

STROKE SERIES SS3

REDUCING THE RISK OF STROKE



Chest
Heart &
Stroke
Scotland



Chest Heart & Stroke Scotland



**Chest, Heart &
Stroke Scotland, is
an independent
medical charity
which aims to
improve the quality
of life for people in
Scotland affected by
chest, heart and
stroke illnesses,
through medical
research, advice and
information and
support in the
community.**

FUNDRAISING

CHSS is an independent Scottish medical charity. We receive no Government funding and rely entirely on the Scottish public to raise the £5 million a year we need to help people with chest, heart and stroke illness throughout Scotland.

RESEARCH

We are one of Scotland's largest charitable funders of medical research, with a programme worth over £600,000 a year. We fund research projects throughout Scotland into all aspects of the prevention, diagnosis, treatment and social impact of chest, heart and stroke illness.

PERSONAL SUPPORT GRANTS

We provide small grants to people in financial difficulty, because of chest, heart or stroke illness, for items ranging from disability equipment and household goods to respite care and holidays. Applications are submitted through local Social Work Departments, or health professionals.

VOLUNTEER STROKE SERVICE (VSS)

We give support to people whose communication skills are impaired after a stroke. The VSS provides weekly group meetings and home visits for patients.

CHSS NURSES

Our nurses provide independent practical advice and support to those who have chest, heart and stroke illnesses, their families, carers and health professionals. There are dedicated nursing services in Fife, Grampian, Highland, Lanarkshire, Lothian and Dumfries and Galloway. There is also a Scotland wide nurse led Advice Line (0845) 077 6000. Calls are charged at a local call rate (out of hours answerphone). We have a wide range of booklets, factsheets and videos on chest, heart and stroke illnesses.

COMMUNITY SUPPORT NETWORK

CHSS provides support to affiliated chest, heart and stroke clubs through the Community Support Network. The clubs are independent and are run by local volunteers. The groups provide a range of activities and offer people support, stimulation and companionship in a friendly and relaxed environment. Please ask for more information.

**FOR FURTHER INFORMATION ABOUT ANY
OF THE SERVICES ABOVE PLEASE CONTACT
HEAD OFFICE BY PHONING 0131 225 6963 OR
VISIT THE CHSS WEBSITE: www.chss.org.uk**

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THE RISK OF
STROKE**

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INTRODUCTION

The aim of this booklet is to look at how you can reduce the risk of stroke.

This information is helpful to everyone: if you have no history of stroke illness – primary prevention; if you have had a TIA or mini stroke or if you have had a previous stroke – secondary prevention.

To do some of this you will need the help of doctors and nurses to identify any particular problems you may have as an individual as well as make sure these things are controlled on an ongoing basis. Sometimes things are quite straightforward, but more complex situations may need access to specialist services.

There is also quite a lot you can do to help yourself, such as taking prescribed medicines and altering your lifestyle to address things that are known to increase the risk of stroke.

Many of these things are the same risk factors as for heart disease and are referred to as cardiovascular disease risk factors. Nowadays cardiovascular screening is offered at doctors' surgeries and clinics to identify and address any specific cardiovascular risk factors found in 'well' individuals. This means that treatment and / or lifestyle changes can begin as soon as possible and hopefully prevent cardiovascular problems from happening later on.

Someone who has had a stroke is at higher risk of having another one than someone who has never had a stroke. Individual risk depends on factors that are specific to you, the type of stroke you had, your age and general health.

This booklet looks at all of these issues and gives you practical help and information to help you to reduce your risk of stroke.



PRIMARY PREVENTION

KNOW, CONTROL AND MONITOR BLOOD PRESSURE

If your blood pressure is consistently higher than it should be it is called high blood pressure (or hypertension). High blood pressure is not a disease in itself. However, it can lead to an increased risk of developing some serious conditions such as heart disease and strokes.

Over the years high blood pressure slowly damages the blood vessels by making them narrower and more rigid. This means that the heart has to work harder to push the blood through the vessels and the overall blood pressure rises. This in turn makes it easier for clots to get caught and for fatty debris (atheroma) to block the blood vessels. This is what happens in heart attacks and strokes.

Monitoring blood pressure

High blood pressure very rarely has any symptoms. Therefore, the only way to know what your blood pressure is to have it measured.

High blood pressure is more common as you get older so having it checked regularly is very important. Your doctor will be able to advise you how often you should have your blood pressure checked.

It is now possible to monitor your blood pressure at home using a home monitor. The Blood Pressure Association can provide information about recommended equipment. Please refer to the Useful Addresses and Websites section at the end of this booklet.

Measuring blood pressure

Blood pressure is measured in millimetres of mercury (mmHg) and is recorded as two readings: systolic pressure (higher reading) and diastolic pressure (lower reading).

Systolic records the pressure blood within the blood vessels as the heart contracts. Diastolic records the pressure when the heart fills up again.



These readings are recorded for example as 120/70mmHg.

What is normal / target range

Most doctors agree that normal blood pressure is about 120/70mmHg.

Up to 140/90mmHg is considered to be within the normal / target range.

Drug treatment

The aim of drug treatment is to try and get high blood pressure as close to the target range as possible. If you already have cardiovascular disease or diabetes the lower target of 130/80mmHg is used.

There are several groups of drugs used to treat high blood pressure, each of which work slightly differently. If you suffer from any troublesome side effects it is advisable to discuss these with your doctor as there may be a different medicine to choose from.

See the CHSS booklet 'Living with High Blood Pressure' for more information.

Lifestyle changes

Changes to lifestyle risk factors can significantly reduce high blood pressure in some people. These are the same as those for reducing your risk of stroke in general and are looked at in more detail in a later section of this booklet.

In particular:

- Stop smoking: nicotine raises your blood pressure.
- Control your weight: losing weight will help to lower your blood pressure.
- Keep active: exercising regularly can bring your blood pressure down by as much as many blood pressure lowering drugs.
 - Moderate alcohol intake: cutting down on alcohol intake can bring blood pressure under control. Binge drinking, at any age, can cause a temporary, but significant, rise in blood pressure.
 - Reduce salt in your diet: reducing a high salt intake can sometimes help to lower your blood pressure.



KNOW, CONTROL AND MONITOR CHOLESTEROL

Cholesterol is a fatty substance (lipid), which is essential to healthy life.

Cholesterol is manufactured in the liver but it is also present in saturated fats found in meat and dairy products and many processed foods.

Some people produce more cholesterol than they need. This problem often runs in families and drugs may be needed to lower it.

When the cholesterol level in blood is high it contributes to the fatty build up in the lining of the blood vessels, called atheroma, which contributes to the risk of heart disease and strokes.

Your cholesterol level will be checked as part of your CVD risk assessment. You may be able to get your cholesterol checked as part of a health screening programme at your local pharmacy shop.

See the CHSS factsheet 'Cholesterol' for more information.

Total cholesterol level

Initially your doctor / nurse will take a blood sample to test for the total cholesterol level.

This level will be looked at alongside your other CVD risk factors.

Your doctor may decide that you need a further blood test, called a lipid profile, which is taken after an overnight fast. This will help to decide what treatment, if any, you may need. However, if you have a history of heart disease and / or stroke illness then your doctor may start treatment to lower your cholesterol level straight away.

What are the different fats?

A lipid profile gives a much more detailed breakdown of the different fats in your blood. The three main fats in your blood are:

- **Low density lipoproteins or LDL.** This is referred to as ‘bad cholesterol’. It contributes to fatty tissue being laid down in the blood vessels. Ideally an LDL should be below 3mmol/l.
- **High-density lipoproteins or HDL.** This is referred to as ‘good cholesterol’. It helps to carry away bad cholesterol. Ideally an HDL level should be above 1.0mmol/l.
- **Triglycerides.** These make up about 90% of the fat in your body and are needed to store energy. Your triglyceride level should be less than 1.5mmol/l.

Lowering a high cholesterol level

Sometimes people can lower their cholesterol level by reducing fat in their diet and increasing their physical activity. If after 3-6 months of trying your cholesterol level remains high, your doctor may prescribe tablets to lower the amount of cholesterol your body makes.

Drug treatment

Medicines to treat high cholesterol are mainly from the ‘statin’ family and usually have to be taken indefinitely. Though it is possible to buy some statin medicines over the counter it is always advisable to speak to your doctor before starting any new treatment.

Research has found that some people who have already had a stroke, may benefit from taking these cholesterol lowering medicines irrespective of their cholesterol level.



Reducing fat in your diet

It is most effective to replace saturated with poly- and mono-unsaturated fat. This means replacing fat that comes from animals in the form of meat and dairy products, with fish and healthier oils.

Saturated fat is usually ‘solid’ when cold e.g. butter, lard, fat on meat. Unsaturated fat is ‘liquid’ at room temperature e.g. olive oil, soft cheese.

Making several small changes in your daily routine gets good results:

- Choose low fat varieties of cheese such as cottage cheese as the harder the cheese the higher the fat content.
- Switch from butter to reduced fat spreads.
- Switch from full fat milk to semi-skimmed or skimmed milk.



- Choose low fat varieties of yoghurt and fromage frais.
- Choose unsaturated oils such as rapeseed, sunflower or olive oil. Remember being ‘oily’ is not necessarily bad for you.
- Replace meat with fish, especially mackerel, herring, sardines, trout, salmon or pilchards.
- Trim all visible fat from meat before cooking.
- Discard any fat that comes out of food during cooking.
- Grill instead of fry.
- Avoid all pastry, which is high in fat.
- Eat fewer meat products such as pies, pasties, sausage rolls, hamburgers and sausages.
- Replace snacks such as crisps, cakes and biscuits with fruit.
- Check labels for hidden fats in processed foods and ready-made meals.
- Increase the amount of carbohydrates in your diet (unless you want to lose weight) e.g. pasta, cereals, rice, bread. This will replace the energy that you used to get from fat.



CONTROL AND MONITOR DIABETES

Diabetes is a disorder, caused by the lack of the hormone insulin, which alters the body's ability to store or use glucose (the source of energy that comes from carbohydrates / sugars). Diabetes also causes problems in metabolising fats and speeds up the degeneration of blood vessels.

There are two main types of diabetes, Type I and Type II, each of which require slightly different treatment. Usually some form of dietary control is needed. People with Type I diabetes do not produce any insulin and have to take regular insulin injections. People with Type II diabetes do not produce enough insulin and may have to take tablets.

Why is it important to control diabetes?

The main complication of diabetes is damage to blood vessels. This increases the risk of heart disease, strokes and poor circulation.

Other complications of diabetes include: nephropathy (kidney disease), retinopathy (damage to the eyes) and neuropathy (nerve damage).

Controlling your diabetes can minimise these complications throughout the body.

Monitoring diabetes

It is important to get your diabetes under the best possible control. Therefore you should:

- check your blood glucose levels and test your urine regularly
- take any prescribed medicines
- attend the doctor and / or clinic regularly

To minimise any other complications of diabetes it is recommend that you:

- have an annual eye examination
- take particular care of your feet and attend a chiropodist regularly
- report any problems as early as possible

See the CHSS factsheet 'Diabetes: the links with heart disease and stroke' for more information.



SECONDARY PREVENTION

BLOOD THINNING DRUGS

If you have had a stroke or TIA, and the doctor has established that it was not caused by a bleed, it is extremely likely that you will be given some kind of blood thinning drug(s). This is a preventative measure, which has been proven effective in reducing the risk of further strokes.

Antiplatelet drugs

Blood clotting occurs due to special cells called platelets, sticking together. Antiplatelet drugs make this harder to do. There are three main antiplatelet drugs used in reducing the risk of stroke: aspirin, dipyridamole and clopidogrel.

Aspirin

Aspirin is very effective in reducing the risk of stroke at low doses (75mg per day) and is also very safe. Aspirin does not suit everybody and some people may not be able to take it.

Dipyridamole

Dipyridamole works in a slightly different way to aspirin, but has the same effect.

It is usually used in combination with aspirin but it can be used as an alternative to aspirin if aspirin can not be tolerated. However it is not suitable for everybody.

Combined effect

Recent studies have confirmed that the combination of taking both aspirin and dipyridamole together is the most effective treatment to reducing the risk of further TIA and stroke.

Clopidogrel

Clopidogrel is mainly used in this context as an alternative to aspirin and dipyridamole because of side effects or allergy.

Anticoagulants

Warfarin is an oral anticoagulant that interferes with blood clotting, making the formation of clots more difficult. It is particularly useful in preventing strokes in people with atrial fibrillation and heart valve replacements.

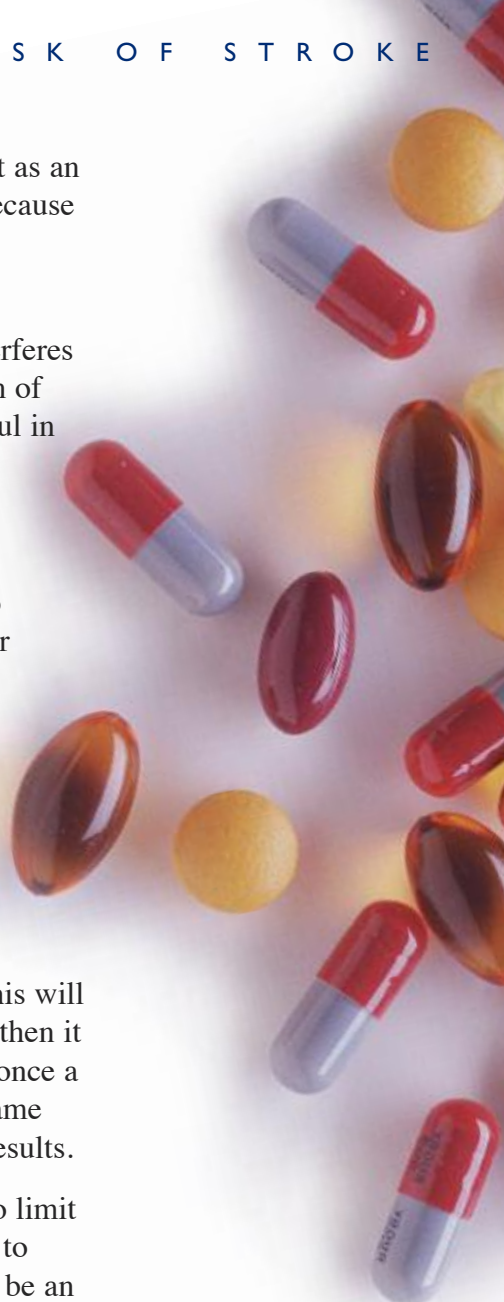
Warfarin may also be considered if it is thought that a stroke has happened due to atrial fibrillation, a heart valve problem or a recent heart attack. The doctor will decide on the best timing of starting warfarin after a stroke event.

Because warfarin increases the risk of bleeding, it has to be taken with some caution and is not suitable for everybody.

The dosage of warfarin prescribed varies according to blood test results. Initially this will be once a week but once it has stabilised then it can be done less frequently, for example once a month. Warfarin should be taken at the same time every day to get the most accurate results.

People taking warfarin are also advised to limit their alcohol intake to one unit a day and to report any changes they notice that could be an indication of bleeding problems, such as frequent nosebleeds, bruising easily, dark coloured urine or bowel motions.

See the CHSS factsheet 'Warfarin' for more detailed information about this treatment.



OTHER DRUG TREATMENT

It is likely that your doctor will also ask you to take additional drug treatment to reduce the risk of further stroke.

Statins – drugs used to lower cholesterol.

Most people with an ischaemic stroke will be given statins even if their cholesterol is not high.

Those already taking statins should continue treatment.

Antihypertensives – drugs used to control high blood pressure.

Ace inhibitors and diuretics may be given to people with ischaemic stroke even if their blood pressure is not raised. After a bleed, treatment with ace inhibitors and diuretics should also be considered if blood pressure is raised.

Medicines can be provided in other forms if you have difficulty swallowing.

It is very important to take your medicines regularly, as prescribed by your doctor.

PREVENTATIVE SURGERY

Carotid endarterectomy

There is a surgical procedure called carotid endarterectomy which can be performed to reduce the risk of a future stroke. This is an operation that clears a severely blocked carotid artery in the neck of debris. It is only effective for severe blockages (>70% occlusion) and will not benefit people with less severe blockages. Both carotid arteries can require surgery but they would not be performed on at the same time. As this operation carries its own risks it will only be considered by specialist surgeons for people who are considered fit enough. These issues have to be carefully discussed before making a decision to have surgery.



MODIFIABLE RISK FACTORS

This section looks at the changes you can make to your lifestyle which will improve your health and reduce your risk of stroke.

The five important risk factors below have a particular impact on the areas already discussed and apply to everyone.

What can I do to help myself?

- Stop smoking
- Eat a healthy varied diet
- Control weight
- Keep active
- Moderate alcohol intake



STOP SMOKING

Smoking makes the smooth lining of blood vessels rough. This encourages the build up of atheroma, the fatty material that narrows and blocks blood vessels.

Smoking increases the amount of fibrinogen in the blood and makes blood stickier. This increases the chance of blood clots forming that can cause strokes.



Smoking also increases blood pressure and speeds up the heart.

Apart from the increased likelihood of strokes and heart disease, there is also damage done to the lungs causing chronic lung disease and the risk of many cancers are increased from poisons in the blood. Smoking multiplies other risks you may have. From the moment you stop smoking, the risk starts to decline.

Nobody is saying stopping smoking is easy. There are all sorts of reasons why people smoke (apart from the addiction to nicotine) even though they know it is doing them harm.

How to stop smoking

- Make the decision that you really want to stop. Benefits or reasons could be freedom from an addictive habit, your health, smelly breath, bad role model for children.
- Prepare to stop: expect to put on a bit of weight, work out your smoking habits and be ready to change your routine.
- Set a date and stick to it. Tell family and friends and ask for their support.
- Seek professional help. Ask at your doctor's surgery about Smoking Cessation Support. Free advice and support including the booklet 'You can stop smoking' is available from Smokeline: 0800 84 84 84 (open noon to midnight).

Remember:
The day you stop smoking your body starts to heal. It's never too late to get benefit from stopping smoking.

- Speak to your chemist or doctor about nicotine replacement therapy. You are four times more likely to quit with medication support.
- When you feel the urge to smoke, brush your teeth, think about fresh air, do something to take your mind off it.

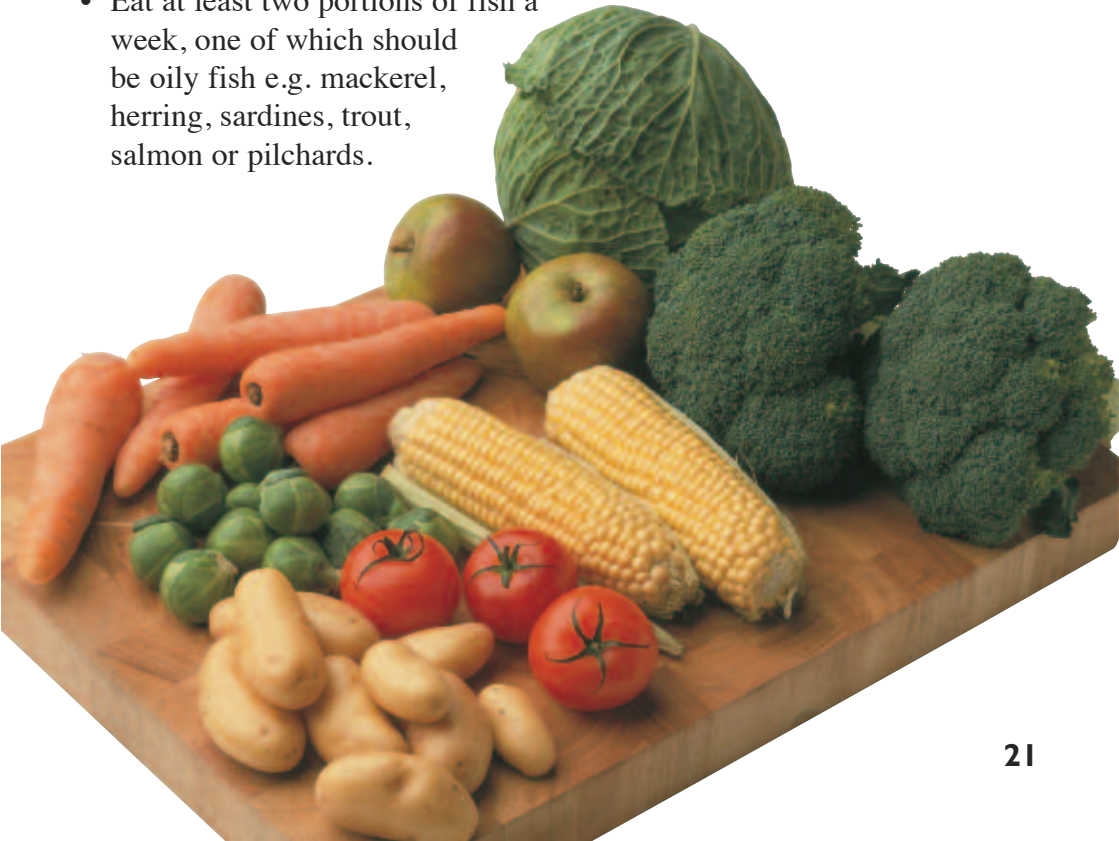
EAT A HEALTHY, VARIED DIET

We are always hearing publicity about what is good and bad for us but there is wide agreement among experts as to what a healthy diet is.

Eating a more healthy diet really only means making small changes in the meals you already eat, eating a little more of some things and less of another.

Here are some general guidelines to healthier eating.

- Choose a variety of different foods including pasta, rice, potatoes, vegetables and bread as well as meat, eggs, fish, poultry and dairy products.
- Eat at least two portions of fish a week, one of which should be oily fish e.g. mackerel, herring, sardines, trout, salmon or pilchards.





- Aim for five portions of fruit and vegetables a day. (For example an apple, a banana, a glass of fruit juice and three portions of vegetables or salad over a day.) A variety of vegetables, fruit, salad and fruit juice will help to replace energy lost from a reduced fat intake, increase the fibre essential to the digestive system, and provide plenty of vitamins and minerals giving protection against illness.
- Reduce the amount of saturated fat in your diet. (Specific advice about reducing fat in your diet is covered in the section on cholesterol.)
- Reduce the amount of salt in your diet by gradually adjusting your taste over a period of time. Do not add salt at the table or during cooking, add herbs and spices for flavour. Be aware that processed foods such as bread, meat products, vegetables, soups and sauces may contain a lot of salt so read labels and look for low salt varieties. Do not be tempted to use salt alternatives. Daily intake should be < 6g per day.

CONTROL YOUR WEIGHT

Being overweight increases the work the heart has to do, causes high blood pressure, and leads to abnormal levels of fat in the blood. It is also associated with diabetes, respiratory disease, gall bladder problems and some cancers.

Therefore losing weight will help to lower your blood pressure and cholesterol level.

There are two accurate ways of assessing if you are overweight that are recognised as helping to identify weight as a risk factor. One is the Body Mass Index (BMI) the other is a measurement of waist size that indicates central obesity which has an increased cardiovascular risk (heart disease and stroke).



Body Mass Index (BMI)

Body Mass Index (BMI) can be used to assess body fat, based on height and weight. It applies to both **adult** men and women. There is a different interpretation for children.

The number is calculated by dividing your weight in kilograms by your height in metres squared. This is already done on some weight charts.

$$\frac{\text{Weight (kg)}}{\text{Height m}^2}$$

What does your BMI mean?

In the UK the following levels apply. There are various website links to calculate your BMI for you e.g. www.eatwell.gov.uk/healthydiet/

<18	underweight
<25	normal
25-30	overweight
>27	associated with high blood pressure
30-35	obese
>35	morbidly obese

Waist measurement

This method can also be used as an approximate guide to assess if you are overweight. These figures are a general indicator of a higher risk of health problems.

	Waist measurement		Category
Men	37 – 40 inches	92.5 – 100 cms	Overweight
	>40 inches	>100 cms	Obese
Women	32 – 35 inches	80 – 87.5 cms	Overweight
	>35 inches	> 87.5 cms	Obese



What is the best way of losing weight?

You gain weight when you take in more calories from food than you use up. (Calories are a measure of energy). When this is balanced your weight remains stable. So to lose weight you have to eat fewer calories and use up more energy by being more physically active. To gain weight you have to eat more calories.

Reduce fat in your diet and avoid sugary foods like biscuits, cakes, soft drinks and confectionery as these are extra calories that do not keep away hunger or provide nutrients.

How quickly should I expect to lose weight?

The most effective way to lose weight is slowly. You should expect to lose 2lb (1kg approximately) in the first week and about 1lb each week after that. If you lose weight too quickly you will be far more likely to put weight back on again. You are also more likely to be successful if you lose weight with other people e.g. by joining a slimming club. You can attend weekly classes or gain support online.



KEEP ACTIVE

Any increase in physical activity is beneficial. What you can do depends on your individual limitations. If you are unsure about what to do, discuss with your doctor how much and what kind of exercise would be suitable for you, especially if you are being treated for a medical condition.

The benefits of keeping active:

- increases exercise tolerance – enables you to do more
- helps to lower cholesterol
- helps to lower high blood pressure
- helps you to lose weight
- keeps you supple and more mobile
- strengthens muscles, joints and bones
- reduces tension, encourages relaxation and sleep
- gives you a sense of well being and confidence
- reduces anxiety and depression.

If you are able to do some form of regular exercise, choose something that keeps your limbs moving and makes you breathe in more air (dynamic and aerobic exercise) e.g. swimming, walking, cycling, dancing or similar.

Spend five to ten minutes warming up gently, ready to exercise. Spend five to ten minutes cooling down after exercise. You are aiming to gradually increase what you do in small stages. Try to do some form of activity every day as part of your routine e.g. walk part of the way to work, use the stairs instead of taking the lift.

MODERATE ALCOHOL INTAKE

It is important to moderate your alcohol intake because drinking heavily:

- increases your blood pressure
- affects your cholesterol level
- can make you gain weight

Binge drinking – drinking large amounts over a short period of time – is particularly harmful.

Recommended Daily Limit

Recommended maximum alcohol intake		
	per day	per week
Women	2-3 units	14-21 units
Men	3-4 units	21-28 units

The recommended daily limit for adults is measured in units. A unit is equivalent to 8gm or 10ml of pure alcohol. If you have had a stroke or have heart disease you should stick to the lower recommended limit.



One unit of alcohol is either:



or



or



One small
(125ml)
glass of wine

Half a pint of
ordinary (3.5%)
strength beer or
lager (beware:
strong beer will
count as more than
one unit)

One single
(25mls)
measure of
spirits

There is some evidence that men over 40 and post menopausal women may get some protection from heart disease and strokes by drinking a small amount of alcohol. It is not recommended that you drink alcohol in order to protect your heart

Remember that the strength of drinks vary a lot and home measures are often more generous than those in a pub or restaurant.

If you have a problem with the amount of alcohol you drink, speak to your doctor or contact Alcohol Focus Scotland.

**More information about units and responsible drinking visit:
www.drinkaware.co.uk**

**USEFUL
ADDRESSES
AND WEBSITES**

Alcohol Focus Scotland

166 Buchanan Street

Glasgow

G1 2LW

Tel: 0141 572 6700

Fax: 0141 333 1606

Email: enquiries@alcohol-focus-scotland.org.uk

Website: www.alcohol-focus-scotland.org.uk

Alcohol Focus Scotland is committed to improving the quality of people's lives by changing Scotland's drinking culture – promoting responsible drinking behaviour and discouraging drinking to excess.

Blood Pressure Association

60 Cranmer Terrace

London

SW17 0QS

Blood Pressure Information line

Call 0845 24 0989

Line open 11am to 3pm Monday to Friday.

Email information service through website.

www.bpassoc.org.uk

The Blood Pressure Association is the UK-wide charity dedicated to lowering the nation's blood pressure. Their aim is to prevent unnecessary death and disability from heart disease, heart attacks and stroke caused by high blood pressure

Free on line membership and a full subscription membership available.

Chest Heart & Stroke Scotland

65 North Castle Street
Edinburgh EH2 3LT
Tel: 0131 225 6963
Fax: 0131 220 6313
Advice Line: 0845 077 6000
E-mail: adviceline@chss.org.uk
Website: www.chss.org.uk

CHSS aims to improve the lives of people in Scotland with chest, heart and stroke problems through medical research, advice and information, training and support in the community.

Diabetes UK Scotland

The Venlaw
349 Bath Street, Glasgow G2 4AA
Telephone 0141 245 6380
Fax 0141 248 2107
Email scotland@diabetes.org.uk
Website: www.diabetes.org.uk

Diabetes UK Scotland is dedicated to putting the interests of people with diabetes first, through the best in campaigning, research and care.

Heart UK

7 North Road
Maidenhead SL6 1PE
Tel: 0845 450 5988
Email: ask@heartuk.org.uk
Website: www.heartuk.org.uk

HEART UK is a national charity for patients and their families which combines the skills of scientists, doctors, nurses and dietitians, in order to support all those at risk of inherited high cholesterol and cardiovascular disease.

NHS 24

Tel: 08454 24 24 24

Textphone: 18001 08454 24 24 24

Website: nhs24.com

This phone service is designed to help you get the right help from the right people at the right time. The service is now running throughout Scotland and works in conjunction with General Practitioners, Accident and Emergency, Ambulance and Community Pharmacy services.

The website provides comprehensive up-to-date health information and self care advice for people in Scotland.

Smokeline

Tel: 0800 84 84 84

Smokeline offers telephone advice and support to those who wish to stop smoking, as well as their family and friends. Smokeline also provides a free copy of their helpful guide to stopping smoking.

**Phone/Textphone the Chest,
Heart & Stroke Advice Line for
confidential, independent advice
from one of our nurses.**



**The line is open
Monday – Friday
9.30 – 12.30 and 1.30 – 4.00**

0845 077 6000

Charged at local call rate.

Out of hours answering machine.

Email: adviceline@chss.org.uk

Fax: 0131 220 6313

The information contained in this booklet is based on current guidelines and is correct at time of printing. The content is also put out to peer, patient and expert review. If you have any comments about this booklet please contact Lorna McTernan, Health Information Manager, at the address on the facing page.

STROKE PUBLICATIONS

Booklets			
SS1	Stroke: a guide to your recovery	F9	Driving after a stroke
SS2	Stroke: a carers guide	F10	10 common questions asked after a stroke
SS3	Reducing the risk of stroke	F11	Mouthcare after a stroke
SS4	I've had a stroke	F12	Continence problems after stroke
SS5	Understanding TIA's	F14	Eye problems after stroke
SS6	Sex after stroke illness	F15	Memory problems after stroke
SS7	Stroke in younger people	F16	Positioning and stroke
SS8	Coming to terms with a stroke	F25	ACT FAST
SS9	Thinking and behaviour issues after stroke	F27	HRT and stroke
S10	Thrombolysis after stroke	F29	Swallowing problems after stroke
H4	Living with high blood pressure	General Factsheets	
	Aphasia Stroke Journey:	F6	Holidays
ASJ1	Part 1 Early days	F7	Insurance companies
ASJ2	Part 2 Rehabilitation	F8	Suggested booklet
ASJ3	Part 3 Moving On	F13	Air travel for people affected by chest, heart and stroke illness
CSB	Conversation Support Book (one copy free) £5	F17	Diabetes: links with heart disease and stroke
IDC	Aphasia ID card	F18	Coping with tiredness
Video/DVDs		F19	MCNs & You
	Stroke Matters £5	F20	Illustrated risk factors (ethnic target)
Stroke Factsheets		F21	Illustrated risk factors (general target)
F2	Salt	F22	How to make the most of a visit to your doctor
F3	Cholesterol	F23	Living with stress and anxiety
F4	Warfarin	F24	Healthy eating
F5	Helping communication after stroke	F26	Understanding help in the community
		F28	Glossary
		F30	Just move!

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65 North Castle Street, Edinburgh EH2 3LT Tel: 0131 225 6963

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Fax: 01463 713 699

5 Mealmarket Close

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Mon – Sat

Chest, Heart & Stroke Scotland is an autonomous Scottish Charity. We receive no government funding and rely entirely on public subscription to fulfil our programme of activities.

We need £5 million a year to fulfil our commitment to improving lives for Scottish people. We need your help and your money to help others. You can help by volunteering your time as a fundraiser, VSS volunteer or support your local Regional office. You can send a donation, remember us in your Will, take out a Deed of Covenant or organise a fundraising event.

Designed by Creative Link, North Berwick

If you would like to speak to one of our Advice Line nurses, in confidence, phone/minicom Chest, Heart and Stroke Scotland Advice Line

Monday – Friday

9.30am - 12.30 and 1.30pm - 4.00pm

0845 077 6000

Fax us: 0131 220 6313

Email us: advice@chss.org.uk

Text us: text chss followed by your message to 07766 40 41 42

Chest, Heart & Stroke Scotland and CHSS are operating names of The Chest, Heart & Stroke Association Scotland, a registered Charity No. SCO18761

November 2009

**Chest
Heart &
Stroke
Scotland**

