

## What are the long-term effects of a stroke?

The effects of stroke are highly individual. The type and extent of the limitations and disabilities you experience after a stroke and your ability to recover will depend on the type of stroke you had and its severity, the part of the brain affected, and your general health before the stroke. The following pages describe some common problems many stroke survivors will encounter during their recovery, including:

- Muscle and Movement Problems
- Sensory Problems and Pain
- Communication Problems
- Thinking and Memory Problems
- Emotional Disturbances

### Muscle and Movement Problems

Paralysis (inability to move a part of the body) and weakness are the most common disabilities caused by a stroke. Half of stroke survivors 65 or older have some weakness on one side of the body 6 months after stroke.<sup>3</sup> Paralysis usually occurs on the side of the body opposite the side of the brain that was damaged by the stroke—if you had a stroke in the right half of your brain, you may have trouble moving your left arm or leg. Paralysis or weakness can affect mainly the hand, arm, leg, face, or an entire half of the body.

Another common problem is *spasticity*, a condition in which muscles become stiff and resist stretching. Spasticity is most common in the arms, hands, and legs. This can make walking or picking up objects difficult and limit your range of motion.

Many stroke survivors also develop *ataxia*, or problems with the ability to coordinate movements. One in three stroke survivors are unable to walk without assistance 6 months after stroke, either because of weakness or ataxia.

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Because stroke usually weakens one side of the body, it can also cause balance problems. Stroke can strike the part of the brain responsible for the sense of balance, and many stroke survivors experience dizziness or a "spinning" sensation in addition to basic balance problems. This leads to serious falls in about 40% of people within a year of stroke. One study found that half of women fell during the year after a stroke, with 60% of these being injured as a result.<sup>4</sup>

All of these problems can cause difficulties in performing the simple tasks of daily living like grasping objects, sitting and standing, getting around the house, going to the bathroom, and getting dressed.

[Physical rehabilitation](#) can help you regain strength in the affected limbs and restore their mobility and range of motion, and [occupational therapy](#) can help you learn new ways of doing daily tasks and help restore your independence.

### **Sensory Problems and Pain**

Stroke can damage the nerves that carry sensory information from the body to the brain, altering the survivor's sense of vision, touch, pain, and temperature, and their ability to sense the position of their body (such as sitting versus standing).

Many stroke survivors have problems with long-lasting (chronic) pain caused by damage to the nervous system, which can be difficult to treat. Muscle weakness caused by a stroke can cause pain by putting extra stress on other parts of the body. For example, it is common for a weak or paralyzed arm to cause pain in the shoulder. Nerve damage can cause part of the patient's body to feel numbness or tingling or "pins and needles" sensations in the arms or legs.

Stroke can also damage the part of the brain that controls the muscles of the bladder or bowel, resulting in incontinence or constipation. Permanent incontinence in stroke survivors is very rare, but it can be a troubling disability even if it lasts for only a short time.

[Physical rehabilitation](#) and [occupational therapy](#) can help retrain the senses and work around sensory limitations. Improving muscle tone with exercise helps to take stress off the rest of your

body and relieve pain. A pain specialist can work with you to try to minimize your nerve pain symptoms, and medications to minimize discomfort are available.

### Communication Problems

Mental or physical problems caused by stroke can impair a survivor's ability to speak, write, and understand spoken or written language.

One of the most common communication problems in stroke survivors is *aphasia*—problems with the mental processing of language, which can lead to trouble speaking or understanding others. About 1 in 5 stroke survivors have aphasia 6 months after a stroke.

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This often happens after suffering a stroke that damaged the language center of the brain. Survivors may have trouble converting their thoughts into words, finding the right words, or constructing sentences properly. This can prompt you to speak very slowly, use the wrong words without realizing it, or produce speech that does not make sense. It can also affect your ability to read, write, or deal with numbers.

Another common communication problem, called *dysarthria*, is difficulty speaking caused by weakness or paralysis in the muscles of the face and mouth. Survivors who experienced a stroke in a certain part of the brain can also have *dysphagia*

, or difficulty swallowing. If you have a stroke, the early detection of dysphagia is important because not being able to swallow correctly may cause food, saliva, and other fluids to get into the lungs by mistake, causing an infection.

The severity of communication problems after a stroke depends on the location and severity of the stroke. They can range from merely mixing up words and forgetting the words for common objects to a complete inability to communicate thoughts with language or understand the communication of others.

[Speech and Language Therapy](#) can help many stroke survivors and their families cope with communication problems after a stroke.

### Thinking and Memory Problems

Stroke can damage the areas of the brain responsible for memory, learning, attention, and awareness. Short-term memory loss is common after stroke, with survivors able to remember the distant past perfectly but unable to describe their activities earlier in the day, or having a tendency to repeat recent conversations or ask the same question repeatedly. A stroke can also shorten your attention span and make you more easily distracted, making concentrating on the task at hand difficult.

Survivors may also have problems keeping several lines of thought going at once, which can impair their ability to do complicated tasks such as driving, even if they are physically able. This can make it difficult to carry out tasks that have multiple steps in the right order, such as preparing food or following instructions.

When a stroke affects the awareness of the survivor, he or she may be unable to recognize or accept the reality of the impairments caused by the stroke. This can lead to errors in judgment and a "gung-ho" attitude that can put the patient's safety and the safety of others at risk, such as trying to walk without assistance or trying to drive a car. Stroke can cause some survivors to neglect the side of the body affected by the stroke or to not recognize the existence of people or things—even their own limbs—on that side unless they turn their head to that side.

### Emotional Disturbances

Stroke is a traumatic event, and many emotional reactions to it—such as fear, anger, sadness, anxiety, and frustration—are natural and healthy reactions. Working through these is part of the recovery process. More serious and long-lasting emotional problems can be a sign that the stroke has affected the emotion centers of the brain or a sign that you are having psychological problems adapting to life after a stroke. These issues should not be ignored and need to be dealt with and managed to give you the best chance of a successful recovery.

Depression is common after stroke. It is present in 1 in 3 survivors a full 6 months later, and is more common in women.<sup>3, 5, 6</sup> Some sadness and despair is a natural reaction to the trauma you

have been through and the challenges that lie ahead, but if it is very severe and does not improve over time you may have clinical depression that requires professional help and treatment. Stroke can also cause apathy, or lack of interest or concern, robbing you of your interest in the things you once cared about and eliminating your drive to be active and engaged in life and the people around you. Pushing yourself to be active will help speed up your stroke recovery.

If depression or apathy is preventing you from engaging in your recovery and your life after stroke, you may need to seek professional help. Talk to your doctor if you experience any of the signs that may indicate these emotional issues may require treatment with medications and/or counseling. Signs of clinical depression include sleep disturbances, constant tiredness, withdrawing from all social contact, irritability, sudden changes in weight, or self-hating thoughts or thoughts of suicide.

People who have suffered a stroke may also experience *emotional lability*, laughing or crying for no apparent reason or difficulty in controlling emotional responses, caused by damage to the emotion centers of the brain. To help fight depression and apathy, try to stimulate your interest and engage yourself in hobbies and recreational activities and socialize with family and friends. Establishing a [stroke recovery plan](#) will also help you have a more positive mental outlook.

[Next: 4 Steps to a Successful Stroke Recovery](#)

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