean I look well but the downside is people don't have a clue what I'm going through daily."

John-Lee

Often people don't want to admit how they're feeling after a stroke and put on a brave face. But if you don't acknowledge the way you're feeling and find things that can help you deal with it, these emotions can become overwhelming and lead to problems like depression or anxiety.

The stages of loss

This diagram gives an idea of the emotional stages you might go through after a stroke. It isn't the same for everyone, however, and the stages can happen in a different order or not at all.



What kinds of problems can this cause?



Anxiety

It's normal to feel anxious after a stroke – you may worry that you're going to have another one, or be frightened about getting around on your own. You may also be worried about money or your family. These fears are all perfectly normal and you should feel less anxious about them over time.

If you're becoming anxious about a wide range of things, or if you can't tell what you're feeling anxious about, then you should speak to someone about it. It can affect your recovery if you're always anxious, so make sure you get some help.



Frustration and anger

So many things change after a stroke, and so quickly, that it can be hard to accept. Feeling angry or frustrated about this is normal and you're going to feel this way from time to time.

But if you don't deal with these feelings properly, they can build up and affect your mood and the way you behave towards other people. It can also affect your health and recovery if you're angry all the time.



Difficulty controlling your mood and emotions

A stroke can affect your ability to control your mood and emotions. This is called emotionalism or emotional lability.

It can mean that your mood changes very quickly, sometimes for no reason at all. It can also mean that you're more emotional than you used to be and you cry or laugh at even the smallest things. Some people start to swear, when they didn't before.

It can be upsetting, especially if you weren't an emotional person before your stroke. Some people say they feel embarrassed, so they stop going out or try to avoid social situations.



Depression

It's normal to feel down or sad after a stroke. But depression is when feelings of hopelessness and sadness don't go away.

They last for weeks or even months, and if they do go away they may come back. Because of this, they can begin to affect your sleep, appetite, daily activities and interest in life. This can also make it harder to feel motivated about your therapy or treatments, which can affect your recovery.

Depression can appear at any point, perhaps months or even years down the line. But if you know the signs and understand that the way you're feeling may be down to depression, it can help you realise that you need some support .



Severe depression is very serious. It can make you feel that you want to give up on life and you may think about harming or killing yourself.

If you've had feelings or thoughts like this, then you need to speak to your GP straight away and get some support.

Will it get better?



When emotions are overwhelming it can be easy to think that they'll never get better. But they do.

Feeling low, anxious or angry, or not being able to control your emotions are all very common after a stroke, especially in the first few months. However, this will probably get better as time goes by.

Even if these feelings never completely go away, you'll probably find them easier to live with over time. And remember, you're not on your own. There are lots of people who can help you.

"Support isn't always offered, but it is out there, so ask. You need to get all the help you can."

Jocelyn

What can I do about the way I feel?

1

Get some help

There's a lot to cope with when you've had a stroke, so don't be afraid to ask for some help and talk to others about the way you feel.

If you're worried about the way you're feeling, or you think you may be experiencing some of the problems we've described, then you need to speak to your GP about it. They will be able to tell you about the support that's available.

It can be easy for people, including health professionals, to forget that there are effects of stroke you can't see. Sometimes they can miss emotional problems or don't take them seriously. So don't wait to be asked about them and keep trying to get the support you need.

If you don't think you're getting the right help from your GP or stroke team, then contact our Stroke Helpline.



How your GP can help

There are a number of treatments and therapies that can help with your emotions after a stroke.

Depending on the problems you're having, it may be good for you to talk to someone who specialises in mental health, such as a psychologist or counsellor. Your GP may be able to refer you to one.

Your GP may also recommend a talking therapy to you. Talking therapies give you time and space to talk about difficult feelings with a trained therapist. This can help you deal with specific problems or develop ways of coping with your thoughts and feelings.

Therapists can work with you one-to-one, or jointly with your partner or other family members. Group therapy sessions may be another option.

The availability of talking therapies through the NHS can vary a lot from area to area. Your GP can offer advice about your options, including choosing a private therapist if you can afford it.

There may also be medication that can help you with your emotions. Antidepressants are drugs that affect the chemicals in your brain and lift your mood.

Antidepressants don't cure emotional problems, but they can help with the symptoms and make life feel easier. They don't work for everyone and can also have side effects.

There are many different types of antidepressants, and it can take a bit of time to find the right one at the right dose. So if it's something you decide to try, you'll need to work with your GP to find what's best for you

2

Talk to someone about it

Talking about the way you're feeling with someone who understands can really help. You may want to do this with a counsellor or therapist or it could be a family member or friend – whoever you feel most comfortable approaching.

Many people also find support groups helpful, because you can talk about your problems with people who are going through the same thing. Stroke clubs and groups are a good way to meet other stroke survivors and get advice and support on the effects of stroke.

"I wasn't able to cope with it all on my own. Talking to my doctor and getting some counselling was the best thing I ever did."

Craig

A stroke can make you feel that you're not in control any more. But talking to the right people and finding answers to your questions will help you feel more in control.

The fear of having another stroke can cause a lot of worry, so talk to your GP. Find out what they think caused your stroke and what you can do to reduce the risk of it happening again. Don't be afraid to ask questions. It's important that you understand what's happened and why.

If you're worried about not being able to go back to work, speak to your employer or Jobcentre Plus about how you can be helped back into the workplace. Finding out what financial support you can get may also help to ease your fears. Speak to your social worker if you have one, or call our Stroke Helpline.



Communication problems can make it difficult to ask questions, but your speech and language therapist can help you talk to other members of your stroke team to get the information you need.

3

Take it easy on yourself

Many people find that they have to learn what's 'normal' for them again after they've had a stroke. This means listening to your body and your brain, and not expecting yourself to do too much at once, at least not to begin with.

There's no need to be embarrassed about the way you're feeling – there's a lot to cope with. Be honest about the problems you're having. Often people just want to know how they can help, so they'll appreciate it if you tell them.

Don't be afraid to ask for support when you need it, especially if you're having problems with emotionalism. Your family and friends may not be able to tell when you are genuinely upset and when you're not, so make sure you let them know.

"Accept that you're going to have bad days and don't push yourself too hard when you do. Take each day as it comes."

Michelle

4

Keep going

Many people feel that they lose their sense of purpose after a stroke. This can really affect your confidence and make you feel down. That's why it's important to stay connected to the people and things in your life as much as possible. This can be hard, as you may not be able to do everything that you did before. But there will be things that you can do, so focus on these

Set yourself small goals to work towards, one step at a time. Keep track of the progress you make, as it can be easy to forget, especially if things don't happen as quickly as you'd like.

It can be particularly hard if you worked or were involved in lots of things before your stroke. But you need to remember that there are still opportunities out there, you may just need to find other ways to use your skills and talents. Many people find that volunteering, taking part in research, or finding new interests help them to feel useful again after their stroke.

5

Get it out

Writing things down can help you deal with negative thoughts and feelings. Many people find that keeping a journal helps them – it doesn't have to be written, you could keep a video journal instead. Things like art, music, photography or poetry can give you a way of expressing your feelings as well.

If you're becoming frustrated or angry you need to find ways to release the tension you're feeling. That way you can focus your energy on more positive things, like getting better. Doing something physical can help you let off some steam, like going for a brisk walk if you can, or some other kind of exercise.



Many people find that relaxation or meditation helps them to calm down when their feelings get too much. There are plenty of books, CDs, websites and courses that can teach you about relaxation and meditation. Try asking your local library, a specialist stroke nurse or a member of a stroke group for recommendations.

6

Try to be as active as you can

Although you may not feel up to it, it's important to be as active as you can. When we're active it releases chemicals into our brain that make us feel happier. Just a brisk walk or a bit of gardening can have a good effect – whatever you can manage.

If you're not able to get up and about, practising your physiotherapy exercises will help. Or you could try some chair-based exercises. Your physiotherapist will be able to show you some.



Yoga and tai-chi involve gentle exercises and relaxation. So why not give them a go? Even if you have problems with moving around or with balance, many of the movements can be adapted. Speak to a local instructor.

Where to get help and information



Talk to us

Our Stroke Helpline is for anyone affected by a stroke, including family, friends and carers. The Helpline can give you information and support on any aspect of stroke. Call us on **0303 3033 100**, from a textphone **18001 0303 3033 100** or email **helpline@stroke.org.uk**.



My Stroke Guide

My Stroke Guide is the stroke support tool and online community from the Stroke Association. Log on at **mystrokeguide.com**.



Talk to others affected by stroke

There may be a stroke group in your local area where you can meet other stroke survivors. You can meet people on our My Stroke Guide online chat forum at **mystrokeguide.com**, and our Facebook page **Facebook.com/TheStrokeAssociation**.

Call our Helpline or visit **stroke.org.uk/support** for more information on stroke groups and other face-to-face support.

Other sources of help and information

The following organisations can provide information, advice and support. Contact our Stroke Helpline if you'd like to know about others in your area.

MIND/MIND Cymru (England and Wales)

Website: mind.org.uk

Infoline: 0300 123 3393

Email: info@mind.org.uk

Niamh Wellbeing (Northern Ireland Association for Mental Health)

Website: niamhwellbeing.org

Tel: 028 9032 8474

Samaritans

Website: samaritans.org

Tel: 08457 90 90 90

Email: jo@samaritans.org

Offer confidential, non-judgemental emotional support over the phone. They are open 24 hours a day, 365 days a year.

Scottish Association for Mental Health

Website: samh.org.uk

Tel: 0800 917 3466

Email: info@samh.org.uk

Tips for family and friends

It can be difficult to know how to help someone with their emotions after a stroke. So here are some suggestions.



Talk to each other

Sometimes it's hard for people to talk about their feelings, even with someone close. So let them know that you're willing to listen and ask them what you can do to help. Sometimes there won't be anything you can do, which can be hard. But just being there for them and encouraging them to seek help if they need to, is often all it takes.



Spend some time with them

Coping with the effects of stroke can make people feel very lonely. So simply spending some time with your friend or family member can really help. You may not have time to visit them as often as you'd like, but even a short phone call will show them that you're thinking about them.



Be patient

It takes time for things to improve, so you'll need to be patient. This isn't always easy, especially when you're coming to terms with everything that's happened too.



Don't do everything

It's normal to want to do as much as possible for someone you love. But it will be better for your friend or family member if you help them to do things on their own rather than do all it for them. So encourage them to give things a go. Although they may not think they'll be able to, more often than not they'll be pleasantly surprised.



Help them stay active

Being active helps to lift our mood, so encourage your friend or family member to do whatever they can. It will help if you do it together. Even if they can't get up and about, there may be chair-based exercises they can do and they're likely to have exercises to practice if they're having physiotherapy.



Look after yourself

It's important to make sure you're looking after yourself and that you have someone to go to for support. It's often easy to put your own needs last, but it is important to rest or get some help if you are feeling tired or stressed, so you are still able to care for someone else

About our information

We want to provide the best information for people affected by stroke. That's why we ask stroke survivors and their families, as well as medical experts, to help us put our publications together.



How did we do?

To tell us what you think of this guide, or to request a list of the sources we used to create it, email us at **feedback@stroke.org.uk**.



Accessible formats

Visit our website if you need this information in audio, large print or braille.



Always get individual advice

This guide contains general information about stroke. But if you have a problem, you should get individual advice from a professional such as a GP or pharmacist. Our Helpline can also help you find support. We work very hard to give you the latest facts, but some things change. We don't control the information provided by other organisations or websites.

When stroke strikes, part of your brain shuts down. And so does a part of you. Life changes instantly and recovery is tough. But the brain can adapt. Our specialist support, research and campaigning are only possible with the courage and determination of the stroke community. With more donations and support from you, we can rebuild even more lives.

Donate or find out more at **stroke.org.uk**

Contact us

We're here for you. Contact us for expert information and support by phone, email and online.

Stroke Helpline: **0303 3033 100**

From a textphone: **18001 0303 3033 100**

Email: **helpline@stroke.org.uk**

Website: **stroke.org.uk**

Rebuilding lives after stroke



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Stroke: a carer's guide

Stroke Helpline: 0303 3033 100
or email: helpline@stroke.org.uk

When someone close to you has had a stroke, they may need help and support after they return home from hospital. This guide outlines some ways you can support a stroke survivor, and explains what help and support is available for carers.

What is a carer?

A carer is someone who provides unpaid support to family or friends who could not manage without this support. Around one in eight adults in the UK are carers. Often people do not choose to become carers, it just happens. Many people feel that they are doing what anyone else would do in the same situation.

Being a carer can be a kind, admirable and selfless act. At times though, it can be challenging, and carers sometimes feel overwhelmed, exhausted and isolated. Taking on caring responsibilities can also affect your finances. If you are about to start caring for someone after a stroke it is vital that you have the right information and support to help you both.

Coping in the early days

Stroke is a sudden and serious condition and can come as a shock. Suddenly seeing a loved one unwell can be very upsetting. You might not understand what has happened or may find it difficult to know how to support them.

It is natural to feel overwhelmed, but as you come to terms with what has happened, you might want to know how you can help. Here are some ideas.

- Start by talking to the medical team. Ask them to explain what has happened and clarify anything you do not understand.
- While your loved one is in hospital, it can help to keep a note of day-by-day changes. The medical team will find this helpful, as you may be the first to be aware of any changes or improvements. For the person who is recovering, this may become a precious record of their progress since their stroke.
- Ask the medical team whether there are any small ways in which you can assist with your loved one's care. As time goes on, ask the rehabilitation team to show you ways to provide support between therapy sessions. This could mean helping your loved one re-learn skills, or practising therapy exercises together.
- Focus on one day at a time. Recovering from a stroke is a gradual process. Encourage and motivate your loved one as much as possible.

- Keep hold of useful information and contacts. Your needs can change over time, and you may find it is helpful in future.
- Remember to look after yourself. Take breaks, get some exercise and plenty of sleep, and plan regular healthy meals.

The impact of stroke

Stroke can have many different effects on someone, including problems with mobility, swallowing and continence. It can affect their vision, and cause communication problems, fatigue and problems with memory and concentration. It can also have emotional effects, like depression and anxiety. It can also cause personality changes. These changes can have a big impact on everyone in a family as well as the stroke survivor.

You may feel a deep sense of loss as the person you know and love may not seem to be the same. And sometimes, these changes can affect your feelings towards them.

Keep reminding yourself, and others, that any changes are the result of the stroke and that they have no control over them.

Working together with family or friends and supporting one another will help you all to come to terms with what has happened.

Family members who live far away also have a role to play in keeping up morale. You may find it helpful to nominate a contact person, who can keep the rest of the family informed. This will take some pressure off you and give you more time to rest and recuperate.

Recovery

The amount of recovery someone will make and the amount of time it takes varies. The biggest improvements usually takes place in the early weeks or months, but recovery can continue for years.

Some people make an almost full recovery. Most people recover enough to be able to do many of the things they did before, perhaps with some support. Some people will have disabilities and other problems. Depending on the effects of their stroke, they may need help to live independently, or they may need to live in residential care.

If your loved one is likely to need a lot of support after leaving hospital, you may decide to become their main carer, responsible for their day-to-day care.

Caring for someone can take up a lot of energy, so it should not be undertaken lightly. It may be helpful to talk to someone before you make a decision about becoming a carer. If you were already caring for someone before they have a stroke, the effects of the stroke may have changed the amount or type of care they need. For more information can call our Stroke Helpline, or contact one of the carers' charities (see Other sources of help and information).

Leaving hospital

Some people leaving hospital after a stroke only need a small amount of care, but others have more complex needs. The medical team and social services should work together with you, and the person you are caring for, to create a care plan based on their needs.

Part of this process should include a care needs assessment for your loved one to determine what support they need, and a carer's assessment to identify your needs as a carer.

Carer's assessment

If you are, or are thinking about becoming a carer, you have a right to have an assessment of your needs. This is called a carer's assessment. You are entitled to an assessment and to receive help even if the person you care for refuses help.

A social worker, or another professional nominated by the local authority, will carry out your assessment. They will look at your role as a carer and the effect it has on you. The assessment will establish how much caring you do (or will do) and how that affects other areas of your life such as work, training or leisure activities. You can ask for the assessment before you start caring, or at any other stage if you have already started being a carer.

Before your assessment, think carefully about what kind of support you might need. This can be difficult if the person you are caring for has not returned home yet, but staff at the hospital may be able to give you information about the tasks your loved one will need help with.

What help will we receive at home?

Healthcare

Once the person you are caring for is at home, their GP becomes responsible for their medical care. The medical team should write to the person's GP, giving information about their treatment and future care needs, including medication. You may wish to contact the GP to ensure that they know the person you are caring for is coming home.

Specialist stroke nurses or district nurses can provide nursing support for people living at home. The GP can make a referral to see one. They may offer practical help with tasks such as moving, washing, feeding and dressing, and show you how to do them safely. They will also have skills in more specialist areas such as feeding for people with severe swallowing difficulties, continence and caring for wounds and leg ulcers. They might be able to help with rehabilitation exercises and arrange equipment like a wheelchair or alterations to your home.

Intermediate care

In some areas, intermediate care services are available (sometimes called early supported discharge). These are services to help a person return home from hospital sooner and continue their recovery at home, including rehabilitation therapies. The person should be able to continue any rehabilitation services such as physiotherapy, speech and language therapy and occupational therapy, and receive any personal care they need.

Before leaving hospital, the person you are caring for may be assessed for these services and a structured plan may be made with agreed goals and timescales for the therapists and patient to work towards.

Rehabilitation

If the person you are caring for does not receive intermediate care (early supported discharge), they may still be able to receive further rehabilitation once they are at home. Ask a member of the medical team at the hospital, or their GP, if they have already come home, about receiving rehabilitation they need after leaving hospital.

Community care

Community care services

These services may help with personal care (for example, getting in and out of bed, bathing, dressing), day care, meals on wheels and respite care. They often involve carers coming to your home to help with specific tasks.

Local authorities will usually only provide services for people who have the highest levels of need. They vary in what help they can offer and the person you care for may need to contribute to the cost.

Aids and adaptations

Your local authority can arrange for someone (usually an occupational therapist) to assess what aids or adaptations would make life easier at home such as grab rails or ramps. If major adaptations to their home are needed, the person can apply for a Disabled Facilities Grant. This is available through local authorities in England, Wales and Northern Ireland. In Scotland, you can apply to the local authority's Scheme of Assistance for help with repairing and adapting housing if you have a disability.

Local support

You should be given information about local groups and services for people who have had a stroke and for you as a carer, such as day centres.

Respite care

Respite care (sometimes called short breaks) is designed to give carers a break. It could be:

- care at home from a trained care assistant or volunteer, for a few hours a week
- care outside the home, for example, at a day centre or social club
- longer breaks (from days to weeks) in a residential or nursing home.

The respite services offered vary widely, so ask your local authority about what is available in your area. Services may be provided by the NHS, social services, and voluntary or private organisations. If the person needing care is eligible for NHS respite care, it is usually free. Other respite care services may charge, or ask you to contribute towards the costs.

The cost of care services

Local authorities will usually only provide services for people who have the highest levels of need. They vary in what help they can offer and the person you care for may need to contribute to the cost.

For more information see our guides 'F20, Accommodation after stroke' and 'R09, Aids and equipment for independent living'.

The charging for community care services is complicated. Local authorities can charge for some or all of the services they provide. There may be a flat rate for a service or it may be means tested, so they will ask about the person's income and savings and then charge according to a sliding scale. Free personal care is available for people aged over 65 in Scotland.

If you need advice about paying for community care services, speak to a specialist organisation like Citizens Advice or a carer's centre. Their contact details are listed in Other sources of help and information later in this guide.

Direct payments

If you (or the person you care for) have been assessed as needing support, it is your right to receive direct payments instead of services. This means your local authority will give you money directly so you can choose how to arrange your own services. This will give you more choice and control over the support you receive. For example, you can use the payments to help with taxi fares, a short holiday or help with housework.

Direct payments are voluntary so you do not have to have them if you would rather receive services directly from your local council. Direct payments are available in the UK, and you apply to your local authority (or trust in Northern Ireland).

You could become an employer if you pay someone to work for you, so you will need to learn about the responsibilities involved in this. Contact Carers UK (see Other sources of help and information) for more information about direct payments.

What if my situation changes?

A review of your care plan should take place once your loved one has returned home. You should be told when it will happen. If this does not happen or the person you are caring for was not admitted to hospital, contact your local authority and ask for a community care assessment.

Caring from a distance

Many families live away from the person who has had a stroke, and they may have significant family and work commitments. If it's only possible for you to provide occasional support, you should make it clear to the health professionals involved that you will continue to live apart from the person you are caring for, and that while you are involved in planning their return home, you will not be able to contribute to their day-by-day care.

If you are arranging ongoing care for a person after a stroke but live elsewhere, there are a few things that you might want to consider to help them at home. To improve safety in the home, install fire or smoke alarms, and door entry systems. You may want to consider a community alarm (a 24-hour phone link to the local emergency response centre). Ensure that the person can easily find everything that they might need (for example, medications), and try using weekly planners.

Think about what aids and adaptations the person might need and take steps to reduce the risk of falls – social services should be able to advise you on these issues.

Legal matters

You may find that the person you are looking after has difficulty managing their affairs. He or she may be unable to sign cheques or use online banking, or may have difficulties in making or communicating their own decisions (sometimes referred to as a lack of mental capacity).

Ask the bank if they have any help to allow people with disabilities to access their services. This could include talking cash machines, large print bank statements, communication support in the branch or accessible debit cards.

If someone is unable to make their own decisions, they can appoint someone to have lasting power of attorney (LPA). This could be a family member, friend or carer. This nominated person would then be able to make decisions about their property and finances or their health and welfare, if they are unable to do so themselves in the future. You can appoint more than one person to have an LPA.

There are two types of LPA. A property and affairs LPA can make decisions about income, bills and the sale of a person's house. A personal welfare LPA can make decisions on where the person will live and the day-to-day care or medical treatment he or she may receive. In Northern Ireland there is only one type of power of attorney, called an enduring power of attorney, which covers property and affairs, but not healthcare.

A person must be mentally well to set up a power of attorney. If the person you are caring for has already lost the ability to make decisions, you can apply to take over their finances. If you live in England or Wales, you apply to the Court of Protection to become a deputy. In Scotland, you apply to the Office of the Public Guardian (Scotland) to become a guardian. In Northern Ireland, you apply to the Office of Care and Protection to become a controller. The contact details of each are listed at the end of this guide.

Financial impact

If you're caring for someone you may be faced with higher heating bills and costly equipment or home alterations. Your loved one may have had to give up work because of their stroke, or you may be considering giving up work. Inevitably this will reduce your income and social contact.

It may help to consider reducing your hours, or finding a job nearer home. Some carers have the right to request flexible working hours, and though employers are not legally bound to agree, there must be a good business reason for saying no.

If you become a full-time carer, you may be entitled to claim Carer's Allowance. If you care for someone for at least 35 hours a week, you may be eligible. For information on how to apply, contact a carers' organisation or visit a carer's centre.

If you decide to give up work, check what help you are entitled to under your pension scheme (if you have one). If you are not working or claiming Carer's Allowance, you may be able to claim Carer's Credit to help protect your state pension.

The benefits system is complex so seek specialist advice about what you are entitled to and help with filling in claim forms.

See our guide 'R01, Benefits and financial assistance'.

What if my loved one can't come home?

Caring for the person affected by stroke at home may not be the best or most feasible solution. You might consider other options, such as sheltered housing (where a warden can look in regularly), or a care home. This may be a very difficult decision and not one that you will make lightly or quickly.

Your local authority will be able to provide an assessment, and information on care homes and funding available. Our guide 'F20, Accommodation after stroke' may also be helpful.

Looking after yourself

A stroke can have a huge impact on the whole family. It is common for someone who has had a stroke to feel quite low upon returning home and to need a lot of encouragement. They may have less control over the small, everyday decisions many of us make without thinking – when to get out of bed, take a shower or phone a friend, and this can be difficult to cope with.

You and other family members may be faced with new roles and responsibilities. You may find yourself suddenly having to take over tasks such as cooking, housework or managing the family finances because the person you care for can no longer do them. You may need to think about learning to drive, rearranging your home to make it safer, or even moving house.

You may need to help your loved one with a daily therapy routine or by finding new activities and pastimes for them. This may take up your time, but will be worth it in the long run.

Caring for someone is a huge responsibility. It is realistic, not selfish, to think carefully about taking care of yourself. If you don't look after yourself, you risk becoming stressed or exhausted and this could also affect the person you are caring for.

When your loved one first comes home, keep a diary for a week. This may help you establish what help or support you need. Social services should review the situation from time to time to see whether your needs have changed, but if your situation changes, ask for a review straight away.

Back strain is a common problem caused by moving someone. A community or district nurse or occupational therapist can teach you how to help someone move safely so you don't strain your back. They may also be able to show you relaxation techniques to help with tiredness or stress. Your local carers' centre may offer classes to overcome these issues. A gentle exercise routine that gets you out of the house can increase your energy levels and help you feel more positive.

It's important to recognise if you're feeling tired or depressed. Taking regular breaks is crucial. This might involve having a few hours to yourself every day or arranging more formal respite care. Try to organise the day so that you have at least a little time to yourself. Ask family members or friends for help with specific tasks, if you need it. You may also want to find a local carers' support group to meet others in the same position as you.

A carers' centre or organisation can offer advice, information and practical support in your area. You can find their details by contacting our Stroke Helpline, social services, your GP, or the hospital where the person you are caring for was treated after their stroke.

Many carers can feel socially isolated. Friends may avoid contact because they are not sure how to behave towards someone who has had a stroke. You may also worry about leaving the person you are caring for alone whilst you socialise with people. Try to keep in touch with others. While some friendships may fade away, you can build up new ones with people who share your interests. Stroke clubs and carers' groups can be a good starting point. Contact our Stroke Helpline for details.

Tips to help recovery

Many carers ask us how to they can help the person they are caring for to recover. Becoming a carer and supporting your loved one is a great start to making them feel independent again. Here are some suggestions that may help.

- Ask for guidance from the professionals who have played a major role in your loved one's recovery. Their input will help you.
- Encourage the person to take on family responsibilities right from the start. You may need to find new roles that are manageable to help to boost their confidence and maintain their relationships with other family members.
- Try not to be overprotective. You need to find the right balance between helping the person you care for and developing their independence. Encourage them to do as much as they can, right from the start. This may be a very slow process and can be frustrating at first, but in the long run it is the best way to help someone.
- Be patient. Stroke damages the brain, which can make it difficult to relearn even simple tasks.
- Set up a daily routine that works for both of you. This may take time, but will be worth it. Think about the daily tasks that the person can either do independently, can start to relearn or will need help with. Plot the time that each task will take then draw up a list of small steps towards relearning some of the missing skills. Build in short, but frequent, periods in the day to practise movements, exercises and skills.
- Be positive. Recovering from stroke is a slow process and so your praise is needed for every sign of progress, however small. Reassure the person that you are caring for that things can get better, especially when progress seems slow.

Where to get help and information

From the Stroke Association

Helpline

Our Helpline offers information and support for anyone affected by stroke, including family, friends and carers.

Call us on **0303 3033 100**, from a textphone **18001 0303 3033 100**
Email helpline@stroke.org.uk.

Read our information

Get more information about stroke online at stroke.org.uk, or call the Helpline to ask for printed copies of our guides.

My Stroke Guide

The Stroke Association's online tool My Stroke Guide gives you free access to trusted advice, information and support 24/7. My Stroke Guide connects you to our online community, to find out how others manage their recovery.

Log on to mystrokeguide.com today.

Other sources of help and information

Useful organisations for carers

Carers UK

Website: carersuk.org

Tel: **0808 808 7777** (England, Scotland and Wales) **0289 043 9843** (Northern Ireland)
Offers information and support for carers, including information about finances and benefits.

Carers Trust

Website: carers.org

Tel: **0844 800 4361**

Provide information, advice, training, education and job opportunities for carers. They give details of your nearest carers' centre, and also provide respite care in England and Wales.

Crossroads Care NI

Website: crossroadscare.co.uk

Tel: **028 9181 4455**

Crossroads Caring Scotland

Website: crossroads-scotland.co.uk

Tel: **0141 226 3793**

Provides respite care, as well as support for carers and those who they care for.

NHS: Your guide to care and support

Website: nhs.uk/care-and-support

Carers Direct (England only):

0300 123 1053

Has detailed information on a range of care and support issues. The Carers Direct helpline provides specialist information related to your own personal support needs as well as the needs of whoever you are caring for.

Other useful organisations

Age UK

Website: ageuk.org.uk

Advice Line:

0800 055 6112 (England)

0888 470 8090 (Northern Ireland)

0800 124 4222 (Scotland)

0800 169 6565 (Wales)

Provides useful advice for older people including benefits and advice for carers.

British Bankers' Association

Website: bba.org.uk

The UK banking and financial services trade association. Publishes a range of leaflets that give advice on financial matters.

Citizens Advice

Website: citizensadvice.org.uk

Offers advice and information on a range of issues including debt, benefits, legal issues and housing.

Contact a Family

Website: cafamily.org.uk

Tel: **0808 808 3555**

Offers advice and support for families with disabled children.

Disability Rights UK

Website: disabilityrightsuk.org

Tel: **020 7250 8181**

Provides information about benefits, tax credits and social care charges. Publishes the Disability Rights Handbook.

Headway

Website: headway.org.uk

Tel: **0808 800 2244**

Serves people with acquired brain injury, as well as their families and carers through a UK network of Headway House centres and local groups.

Independent Age

Website: independentage.org

Tel: **0800 319 6789**

Advice and information for older people, their relatives and carers.

Legal matters

Court of protection

Tel: **0300 456 4600**

Website: gov.uk/court-of-protection Offers information on becoming a deputy.

Office of the Public Guardian (England and Wales)

Tel: **0300 456 0300**

Website: gov.uk/opg

Office of the Public Guardian Scotland

Tel: **01324 678 300**

Website: publicguardian-scotland.gov.uk
Offers support for those who lack capacity or would like to plan for their future. Has information on power of attorney.

Office of Care and Protection (Northern Ireland)

Tel: **0300 200 7812**

Website: courtsni.gov.uk

Offers support for those who lack capacity or would like to plan for their future.

UK Government: power of attorney

Tel: **0300 456 0300**

Website: gov.uk/power-of-attorney Offers information on power of attorney and becoming a deputy through the court of protection.

Your notes

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About our information

We want to provide the best information for people affected by stroke. That's why we ask stroke survivors and their families, as well as medical experts, to help us put our publications together.

How did we do?

To tell us what you think of this guide, or to request a list of the sources we used to create it, email us at **feedback@stroke.org.uk**.

Accessible formats

Visit our website if you need this information in audio, large print or braille.

Always get individual advice

This guide contains general information about stroke. But if you have a problem, you should get individual advice from a professional such as a GP or pharmacist. Our Helpline can also help you find support. We work very hard to give you the latest facts, but some things change. We don't control the information provided by other organisations or websites.

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Every five minutes, stroke destroys lives. We need your support to help rebuild them. Donate or find out more at **stroke.org.uk**.

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