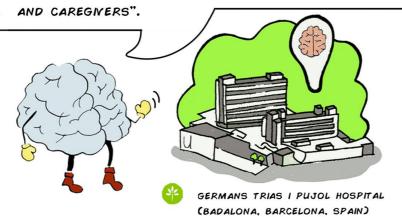
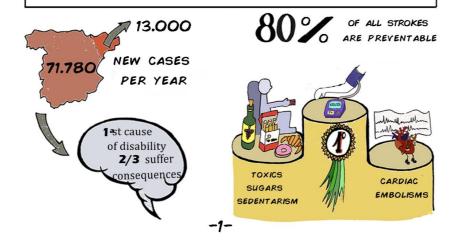
WELCOME! IF YOU ARE READING THIS, IT IS BECAUSE YOU ARE JOINING US AT THE CELEBRATION OF THE "1ST LOCAL STROKE-DAY MEETING FOR PATIENTS



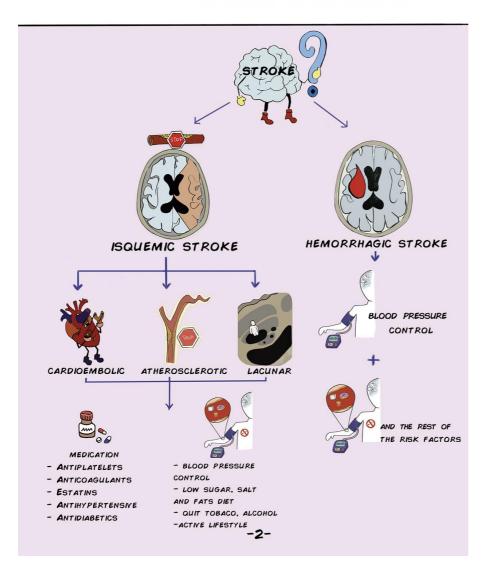
AS YOU KNOW, YOU ARE NOT ALONE.

STROKE IS A YERY COMMON ACQUIRED NEUROLOGICAL

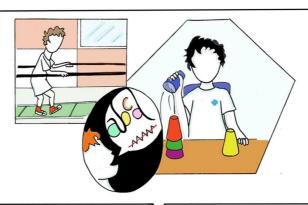
DISEASE THAT CAN BE PREYENTED...



DEPENDING ON THE SUBTYPE OF STROKE, THE SECONDARY PREVENTION TREATMENT DIFFERS. THE COMMON POINT IS THE CONTROL OF CARDIOVASCULAR RISK FACTORS.



REHABILITATION IS ESSENTIAL TO IMPROVE QUALITY OF LIFE AFTER STROKE. ITS MAIN GOALS ARE TO RESTORE FUNCTIONS TO THE MAXIMUM RECOVERY, TO ADAPT TO THE DISABILITY AND TO IMPROVE COMMUNICATION AND SWALLOWING.



THE KEYPOINTS THAT MUST BE TRAINED IN REHAB AT DISCHARGE:

HOW LONG SHOULD I UNDERGO REHABILITATION?

HOSPITAL

MONTHS

1 YEAR

MOBILITY



SWALLOWING



SENSIBILITY



ACTIVITIES OF DAILY

LIVING (ADLS)



SPEECH



IT STARTS DURING HOSPITALIZATION AND CONTINUES AT DISCHARGE

6-MONTHS

DEPENDING ON THE TYPE OF STROKE,
THERE IS A NOTABLE IMPROVEMENT IN
THE FIRST 3-4 MONTHS (MILD CASES)
OR 6 MONTHS (SEVERE CASES).
THERE IS AN ADAPTATION
FROM THEN ON.

-3-

FOLLOWING A MEDITERRANEAN
DIET IS KEY TO PREVENTING
CARDIOVASCULAR RISK FACTORS.

5 PIECES
OF FRUIT
A WEEK

3 TIMES
A WEEK

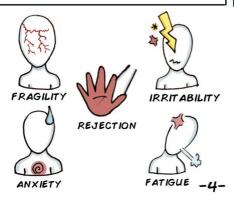
1-2 PER WEEK

AFTER A STROKE, DIFFICULTY SWALLOWING MAY APPEAR, (DYSPHAGIA) WHICH PREVENTS PROPER NUTRITION.



DUE TO THE ILLNESS AND THE LOSS OF INDEPENDENCE, EMOTIONAL DISORDERS MAY APPEAR, WHICH GENERATE FEAR AND INSECURITY IN PATIENTS AND FAMILY MEMBERS.

POST-STROKE COGNITIVE IMPAIRMENT MAY AFFECT MEMORY, LEARNING ABILITY, LANGUAGE AND INITIATIVE.





* WHAT WOULD YOU ADVICE TO A PERSON WHO HAS HAD A STROKE AND THEIR FAMILY?



"ASK FOR PSYCHOLOGICAL HELP AND FROM HEALTH PROFESSIONALS WHEN YOU NEED IT, LOOK FOR ACTIVITIES THAT MOTIVATE YOU".











* HOW DID IT CHANGE YOUR LIFE?













CALL 112 AS SOON AS POSSIBLE
IF SYMPTOMS SUGGESTIVE OF
STROKE APPEAR
(ALSO SUDDEN LOSS OF VISION)