



Stroke

Stroke fact sheet for Adults Social Care and Health

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EAST RIDING
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Stroke

...for Adults Social Care and Health

Overview:	This fact sheet explains what a stroke is, describes the different types, and outlines their common causes. It also identifies the symptoms that require immediate action. In addition, the fact sheet provides information on treatment options and signposts useful support tools and resources.
Content:	<ol style="list-style-type: none">1. Introduction to Stroke2. Causes3. Symptoms4. Treatment and Support5. Caring for someone who has had a stroke

I Introduction

A stroke occurs when the blood supply to part of the brain is interrupted, causing brain cells to become damaged or die. This damage can affect how the body functions and may also impact your thoughts, emotions, and communication. The effects of a stroke depend on where in the brain it happens and how much damage occurs.

A stroke can be life changing. It can happen to anyone, at any age, and the impact varies from person to person.

The three main types of strokes are:

1. Ischaemic Stroke

This is the most common type of stroke. It happens when a blood clot or blockage stops blood reaching a part of the brain. Around 85% of strokes in the UK are ischaemic strokes.

2. Haemorrhagic Stroke

A haemorrhagic stroke occurs when a blood vessel in or around the brain bursts, causing bleeding. The bleeding damages brain cells and can affect movement, thinking, communication, and emotions.

3. Transient Ischaemic Attack (TIA)

A TIA, often called a “mini stroke,” happens when the blood supply to the brain is briefly blocked. Symptoms are the same as those of a stroke but only last a short time because the blockage clears on its own. Although temporary, a TIA is a warning sign of a possible future stroke and should always be treated seriously.

Ischaemic Stroke

Here are the main causes of ischaemic strokes:

Atherosclerosis

Atherosclerosis happens when fatty deposits (called plaques) build up inside blood vessels. These plaques can become unstable and form a blood clot. If the clot breaks off and travels to the brain, it can block the blood supply and cause a stroke.

Small Vessel Disease

This affects the tiny blood vessels deep in the brain. The vessels become narrowed or damaged, reducing blood flow. This makes a stroke more likely and can also cause several small strokes over time. It can affect memory, thinking, and mood, and is linked to dementia.

Heart Conditions

Some heart problems make clots more likely to form.

- **Atrial fibrillation (AF):** An irregular heartbeat that allows blood to pool and form clots. If a clot travels to the brain, it can cause a stroke.
- **Patent foramen ovale (PFO):** A small hole between the upper chambers of the heart. A PFO often causes no symptoms, but in some cases, a clot can pass through it and reach the brain.

Arterial Dissection

Arterial dissection happens when the inner lining of an artery tears. Blood collects in the tear and can form a clot. If this clot blocks blood flow to the brain, or moves into the brain, it can cause a stroke. It can happen after an injury, but sometimes it occurs without a clear cause.

Other Causes

In some cases, stroke is linked to other health conditions such as inherited blood-clotting disorders or infections affecting the heart.

Conditions like high blood pressure, high cholesterol, diabetes, and lifestyle factors such as smoking or being overweight increase the risk.

Haemorrhagic Stroke

There are two main types of haemorrhagic stroke:

- **Intracerebral Haemorrhage (ICH):**

This occurs when a blood vessel bursts and bleeds directly into the brain tissue. It is the most common type of haemorrhagic stroke, accounting for around two-thirds of all cases.

- **Subarachnoid Haemorrhage (SAH):**

This happens when bleeding occurs on the surface of the brain, allowing blood to enter the fluid-filled space surrounding it. SAH is less common and causes around one in 20 strokes.

Transient Ischaemic Attack (TIA)

Certain factors can increase a person's likelihood of experiencing a TIA or a stroke. These are known as risk factors.

The risk factors for a TIA are the same as those for an ischaemic stroke.

Some risk factors cannot be changed, such as age, ethnicity, or family history. Others relate to health conditions or lifestyle and may be managed or improved.

Common risk factors include:

- High blood pressure
- Atrial fibrillation (AF): An irregular or sometimes abnormally fast heartbeat
- Diabetes
- High cholesterol

3 Symptoms

A stroke can happen to anyone, at any age, and at any time. It is essential to recognise the signs of stroke in yourself or in others. Stroke is a medical emergency that requires immediate attention, as every minute is critical.

How to identify a stroke

The **FAST** acronym (Face, Arms, Speech, Time) is a test to quickly identify the three most common signs of stroke.

- **Face weakness:** Can the person smile? Has their mouth or eye dropped?
- **Arm weakness:** Can the person raise both arms fully and keep them there?
- **Speech problems:** Can the person speak clearly and understand what you say? Is their speech slurred?
- **Time to call 999:** If you see **any one** of these signs.

Remember: **F**ace or **A**rm or **S**peech, at the first sign, it's **T**ime to call **999**.

There are other signs and symptoms that should always be taken seriously. These include:

- Sudden weakness or numbness on one side of the body, including the legs, hands, or feet
- Difficulty speaking, or trouble finding the right words
- Blurred vision or loss of vision in one or both eyes
- Sudden confusion or memory problems
- Dizziness, loss of balance, or an unexpected fall
- A sudden, severe headache, sometimes described as a “thunderclap headache”
- In a subarachnoid haemorrhage, other symptoms may include a stiff neck, nausea, and vomiting

If any of these signs or symptoms appear, call 999 immediately. Do not wait.

Symptoms vary from person to person but often appear suddenly. If the symptoms last only a short time, it may be a transient ischaemic attack (TIA).

Treatment of Ischaemic Stroke

The main treatments for an ischaemic stroke aim to break up or remove the clot blocking blood flow to the brain. These treatments are usually only available in the first few hours after symptoms begin. Other treatments focus on lowering blood pressure, reducing the risk of another stroke, and supporting recovery.

Treatments to remove or break down clots

- Thrombolysis: A clot-busting medicine given through a drip to dissolve the blockage.
- Thrombectomy: A procedure where a specialist removes the clot using a tiny device inside the blood vessel.

Blood-thinning medication

Most people who have an ischaemic stroke are given blood-thinning medication to help prevent new clots forming. Many will need to take this long-term.

There are two main types:

- Antiplatelets
- Anticoagulants

Narrowed arteries

Around 15% of ischaemic strokes are caused by narrowed arteries in the neck. This is diagnosed using specialist scans.

Monitoring and early assessment

A person is monitored closely for at least 24 hours in a stroke unit to make sure they remain stable. A swallowing assessment is carried out to check if it is safe to eat or drink. If not, a tube (nasogastric tube) may be used to give liquids and medication.

Rehabilitation and recovery

If symptoms continue after 24 hours, a full assessment is carried out by the stroke team. This team may include a physiotherapist, speech and language therapist, occupational therapist, dietitian, orthoptist, and psychologist.

Treatment of Haemorrhagic Stroke

The main treatments for a haemorrhagic stroke include:

Medication

Medicines may be given to reduce blood pressure, prevent blood vessel narrowing (vasospasm), and reverse the effects of blood-thinning drugs.

Surgery

- To treat a subarachnoid haemorrhage (SAH), surgeons may seal a burst aneurysm to stop the bleeding.
- Other procedures may be needed to repair damaged blood vessels or relieve pressure on the brain.

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- If fluid builds up on the brain (hydrocephalus), a temporary drain or permanent shunt may be inserted.

Treating complications

Seizures may be treated with medication, and headaches can be managed with pain relief.

Rehabilitation

Therapy usually begins early to support recovery.

Treatment of transient ischaemic attack (TIA)

A health professional will assess what happened and arrange for a specialist review within 24 hours.

Possible tests:

- Brain scan (not always needed, as TIAs do not always show on scans)
- Checks for high blood pressure, high cholesterol, or diabetes
- Heart monitoring
- Ultrasound scan of the neck to look for narrowed or blocked arteries

Treatment focuses on reducing the risk of another clot. This may include:

- Blood-thinning medication (antiplatelets or anticoagulants)
- Treating narrowed or damaged arteries in the neck

Effects of stroke and ongoing support

A stroke can have lasting effects on a person's health and wellbeing. These may include:

- Muscle weakness, foot drop, or stiffness
- Changes in sensation or balance
- Fatigue
- Swallowing problems
- Bladder or bowel problems
- Headaches or pain
- Vision or taste changes
- Seizures
- Difficulties with speech, language, or communication (aphasia)
- Emotional changes such as anxiety, frustration, or low mood

Rehabilitation

Everyone who has had a stroke will need rehabilitation, supported by a stroke team, GP, or community services. This may involve:

- Physiotherapy
- Speech and language therapy
- Occupational therapy
- Dietitian support

- Orthoptist input
- Psychology support
- Community learning disability team (if needed)

5 Caring for someone who has had a stroke

Caring for someone who has experienced a stroke requires a consistent, coordinated, and person-centred approach. Effective care ensures that symptoms are managed appropriately and that rehabilitation is optimised through personalised support.

A person's care and support plan and risk assessment should clearly describe how the stroke has affected them individually, including any changes in independence, dignity, cognition, or mobility. These documents should be reactive to changes and detail the short and long-term effects of the stroke, outline how staff should provide support, specify any identified risks linked to symptoms, and include a comprehensive rehabilitation plan.

All individuals who have had a stroke should receive 24-hour observations and assessments to identify both immediate and long-term impacts. They should also be signposted to appropriate support services, including the Stroke Team, GP, and community health services.

Key areas to consider include:

Physical Ability, Muscle Weakness and Stiffness

Strokes can cause short- or long-term changes in physical functioning, including difficulties with mobility, coordination, eating, and swallowing.

Support should include:

- Monitoring any changes in mobility and identifying difficulties with daily tasks.
- Referring to Occupational Therapy and Physiotherapy for assessment, rehabilitation exercises, and specialist equipment.
- Documenting all mobility needs and any falls risks within the care plan.
- Referring to the Falls Team in line with the Post-Falls Protocol where required.
- Referring to Speech and Language Therapy for assessment of eating and swallowing and supporting the use of mealtime aids such as spouted beakers, easy-grip cutlery, or plate guards to promote safety and independence.

Sleep Difficulties and Incontinence

Sleep disturbances and changes to bowel or bladder function are common after a stroke.

Support should include:

- Maintaining the person's dignity at all times.
- Discussing available support options and referring to the Bowel and Bladder Team for assessment or continence aids when appropriate.
- Being attentive to individual sleep routines and needs, as disrupted sleep can affect mood and overall wellbeing.
- Seeking GP advice where needed, including reviews of pain management or medication that may affect sleep or continence.

Memory, Cognition and Emotional Wellbeing

Cognitive changes, memory difficulties, anxiety, and depression can occur as part of the recovery process. Support should include:

- Providing access to meaningful activities that support both physical and cognitive health.
- Encouraging social interaction and offering opportunities for cognitive stimulation.
- Supporting healthy eating to promote neurological and muscular recovery.
- Monitoring changes in mood and referring to the GP or mental health services when necessary.

Extra tools and support for people affected by stroke

Stroke Association Resources

Communication Support Pack (Free):

<https://shop.stroke.org.uk/product/communication-support->

Stroke Support Helpline: 0303 3033 100

Supporter Relations: 0300 3300 740

Weekly Volunteer Calls:

<https://www.stroke.org.uk/stroke/support/weekly-volunteer-calls/webform/weekly-volunteer-calls-sign-form>

Emotional Support & Helplines

SupportLine: <https://www.supportline.org.uk/>

Helpline: 01708 765200 (Emotional support for people across the UK)

The Silver Line: <https://www.thesilverline.org.uk/>

Helpline: 0800 4 70 80 90 (Friendship, conversation, and support for older people)

NHS Talking Therapies:

<https://www.nhs.uk/nhs-services/mental-health-services/find-nhs-talking-therapies-for-anxiety-and-depression/>

Condition-Specific Support

Brain & Spine Foundation – Peer Support Groups:

<https://www.brainandspine.org.uk/support-for-you/peer-support-groups/>

Stroke Association Support Services:

<https://www.stroke.org.uk/stroke/support>

NHS Stroke Information:

<https://www.nhs.uk/conditions/stroke/help-and-support/>

National Clinical Guideline for Stroke (UK & Ireland):

<https://www.strokeguideline.org/>

Communication & Aphasia Tools

Aphasia Therapy App: Speech Sounds on Cue