

PATIENT INFORMATION

Understanding Your Medicines:

Stroke and TIA (Transient Ischaemic
Attack)

WHAT IS A STROKE?

A stroke is what happens when the blood supply to the brain is disturbed: the brain tissue does not get any oxygen and the brain cells die.

WHAT IS A TIA?

A TIA (sometimes called a 'mini stroke') is similar to a stroke and causes the same type of symptoms but it resolves within 24 hours. Treatment of a TIA is important however as it can be a warning sign that a patient is at risk of having a stroke

What causes stroke?

85% of strokes are due to a blockage of a blood vessel. This is called an ischaemic stroke or an infarction. This type of stroke can be caused by:-

- A narrowing of a blood vessel caused by atherosclerosis ('furring up of the artery') or a cerebral thrombosis (development of a blood clot within a blood vessel).
- A clot lodging in artery in the brain and blocking it off (embolic stroke)

The second type of stroke is due to bleeds in the brain, when a blood vessel bursts. This type of stroke is called a haemorrhagic stroke. This type of stroke can be caused by:-

- A blood vessel bursts within the brain, called an intracerebral haemorrhage
- A blood vessel bursts on the surface of the brain and bleeds into the area between the brain and the skull, called a subarachnoid haemorrhage.

What causes a TIA?

A TIA happens when the blood supply to the brain is interrupted for a brief time and the affected part of the brain is without oxygen for a short period of time but soon recovers.

Different drug treatments are used to reduce the risk of further TIA's and strokes, depending upon your individual risk factors that have been identified. This leaflet gives a broad description of the common drugs that are used in stroke prevention.

As well as taking your medication it is important that you also exercise (if possible) e.g. 20 minute walk per day, keep your weight under control and eat healthily, avoid excess salt and saturated fats and to stop smoking.

Aspirin

Aspirin helps prevent the formation of clots that can block a blood vessel in the brain. Aspirin is given at a dose of 300mg once a day for up to two weeks. After this the aspirin is stopped and another medication called clopidogrel is taken instead. If you are discharged before you have completed 14 days of aspirin, you will usually be asked to start taking clopidogrel instead from the day after your discharge.

Some people can find that aspirin causes stomach irritation. Taking aspirin dissolved in water and after food can usually prevent this. If you develop heartburn or your bowel motions become black contact your doctor. Some people are allergic to aspirin; this is more common in people with asthma. If your breathing feels tight after taking aspirin or

you develop a rash contact your doctor as soon as you can. Some pain killing and cold remedy medications contain aspirin and should not be taken with your regular aspirin.

Clopidogrel

Clopidogrel works in a similar way to aspirin to prevent the formation of blood clots. You will normally be asked to take clopidogrel once a day after your course of aspirin is finished.

Clopidogrel can sometimes cause stomach upset, rash, nausea, diarrhoea or constipation. If you develop heartburn or your bowel motions become black contact your doctor. Products containing aspirin should be avoided by people taking clopidogrel unless your doctor tells you otherwise.

Anticoagulants

In some people anticoagulant medicines are used to prevent clots instead of the above medications. Examples of anticoagulants are: warfarin, apixaban, dabigatran, edoxaban and rivaroxaban. If you need one of these medicines, separate information will be given on how to take it and what monitoring and other precautions are needed.

Note: People who have had a haemorrhagic stroke will not be given aspirin, clopidogrel or anticoagulants as they increase the risk of bleeding.

Statins

Statins is the name given to a group of medicines that lower cholesterol along with a low fat diet. Too much cholesterol can harden and narrow blood vessels and reduce blood flow to the heart and brain. The most common statin used after a stroke is atorvastatin; other statins include simvastatin and pravastatin. People who have had a haemorrhagic stroke

will not normally be given statins unless they need them for other reasons.

Statins are usually more effective when taken at bedtime. Some people can experience diarrhoea, constipation, wind (flatulence), nausea, or headache whilst taking statins. Some other effects that could occur include trouble sleeping, low mood, memory problems, or sexual function problems. These should resolve as your body adjusts to the medicine but should be discussed with your doctor if troublesome. If you develop muscle pain, tenderness or weakness, contact your doctor immediately.

After you have been taking a statin for three months, your doctor may take a blood test to check your cholesterol level. You will also need your liver blood test checked (usually after three months and one year). You should avoid drinking grapefruit juice or eating grapefruit with statins. Drinking alcohol in moderation usually does not affect the action of statins on your body, however your doctor may advise you to keep your alcohol intake to a minimum. You may also need to stop taking your statin temporarily if you are prescribed certain antibiotics. Your doctor or pharmacist should advise on this.

Perindopril

This medicine belongs to a family of drugs called ACE inhibitors. It is used to control blood pressure by making blood vessels relax. It is started at a low dose and gradually increased if needed.

Some people feel dizzy or tired when they first start perindopril. Taking the tablet at night may make this less

troublesome. Perindopril should ideally be taken at least two hours after food and you should not eat for 30 minutes after a dose.

Perindopril can occasionally cause cough, loss of taste or headache. These effects are usually mild and wear off. If the cough does not resolve after a few weeks, contact your GP. If you develop skin rashes, swelling of the mouth or tongue or fever stop your tablets and contact a doctor immediately. Do not take perindopril if you think you may be pregnant.

You will need a blood test for your kidneys within two weeks of starting perindopril or if your dose is increased. After this tests should be done at least once a year. You should try and avoid adding extra salt to food as this can increase blood pressure. Salt substitutes and cystitis preparations containing potassium should also be avoided, as perindopril can cause the body to retain potassium.

Amlodipine

This medicine belongs to a family of medicines called calcium channel blockers. It helps control blood pressure by widening blood vessels.

Sometimes amlodipine can cause headaches, dizziness, and flushing of the face. If these side effects do not wear off after a few days consult your doctor. Some people also experience swollen ankles – if this happens your treatment may need to be changed.

Diuretics (Water tablets)

Diuretics are used to remove excess water from the body by increasing the amount of urine you pass. The diuretic most commonly used after a stroke (indapamide) also controls blood pressure by relaxing blood vessels. Other diuretics include bendroflumethiazide, furosemide and bumetanide.

Diuretics are usually taken in the morning. Avoid taking them at night as you may have to wake up to go to the toilet. Some people can also experience nausea, dizziness, rash and muscle cramps. If cramps occur you should see your GP as this may be caused by the loss of the salts sodium and potassium from your body.

Your doctor can check this with blood tests and your treatment may need to be changed. Very occasionally diuretics may increase blood sugar levels in diabetics – if this happens, see your doctor.

Beta Blockers

Beta blockers are a family of medicines that reduce the heart rate and the force of the heart beat. This helps lower blood pressure and control atrial fibrillation. Common beta blockers include bisoprolol and atenolol.

Beta blockers are usually taken once a day. You may find that you feel dizzy or lethargic when you first start taking beta-blockers – this normally wears off after a few days. Other side effects that can occur include cold fingers and toes (see your doctor if this happens, especially if you have diabetes), sleep disturbances and rarely male impotence.

People with asthma should not normally take beta-blockers as they can worsen breathlessness. See your doctor if you become more breathless after starting a beta-blocker. Beta-blockers can also increase blood sugar in diabetes, and reduce the feelings you get when your blood sugar levels are too low. Most diabetics can take beta-blockers without any problems but if you use insulin or take certain tablets such as gliclazide, you may need to take extra care to measure your blood sugar levels.

Digoxin

Digoxin is used to control the heart rate in atrial fibrillation. It should be taken at the same time each day. Side effects of digoxin are often a result of increased drug levels in the blood. If you lose your appetite, are sick and have diarrhoea for more than one day, experience visual disturbances or become aware of a very fast or slow heartbeat you should see your doctor, who can do a blood test and adjust your dose if necessary.

Smoking Cessation

Smoking significantly increases the risk of stroke. Many people who have had a stroke or TIA find that this gives them the motivation they need to stop smoking.

Smoke free Sefton support anyone who lives or works in Sefton with the aim to stop smoking for good.

Lancashire Quit squad provide smoking cessation support for anyone living in Lancashire

Nicotine replacement therapy is available in the hospital and on discharge to help those who would like to stop smoking. Your doctor, pharmacist or nurse can advise on the most helpful type for you, but some examples are:

Patches: These come in different strengths depending on the number of cigarettes you smoke. Patches supply a constant low level of nicotine that reduces cravings but are less useful for breaking the 'habit' of smoking. Some patches are worn continuously for 24 hours and some are taken off at night.

Inhalator: This is often known as a 'plastic cigarette' which is loaded with cartridges that release nicotine when you inhale from it. The amount of nicotine released is less than that in a cigarette but some people find it useful for replacing the hand to mouth action of smoking.

Gum, Lozenges: These are available in different strengths and are chewed or dissolved in the mouth when you feel the urge to smoke.

Missing a dose of your medicine

If you miss a dose of your medicine take it as soon as you remember. If this is close to when you should take the next dose, do not take the one you missed. Do not double up the next dose.

Taking other medicines

You may take other medicines with your tablets but it is best to inform your doctor or pharmacist of which medicines you are taking before buying any. There are several medicines that can interact with those you already may be taking.

This leaflet is not intended to replace any advice that the doctor, pharmacist or nurse may give you, and much more detail can be obtained from the manufacturer's information leaflet. **Store medicines out of reach of children**

During your contact with us, it is important that you are happy with your care and treatment. Please speak to a member of staff and/or the ward/department Sister/Charge Nurse if you have any questions or concerns.

MATRON

A Matron is also available during the hours of 9.00 to 5.00 pm Monday to Friday. During these periods, ward/department staff can contact Matron to arrange to meet with you. Out of hours, a Senior Nurse can be contacted via the ward/department to deal with any concerns you may have.

INFECTION CONTROL REQUEST

Preventing infections is a crucial part of our patients' care. To ensure that our standards remain high our staff have regular infection prevention and control training and their practice is monitored in the workplace. We ask patients and visitors to assist us in preventing infections by cleaning their hands at regular intervals and informing staff of areas within the hospital that appear soiled.

As a patient there may be times that you are unsure whether a staff member has cleaned their hands; if in doubt please ask the staff member and they will be only too happy to put your mind at ease by cleaning their hands so that you can see them.

SPECIAL INSTRUCTIONS

ANY CONDITION SPECIFIC DANGER SIGNALS TO LOOK OUT FOR:

Facial weakness – inability to smile, drooping of the mouth or eye.

Arm weakness – inability to raise both arms

Speech problems/difficulty understanding others

CONTACT INFORMATION IF YOU ARE WORRIED ABOUT YOUR CONDITION

Your own GP –

Southport Hospital Pharmacy - 01704 704161

Ward 15B - 01704 704232

OTHER USEFUL TELEPHONE NUMBERS/CONTACTS:

NHS 111

Stop Smoking Helpline (Sefton) - 0300 100 1000

Stop Smoking Helpline (West Lancashire) - 0800 328 6297

**Please call 01704 704714 if you need
this leaflet in an alternative format**

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Please remember to complete the **attached** *Friends and Family Test*.

Alternatively, you can complete the *Friends and Family Test*
on-line by going to: southportandormskirk.nhs.uk/FFT

Thank you

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