HeartHelp
Keeping You In Rhythm

The Beat

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SPECIAL POINTS OF INTEREST:

- **How is a Stroke Treated?**
- **Blood Pressure Monitoring Tips**
- **Shrimp and Okra with Tomatoes**

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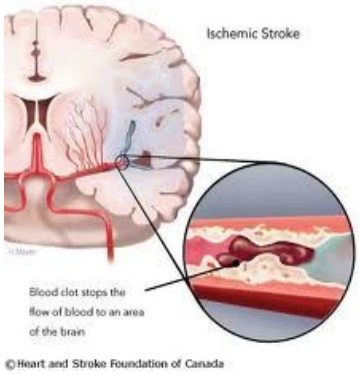
How is a Stroke Treated?

Once the diagnosis of a stroke is made, treatment is then initiated very quickly depending on the type of stroke it is. Roughly 85 percent of strokes are ischemic in nature. This means that the stroke is caused from a thrombus (blood clot in one of the brain arteries) or an embolus (a blood clot that came from another part of your body- usually the heart). The other 15 percent of strokes are hemorrhagic or bleeding strokes. Our focus today is on the treatment of ischemic strokes. The picture to the right depicts a stroke from a blood clot. The clot is blocking blood flow and oxygen to that part of the brain. The grey area is the area of the brain being damaged. The more time that passes, the more the brain is damaged permanently. Treatment actually starts with the family or friends who are with the individual experiencing symptoms. The best thing that can be done at this point is to make note of the time the symptoms started and call 9-1-1. Once EMS arrives, they will activate the stroke team at nearest hospital so no time is lost. On arrival to the Emergency Department, an urgent CT or MRI of the brain is completed to make sure the diagnosis of an ischemic stroke is correct. In the interim, cardiac monitoring will be performed to make sure there are no arryhthmias. Oxygen and breathing support may be needed. Maintaining hydration with IV fluids and also close monitoring of blood glucose improves the outcomes of people experiencing a stroke. It is not uncommon for the blood pressure to be extremely high during the early phase of the stroke. There is still not a consensus as to the best blood pressure range during this time period. There is agreement that too low of a blood pressure may cause more damage. (2) (3).



Over the last 15 years, stroke treatment has advanced with the use of fibrinolytic therapy. Fibrinolytic therapy is a "clot buster" that is given through the IV to the stroke victim if certain requirements are met. The drug that has been shown to work the best and is FDA approved is tPA or tissue plasminogen activator. Until recently, tPA had to be given within 3 hours from the onset of symptoms. However, the American Heart Association/American Stroke Association recently released updated guidelines last month which allow for administration of fibrinolytic therapy in certain patients that are within a 4.5 hour window. This does not mean we should delay getting to the hospital. The sooner treatment is given, the better the outcomes. According to the literature, for every 32 people that gain great benefit from tPA, there are about 3 people that do not or may be worse. Unfortunately, only about 3-5 percent of those people who could benefit from this drug actually get to the hospital in time to receive it. (3).A strict protocol is followed and not everyone is a candidate for fibrinolytic therapy. In patients who are able to receive it in centers where a protocol is followed closely, it can significantly reduce the damage to the brain and neurological deficits long term. Certainly there are risks to using this therapy which include primarily intracranial hemorrhage (bleeding in the brain) and angioedema (swelling of the mouth and tongue). When given to the right individuals, the benefits far outweigh the risk. (3).

After initial treatment of the stroke, it is recommended that the individual is transferred to a stroke unit in the hospital for further monitoring and treatment. The hospitalization time will vary depending on the severity of the stroke. The most common complications after a stroke include infections, aspiration (when the food goes down the breathing pipe instead of the food pipe), blood clots, and constipation. Early movement and rehabilitation in stable patients is recommended to help prevent some of these complications. Physical, occupational, and speech therapy play a vital role in helping patients recover and regain their function. (3).

Recipe of the Month: Shrimp and Okra with Tomatoes

Being from Louisiana, I searched high and low for a heart healthy Cajun recipe this month. I found this recipe from www.lowsodiumqueen.blogspot.com.

Ingredients:

1 Tb Olive oil
1 Med Onion diced
1 Bell Pepper diced
1 lb Okra
2 Tb Cider Vinegar
1 cup Seafood or Vegetable stock
3 Red Ripe tomatoes, peeled, diced
1 tsp Mrs. Dash Garlic and Herb Blend
1\4-1\2 tsp Mrs. Dash Extra Spicy Seasoning
1 lb Shrimp, peeled

Directions:

1. Saute onions and peppers in olive oil. Add seasonings.
2. Add okra and vinegar. Stir gently so not to break okra.
3. Simmer for few minutes on medium low heat before adding tomatoes.
4. Once tomatoes added, stir very minimal and simmer for 20-30 minutes until mixture slightly thickened and tender.
5. Add shrimp and simmer for another 7-10 minutes until shrimp are pink.
6. Serve plain or over rice.
7. Bon Appetite!

Health Information

Servings: 8
Calories: 114.6
Total Fat: 3 g
Cholesterol: 86.1 mg
Sodium: 93.8 mg
Potassium:381.1 mg
Total Carbohydrate: 9.2 g
Sugar: 2.5 g
Dietary Fiber: 3.1 g
Protein: 13.8 g

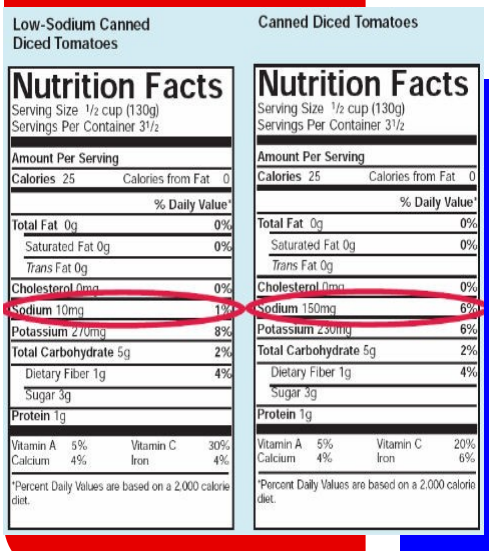
Quote of the Month:

"Successful people do what unsuccessful people will not even attempt"- Author Unknown

Bible Verse of the Month:

"Therefore humble yourselves under the mighty hand of God, that He may exalt you in due time, casting all your care up upon Him, for He cares for you" 1 Peter 5:6-7

Did you Know?



Low-Sodium Canned Diced Tomatoes

Nutrition Facts
Serving Size 1/2 cup (130g)
Servings Per Container 3 1/2

Amount Per Serving	
Calories 25	Calories from Fat 0
	% Daily Value*
Total Fat 0g	0%
Saturated Fat 0g	0%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 10mg	1%
Potassium 270mg	8%
Total Carbohydrate 5g	2%
Dietary Fiber 1g	4%
Sugar 3g	
Protein 1g	

Vitamin A 5% Vitamin C 30%
Calcium 4% Iron 4%

*Percent Daily Values are based on a 2,000 calorie diet.

Canned Diced Tomatoes

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Calories 25	Calories from Fat 0
	% Daily Value*
Total Fat 0g	0%
Saturated Fat 0g	0%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 150mg	6%
Potassium 230mg	6%
Total Carbohydrate 5g	2%
Dietary Fiber 1g	4%
Sugar 3g	
Protein 1g	

Vitamin A 5% Vitamin C 20%
Calcium 4% Iron 6%

*Percent Daily Values are based on a 2,000 calorie diet.

The average American takes in over 3400 mg of sodium per day. Your body only needs between 180-500 mg to function. The daily recommended sodium intake for most individuals should be 2300 mg per day or less. However, if you have any of the following the recommendation is to limit your sodium to 1500 mg per day or less:

1. Over age 51
2. High Blood pressure
3. Diabetes
4. Heart disease or Heart failure
5. Kidney disease
6. African American

Do you need motivation? If you decrease your sodium intake, you should notice a decrease in your blood pressure within weeks. Strict control of sodium intake is very important for individuals with heart failure as well. One meal that is very high in sodium could cause a fast accumulation of fluid and a trip to the ER. (1).

Tip of the Month

Blood pressure monitoring tips:

1. Use an arm cuff instead of a wrist cuff. They are generally more accurate.
2. Take the blood pressure regularly AND when you are having symptoms or problems (that way you know if there is a major change from normal).
3. The top number represents your systolic blood pressure and for most people should be between 100-130.
4. The bottom number represents your diastolic blood pressure and for most people should be around 60-80.
5. The third number may be out to the side or on the bottom and represents your pulse or heart rate. For most people this should be between 60 and 100.

Have your cuff checked routinely at your doctor's office to make sure it is accurate.

Have a Fabulous February!