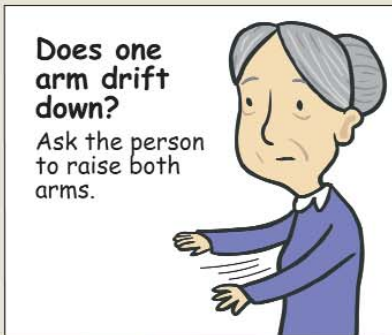


Face



Arm



Speech



Time



Stroke Heroes **Act FAST** Education Guide

Massachusetts Department of Public Health

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PART 1:

Introduction

INTRODUCTION

Stroke is the third leading cause of death in this country and the leading cause of adult disability. Every year in Massachusetts, 18,000 people have a stroke. 3,500 of those people will die and many more will remain permanently disabled. With rapid response, many of these deaths and disabilities could be prevented.

By learning to recognize the sometimes subtle symptoms of stroke, families, friends and caregivers can call 9-1-1 at the very first sign of stroke and provide medical professionals with the valuable time they need to save a life or prevent permanent disability.

This kit contains the materials you will need to educate a lay audience how to recognize the warning signs of stroke and control certain risk factors in order to prevent a stroke.

Clear, informative and engaging, this program can be used in school settings and with groups of adults and seniors.



KIT CONTENTS

- Master CD with 2 (Long and Short) versions of PowerPoint Presentation, animation and printable brochure, poster, FAST logo and other documents that can be personalized with your organization's information
- Education Guide, a booklet with talking points to accompany the PowerPoint presentations
- Printed copies of the poster, brochure, and copies of the education kit tracking form and the participant feedback form
- DVD of Stroke Heroes Act FAST animation
- VHS of Stroke Heroes Act FAST animation

STROKE HEROES ACT FAST ANIMATION

The animation is based on the highly effective FAST system developed for the Cincinnati Pre-hospital Stroke Scale. This tested system teaches stroke symptoms using the FAST acronym: Face, Arm, Speech and Time to call 9-1-1. Using this system, 75% of strokes can be recognized immediately. This 3 minute animated music video enhances retention of the content and motivates audiences to learn.

The animation is included in this kit on DVD, VHS and on the master CD.

STROKE HEROES ACT FAST POWERPOINT PRESENTATION AND GUIDE

The Stroke Heroes Act FAST PowerPoint presentation is professionally designed to help you communicate important information about strokes to a lay audience. The presentation covers statistics about the dangers of stroke, a memorable method for learning the warning signs, and information about risk factors and prevention methods.

There are two versions of the PowerPoint Presentation. Use the short version to make a 25 minute presentation. Use the long version to make a presentation that lasts 45 minutes or longer.

This guide contains talking points for each slide as well as optional discussion points and activity ideas that you can use along the way to keep your audience engaged. When planning your presentation, consider which activities you will do and how long they might take.

SOFTWARE INFORMATION

This program was created in PowerPoint 2002 using Office XP Professional on a Windows 2000 operating system. Please note that a fault in the 2003 version of PowerPoint may cause slides to disappear or background colors to change to black. If you experience problems opening the PowerPoint presentation, contact your IT specialist or Microsoft customer support.

PRINTABLE DOCUMENTS

The following printable documents are available on the Master CD.

1. Brochure

The brochure highlights the FAST method for recognizing a stroke and provides a list of resources for more information.

Place the brochure as literature in offices and public places and distribute at the end of a presentation.

2. Poster

The poster includes attractive information on the signs and symptoms of stroke, the importance of calling 9-1-1 for any sign of stroke and where to find more information.

Use the poster to publicize your presentation and to hang in waiting areas, staff rooms and offices.

3. Certificate of Completion

This attractive certificate states that the participant has completed the Stroke Heroes Act FAST Training Program.

Distribute the certificate to participants at the end of your presentations, particularly when you are working in a staff setting.

4. Press Release

Use the customizable press release to publicize your stroke presentation. You can also adapt the press release to create other publicity materials, such as e-mails and invitations to participants.

5. FAST Brand or Logo

Use the logo to customize communications, promotional materials (such as magnets, bookmarks, cards), letterhead or other documents.

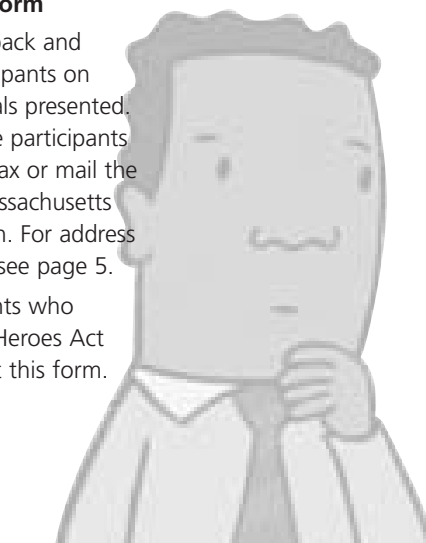
6. Education Kit Tracking Form

This form will be used to track distribution of materials and also to gain your feedback and suggestions on improving the educational materials. After every session, fill out the education kit tracking form and fax or mail the form to the Massachusetts Department of Public Health. For address and fax information please see page 5.

7. Participant Feedback Form

This form will provide feedback and suggestions from the participants on how to improve the materials presented. After each session, have the participants fill the feedback form and fax or mail the completed forms to the Massachusetts Department of Public Health. For address and fax information please see page 5.

Please note: Only participants who attend a complete (Stroke Heroes Act FAST) session should fill out this form.



PART 2: PowerPoint Versions

PowerPoint Versions

The CD contains two versions of the PowerPoint presentation.

Both versions of the presentation follow this content outline:

- Facts About Stroke
- FAST (Face, Arms, Speech, Time)
- Types of Stroke
- Risk Factors
- Making Lifestyle Changes

The long version covers content points in more depth than the short version. Whether you choose to use the short or long version, we strongly recommend that you incorporate discussions and activities in order to keep your audience engaged.

Use the **long version** when:

- You make a presentation to adult audiences who will be interested in greater detail
- You have 45 minutes or more of presentation time

Use the **short version** when:

- You make a presentation to young people and need to devote ample time to activities and discussion
- You make a presentation to audiences such as staff members who have limited time
- You have 25 minutes or less of presentation time



PART 3: Planning and Making Your Presentation

HOW CAN I PUBLICIZE MY PRESENTATION?

This kit makes it easy to create attractive, professional press releases, promotional letters, posters and mailings to publicize your presentation.

Mail:

Download the customizable press release from the Master CD. Fill in the dates and other information and mail it to your sponsoring institution's newsletter.

Print brochures and mail them to prospective attendees. Include a personal note inviting them to come.

Email:

Download the press release from the Master CD. Adapt the copy to create an e-mail announcement or promotional invitation to send to prospective participants.

Postings:

Print the poster and use a wide-tipped marker to write the date, time and location of your presentation. Put the poster in staff rooms, on community bulletin boards or anywhere your potential audience will see it.

HOW LONG SHOULD THE PRESENTATION RUN?

Times vary for different audiences, but your presentation will always be most effective if you include time for discussion.

Review the content of the PowerPoint presentation. Determine how much time you will spend with your audience and what content you want to cover. Then practice your presentation. Walk through each slide and familiarize yourself with the talking points. Try to put the talking points into your own words. Incorporate your own ideas and thoughts so that you can personalize the presentation and make it your own. Time yourself to make sure you can complete the presentation. Adjust the time by choosing which activities to do.

For Seniors

Presentations could take about 45 minutes to 1 hour. This includes time for discussion, questions and any activities. For seniors, you will probably want to use the longer version of the PowerPoint. Break it up with the discussions and activities.

For Staff

25 minutes to 1 hour. Staff tend to have less time to attend presentations than other audiences. The shorter version covers the most important points and is appropriate for most staff audiences. Using the shorter version will still give you time to incorporate discussion points throughout.

For Children and Teens

Classes in school are usually 45 minutes long. Plan to do a 30-minute presentation and build in plenty of opportunity for discussions and hands-on activities. For children under the age of 12, use the shorter version and break it up with lots of activities and discussion.

WHICH DISCUSSION QUESTIONS AND ACTIVITIES SHOULD I CHOOSE?

The most effective presentations include opportunities for your audience to participate. The PowerPoint guide contains optional discussion questions and activities at key points so that you can break for review, questions and sharing stories and observations. Stopping for discussions helps your audience process and retain information. Include time for discussion for both long and short presentations.

As you plan, go through the PowerPoint guide and look at the suggested discussion topics and activities. Think about which questions and activities will work best for your audience. Keep in mind how much time you will have for the presentation.

PART 3 (continued)

WHAT DO I HAVE TO BRING?

Bring a laptop, projector and external speakers or ensure that equipment is available and working in the place where you are presenting. Don't rely on someone else's software or projection system unless you can install and test the program prior to your demonstration! If you will be showing the VHS version, be sure that your host's equipment works. Bring an extension cord and a surge protector. Check with the host to be sure that they have a projection screen or blank wall for projecting the presentation. If not you may want to bring your own screen or white illustration board.

Bring printed copies of the following:

- Brochures
- Posters
- Certificates of Completion
- Participant Evaluation Forms

As you go through the PowerPoint guide, decide on any of the suggested activities or come up with ideas of your own. You may wish to bring:

- Equipment to demonstrate how to check blood pressure
- Fruits and vegetables of different colors
- Ingredients for a healthy fruit or vegetable dish or the dish itself (for example a soup or salad) and copies of the recipe
- For younger children, a non-working telephone for role playing

MEET THE PARTICIPANTS

Introduce yourself and spend some time getting to know the participants. Throughout the presentation, you will have opportunities to discuss their own experience with stroke.

SHARE STORIES

At the beginning of the session, get a sense of how many people have ever known anyone who has had a stroke or have ever had a stroke themselves. Don't be afraid to share your own stories. For longer sessions, ask participants about their experiences with stroke. When people share stories, the experience will be more meaningful and memorable.

MAKE THE PRESENTATION

The presentation is designed to flow logically from one topic to another. Simply follow the screens in order, selecting which discussion points and activities you wish to pursue. At the end of the PowerPoint, distribute brochures and other materials to the participants.

COMPLETE THE EVALUATION AND FEEDBACK FORMS

At the end of each session, distribute and collect participant feedback forms and complete the education kit tracking form. Mail or fax the completed participation and tracking forms to:

**Director
Heart Disease and Stroke Prevention
and Control Program
Massachusetts Department
of Public Health
250 Washington Street
4th Floor
Boston, MA 02108
Phone: 1-800-487-1119
Fax: 1-617-624-5075**



PART 4:

Quick Facts

What Are Other Terms for Stroke?

Strokes are known by a number of other terms including:

- Cerebral Vascular Disease or CVA
- Cerebral Infarction
- Apoplexy
- Brain Attack

More than 80% of strokes are ischemic strokes.

WHAT IS A STROKE?

A stroke occurs when something happens to interrupt the steady flow of blood to the brain, like a blood clot or a burst of a vessel.

WHAT ARE THE DIFFERENT TYPES OF STROKE?

Mini-Stroke:

A mini-stroke is usually caused by a clot that forms in the brain and then dissolves, usually within 1 hour. This temporary clot causes temporary symptoms of stroke including:

- Brief episodes of confusion.
- Difficulty speaking or understanding.
- Visual problems, dizziness or loss of balance.

A mini-stroke is a major warning signal that a major stroke is about to occur.

About 30% of strokes are preceded by mini-strokes.

If a person has more than two mini-strokes, they will most likely have a major stroke later on. A previous mini-stroke could have occurred unobserved, or when the person was sleeping. If you are witnessing a mini-stroke, it is not necessarily the first. Noticing the symptoms of a mini-stroke is your big chance to prevent a major stroke.

Call 9-1-1 immediately and have the person having a stroke taken to the hospital in an ambulance.

After a mini-stroke has been treated, the person may be put on a blood-thinner or aspirin to prevent clots from forming in the future.

Ischemic Stroke

An ischemic stroke, or a stroke caused by a clot, is by far the most common type.

More than 80% of strokes are ischemic strokes.

Ischemic strokes are often not accompanied by any pain that would call attention to a serious problem. And because the stroke affects brain function, the person having a stroke is not necessarily aware that anything is wrong.

An ischemic stroke occurs when a clot moves into an artery and blocks the flow of blood to the brain. Clot busting drugs (tPA) can be used to break up a clot, but they must be administered immediately after the onset of the stroke to be most effective. The sooner they are administered, the better because the sooner oxygen will be restored to the brain and the less brain damage will occur.

In addition to tPA, new treatments for ischemic strokes are being developed. As with mini-stroke, a patient may be put on a blood-thinner or aspirin after the stroke to prevent clots from forming.

About 30% of strokes are preceded by mini-strokes.

Hemorrhagic Stroke

When an aneurysm or blood vessel in the brain bursts, the blood flow is diverted and blood stops flowing to the parts of the brain where it is needed.

A hemorrhagic stroke is often signaled by a sudden, severe headache and loss of consciousness.

A hemorrhagic stroke can be treated with surgery or guided catheter therapy. Today, new treatments for hemorrhagic stroke are being developed.

WHAT ARE THE WARNING SIGNS OF STROKE?

75% of strokes can be recognized with the FAST system.

Face

Does the face look uneven? Ask the person to smile. The difference between the affected side of the face and the unaffected side will be much more obvious.

Arm

Does one arm drift down? Ask the person to raise both arms. If one arm drifts down, the part of the brain that controls that arm is being affected.

Speech

Does their speech sound strange? Words may sound jumbled or slurred. Ask the person to repeat a simple phrase, for example "the sky is blue" or ask them to identify a common object. Don't just ask if they are okay.

Time

If you observe any of these symptoms, then it's time to call 9-1-1.

Other Warning Signs of Stroke

There are other ways to remember stroke symptoms. Individuals having a stroke may have one or more of the following symptoms:

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden, severe headache with no known cause

ARE THERE OTHER SIGNS OF STROKE TO LOOK OUT FOR?

A stroke or mini-stroke may also cause the following symptoms:

- Numbness, tingling or loss of sensation
- Problems swallowing
- Drooling
- Memory loss
- Vertigo
- Loss of coordination
- Sudden apathy or depression
- Change in personality
- Lethargy
- Uncontrollable eye movements; drooping eyelid

WHAT ARE THE RISK FACTORS FOR STROKE?

There are a number of known risk factors for stroke. The more risk factors present, the greater the chance of stroke.

High Blood Pressure

High blood pressure is one of the biggest and most controllable risk factors for stroke. High blood pressure is often called the "silent killer" because it does not usually produce symptoms. 70% of people who have strokes have high blood pressure. And, because it does not produce symptoms, people don't monitor blood pressure...and they may stop taking their medications.

Every adult should have their blood pressure checked annually. If blood pressure is ever high, it should be checked more frequently. Anyone who is on medication should keep taking it! If they experience unpleasant side effects, they need to talk to a physician to see about changing their medication.

Smoking

Women who smoke are 3 times as likely to have a stroke than non-smokers. For male smokers, the risk of stroke is 2 times as likely. The more cigarettes you smoke, the more likely you are to have a stroke.

However, the impact of smoking can be completely reversed within 2-5 years of quitting. It can be hard to quit smoking, but quitting smoking will help prevent stroke, heart disease, cancer, emphysema and other respiratory problems, and even bone loss!

Diabetes

According to the American Diabetes Association, women with diabetes are two to four times more likely to have a stroke. Control diabetes with proper diet, exercise and by monitoring glucose levels and taking medication.

Contributing factors to high blood pressure

- High salt intake
- Being obese or being overweight
- Lack of physical activity
- Drinking more than two alcoholic drinks per day
- Having diabetes mellitus, gout and/or kidney disease
- Use of some oral contraceptives and some other medications

PART 4 (continued)

Obesity

Being more than twenty pounds overweight can increase your odds of stroke, heart attack and dementia. It also increases your risk of diabetes, a risk factor of stroke.

High Cholesterol

High cholesterol is another risk factor that is often, though not always, associated with lifestyle. Healthy eating, physical activity and medication can help lower cholesterol and reduce the risk of stroke.

Carotid artery disease or other artery diseases

Fatty deposits that build up in carotid arteries, the arteries leading from the neck to the brain, can form clots. Any type of artery disease greatly increases the risk of mini-stroke and stroke. Carotid artery disease can be controlled with lifestyle changes and can be treated with medication and surgical procedures.

Heart Disease

Atrial fibrillation, a heart rhythm disorder, and other heart diseases increase the risk of stroke. Some patients with heart disease take aspirin daily to reduce the risk of stroke, but aspirin treatment should be monitored by a physician.

Migraines

New studies show that migraines, especially those that affect vision or cause auras, are a major risk factor for stroke. People, in particular women, who experience migraines, should talk to their physicians about medications that can help prevent or lessen migraines. Treating migraines can reduce the risk of stroke.

Other risk factors:

Some risk factors like family history of stroke, previous stroke, race, age and gender also affect the risk of having a stroke. People should talk to their doctor about these factors.

WHAT HAPPENS WHEN A STROKE PATIENT GOES TO THE HOSPITAL IN AN AMBULANCE?

When you call 9-1-1, treatment begins in the ambulance. Emergency Medical Technicians (EMTs) perform neurological assessments to stabilize the person's condition and monitor vital signs. They contact the hospital so emergency department staff can prepare for arrival, making sure that imaging equipment is ready. The stroke patient will be given a scan so doctors can see the brain. Emergency room staff must know what type of stroke they are dealing with in order to initiate the proper treatment. It takes time to do scans and analyze images. That is why it is so critical to get to the hospital immediately. Once the type of stroke and its location have been determined, treatment can begin.

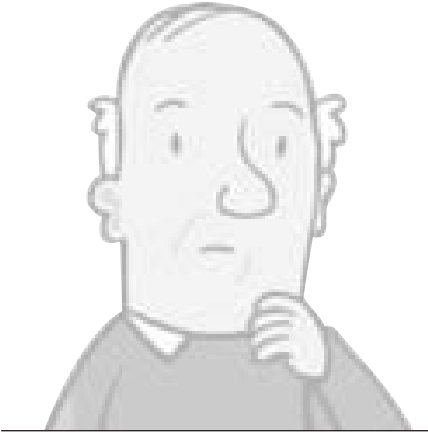
Produced by Heart Disease and Stroke Prevention and Control Program; Massachusetts Department of Public Health. Made possible with funding from the U.S. Centers for Disease Control and Prevention

For more information call the Massachusetts Department of Public Health at 1-800-487-1119 or email heart.stroke@state.ma.us.

For more information on stroke:

- American Academy of Neurology (AAN)
www.aan.com
- American Stroke Association (ASA)
www.strokeassociation.org
1-888-4-STROKE
- Brain Attack Coalition (BAC)
www.stroke-site.org
- National Institute of Neurological Disorders and Stroke (NINDS)
www.ninds.nih.gov/disorders/stroke/stroke.htm
- National Stroke Association (NSA)
www.stroke.org
1-800-STROKES

PART 5: PowerPoint Presentation (Long Version)



Slide 1



Welcome

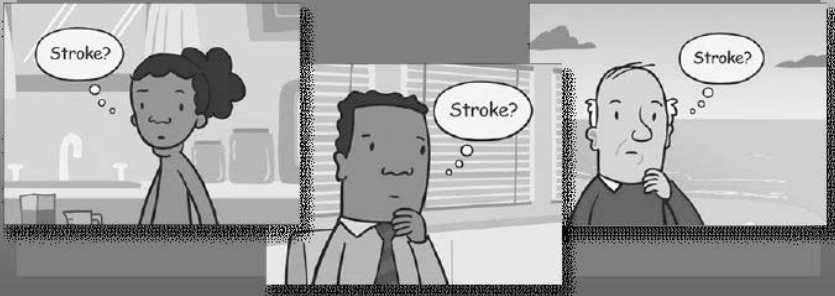
TALKING POINTS

Introduce yourself and your affiliation to the group.

Slide 2

Do you know a friend or relative who has had a stroke, or have you ever had a stroke yourself?

Where in the body does a stroke happen?


 An illustration showing three people in a kitchen setting. On the left, a woman with dark hair in a bun looks thoughtful, with a speech bubble saying "Stroke?". In the center, a man in a white shirt and tie is also thoughtful, with a speech bubble saying "Stroke?". On the right, an older man with a receding hairline is thinking, with a speech bubble saying "Stroke?". The background shows a kitchen counter with a sink and some items.

NOTES

Introduction

TALKING POINTS

Strokes are a major health problem in this country. Every year in Massachusetts, 18,000 people have a stroke. 3,500 of those people will die and many more will remain permanently disabled. To get started, let's see what the group's experience with stroke is.

- Do you know a friend or relative who has had a stroke, or have you ever had a stroke yourself? (by show of hands.)
- Do you know where in the body a stroke happens?

A stroke is a brain injury and, like any brain injury it can cause death or serious impairment. We'll talk more about the three types of stroke later.

You don't have to be a medical professional to save a life or help prevent a disability.

In the Stroke Heroes Act FAST training program, you'll learn to recognize the most common symptoms of stroke so that you can call 9-1-1 and increase the chance of recovery for a person having a stroke.

DISCUSSION

- **Ask for a show of hands to see how many people have had a friend or relative have a stroke.**
- **Then ask where in the body a stroke occurs.**

Slide 3

Facts About Stroke

- **3rd leading cause of death in the United States**
- **Risk increases with age, but people of any age can have a stroke**
- **Leading cause of adult disability in the U.S.**
- **Without treatment, 62% of people who have a stroke will have moderate to severe impairment**

NOTES

Facts About Stroke

TALKING POINTS

First, let's look at some important facts about stroke.

- Stroke is the third leading cause of death in the United States.
- The risk of stroke increases with age, but men and women of any age, for example Tedy Bruschi (New England Patriot) at age 30 and Sharon Stone (actress) at age 43 had strokes.
- Stroke is the leading cause of adult disability in the U.S.
- Without treatment, 62% of people who have a stroke will have moderate to severe impairment. Prompt treatment significantly reduces the damage of a stroke. Getting the person to the hospital in time can help reduce the risk of this impairment.

Slide 4

Disability
Loss of ability to:

- Walk
- Talk
- See
- Make facial expressions
- Shower and dress
- Go to the bathroom
- Feed oneself
- Read and write
- Drive

NOTES

Disabilities

TALKING POINTS

Disabilities may include paralysis on either side of the body as well as impairment or loss of the ability to do one or more of the following:

- Walk
- Talk
- See
- Make facial expressions
- Shower and dress
- Go to the bathroom
- Feed oneself
- Read and write
- Drive

DISCUSSION

- **To imagine what life would be like with partial paralysis, ask group members to write with their non-dominant hand.**

Slide 5

Disability

- **Loss of independence and quality of life**
- **Emotional and financial strain of families and loved ones**
- **\$41.8 billion a year is spent nationally caring for people disabled by stroke**

NOTES

Disabilities

TALKING POINTS

- Disabilities caused by stroke can mean the loss of independence and quality of life.
- For loved ones, a serious disability causes emotional and financial strain.
- In the United States, over \$40 billion a year is spent caring for people who have been disabled by stroke.

But it doesn't have to be this way! Serious, permanent disabilities can be prevented or decreased with drugs or surgery, but the person having a stroke must be admitted to the hospital immediately.

Slide 6

Get Rapid Treatment!

- **Treatment can reduce stroke damage**
- **Person having a stroke must be admitted immediately**

NOTES

Rapid Treatment

TALKING POINTS

If you see someone having a stroke, don't call the doctor. Call 9-1-1 and get to the emergency room.

Emergency room staff need time to diagnose the nature of the stroke so they can determine the best treatment. The sooner you can get to the ER, the better.

Slide 7

The Problem in Massachusetts!

- Average time to hospital is 22 hours

Why it takes so long:

- Most strokes do not cause pain
- Symptoms can be subtle
- Person having a stroke may be unaware or unable to communicate
- Observers do not think there is a serious problem

NOTES

The Problem in Massachusetts

TALKING POINTS

- Unfortunately, in Massachusetts, the average gap between the onset of a stroke and admission to the hospital is 22 hours!

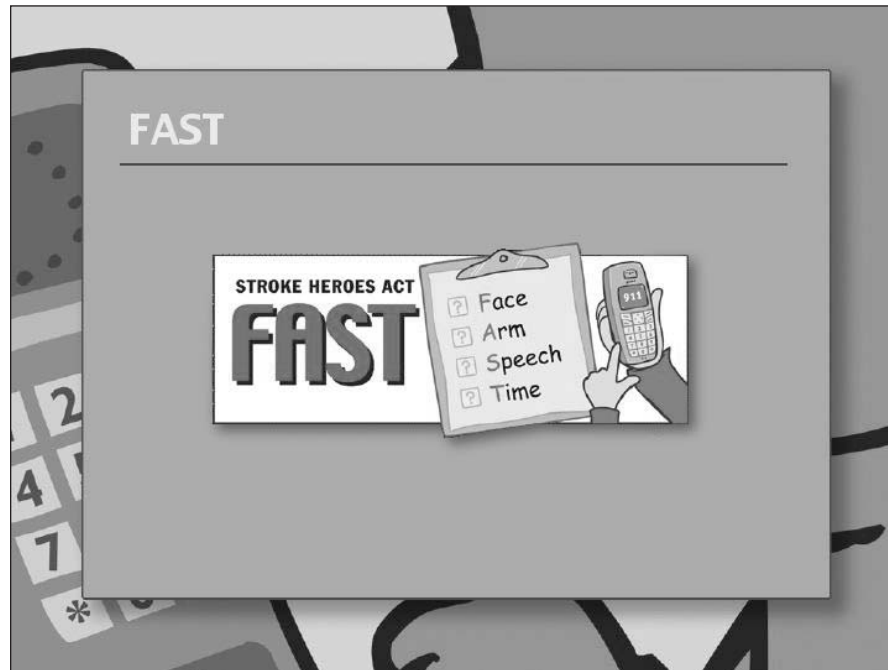
Why does it take so long for people to get to the hospital?

There are several reasons:

- 90% of strokes do not cause pain.
- The symptoms can appear or disappear after just a few minutes.
- The person having a stroke is often unaware that anything is wrong, or unable to communicate. And sometimes symptoms of stroke occur while the person is sleeping.
- Observers may not realize that the problem is serious. They may think that the person is drunk, clumsy or having a senior moment.

If you can learn to recognize the most common symptoms of stroke...and call 9-1-1, you can save the life of a loved one...and prevent the devastating loss brought about by a disability.

Slide 8



NOTES

FAST

TALKING POINTS

Now let's look at the video.

Play Animation

This Stroke Heroes Act FAST animation was created to help you remember the most common signs of stroke so that you can call 9-1-1 and get help at the very first sign of stroke.

75% of strokes can be recognized with the FAST system.

FAST stands for face, arms, speech and time.

Does the face look uneven?

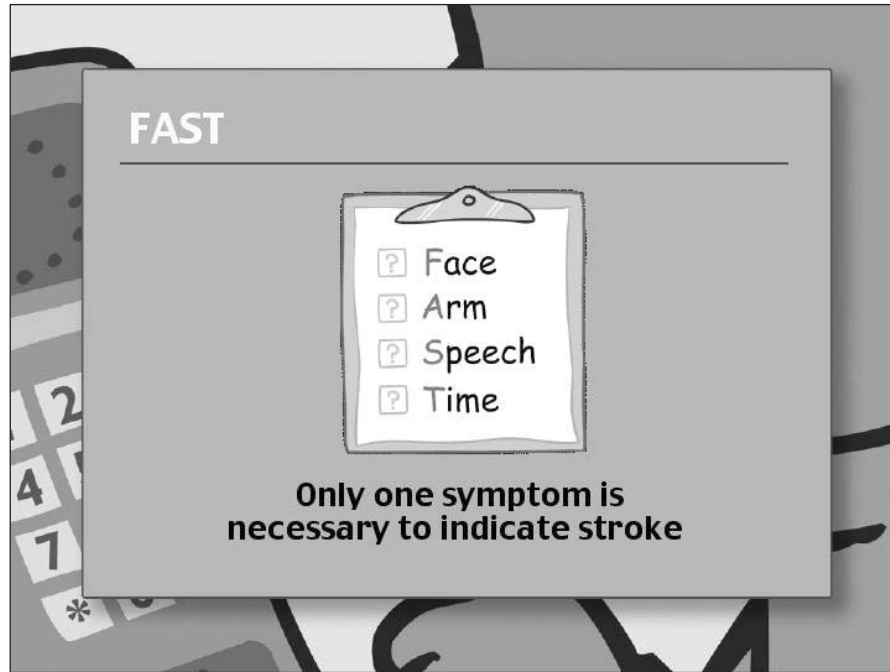
Does one arm drift down?

Does their speech sound strange?

Then it's time to call 9-1-1.

If you observe any of these symptoms, call 9-1-1 immediately.

Slide 9



FAST

- Face
- Arm
- Speech
- Time

Only one symptom is necessary to indicate stroke

NOTES

FAST

TALKING POINTS

In the video, we saw one character whose face was drooping; another character whose arm drifted and another character who had a problem speaking. Only one of these symptoms needs to be present to indicate that the person is having a stroke.

DISCUSSION

Discuss the video. Can you remember what FAST stands for?

Slide 10



F = Face

- **Droops on left or right side**
- **Sudden drooling**
- **Numbness**

Ask person to smile

NOTES

FAST (Face)

TALKING POINTS

Let's look a little more closely at each symptom that was shown in the video. First, the face.

Depending on the part of the brain where the stroke happens, the face may look uneven because of weakness on one side.

- The face will appear to droop down on left or right side.
- Weakness can also cause sudden drooling.
- Or numbness. You may see them touching their face or lips, trying to 'feel' their face.

Ask the person to smile. When a person tries to smile the difference between the affected side of the face and the unaffected side will be much more obvious, as you can see in this picture.

DISCUSSION


- **Have members of the group practice the FAST skills on each other.**
- **What should you do if someone's face looks like this? Call 9-1-1.**

Slide 11

A = Arms

- **Look for difficulty holding things or putting on clothing**
- **Numbness**
- **One arm drifts down or won't go up**
- **May have trouble walking**

Ask person to raise both arms



NOTES

FAST (Arm)

TALKING POINTS

Let's look at the arms.

You may first notice something wrong when the person having a stroke drops something, has difficulty putting on a sweater or difficulty writing. They may complain of numbness in the arm.

- Ask the person to raise both arms.

If one arm drifts down, or if it won't go up at all, the part of the brain that controls that arm is being affected. You may ask them to close their eyes.

The leg on the same side may also be affected. You may first notice the person stumble or have difficulty standing or walking.

If you do notice stumbling, do the arm test to determine if there is weakness on one side of the body.

DISCUSSION

- **What should you do if one arm drifts down? Call 9-1-1.**

Slide 12

S = Speech

- **Slurred speech**
- **Doesn't make sense**
- **May not understand what other people are saying**
- **Forgets how to read or write**

Ask to repeat phrase or name object

NOTES

FAST (Speech)

TALKING POINTS

A stroke can affect speech in different ways.

- The speech may be slurred. The person may sound drunk.
- Or they may speak clearly but without making sense. Words may be jumbled...
- They may not understand what other people are talking about.
- Or they may suddenly forget how to read or write.

You may be able to communicate verbally with a person having a stroke by asking them to sing the answers to your questions.

To see if speech is being affected...

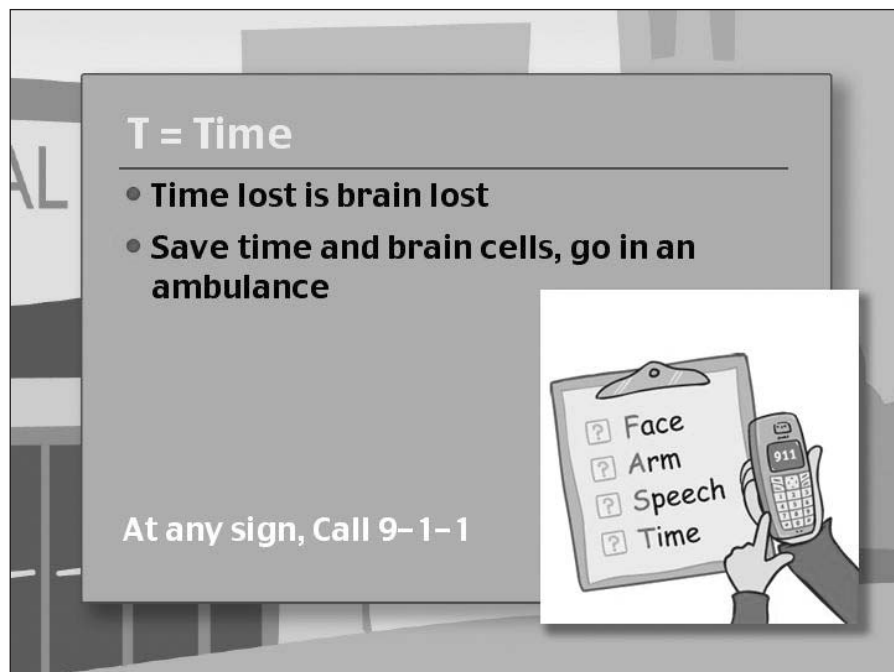
- Ask the person to repeat a simple phrase, for example 'the sky is blue'. Does it sound normal? Or is it slurred, confused or jumbled?
- Show them a common object and ask them what it is.

It is not enough to ask if they are okay.

DISCUSSION

- **What should you do if someone's speech sounds strange? Call 9-1-1.**

Slide 13



NOTES

FAST (Time)

TALKING POINTS

Any of the symptoms mentioned can indicate that the brain has been injured and it's important to take them seriously. It's an emergency... That means it's time to call 9-1-1.

Every minute that goes by, more brain cells die. These cells will not come back. Depending on where in the brain the stroke happens, the ability to do certain things dies along with the cells.

So think of activities and things that you like to do, or that you take for granted. Imagine that you can't do just one of them anymore.

The faster you call 9-1-1 to get to the emergency room, the more brain cells you can save.

Going in an ambulance is the best way to save time and brain cells.

DISCUSSION

- **Ask your audience to think of activities and things they like to do, for example sewing, reading, biking, gardening. Imagine not being able to do those things.**
- **Or ask them what things they do that we all take for granted, like walking, talking and feeding themselves. Imagine not being able to do one of those things.**

Slide 14

Go in an Ambulance

- **Person having a stroke will be seen more quickly**
- **EMTs communicate with ER doctors**
- **ER can prepare for arrival**
- **EMTs can monitor condition and begin treatment**
- **Time saved is brain saved**



NOTES

FAST (Go In An Ambulance)

TALKING POINTS

- A person having a stroke arriving in an ambulance will be seen more quickly than a person checking into the ER.
- Emergency Medical Technicians (EMTs) can assess the patient's condition and communicate with ER doctors while they are on the way. Alerted hospital staff can have equipment ready to begin tests upon the patient's arrival.
- EMTs can monitor the patient's condition and begin some treatments in the ambulance.

So don't call your doctor's office and wait for a call back, and don't drive the person to the hospital yourself.

- Going in an ambulance saves valuable time, and time saved is brain saved.

DISCUSSION

- **Can you think of other reasons to call 9-1-1?**
- **Why do people hesitate to call an ambulance?**

Slide 15

Other Warning Signs of Stroke

- **Sudden weakness on one side of the body**
- **Sudden confusion, trouble speaking or understanding**
- **Sudden trouble seeing**
- **Sudden trouble walking or loss of balance**
- **Sudden, severe headache**

NOTES

Other Warning Signs of Stroke

TALKING POINTS

We've talked about FAST, which helps observers recognize the symptoms of most strokes. Here are other warning signs of stroke.

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden, severe headache with no known cause

Slide 16

What is a stroke?

A stroke occurs when something happens to interrupt the steady flow of blood to the brain.

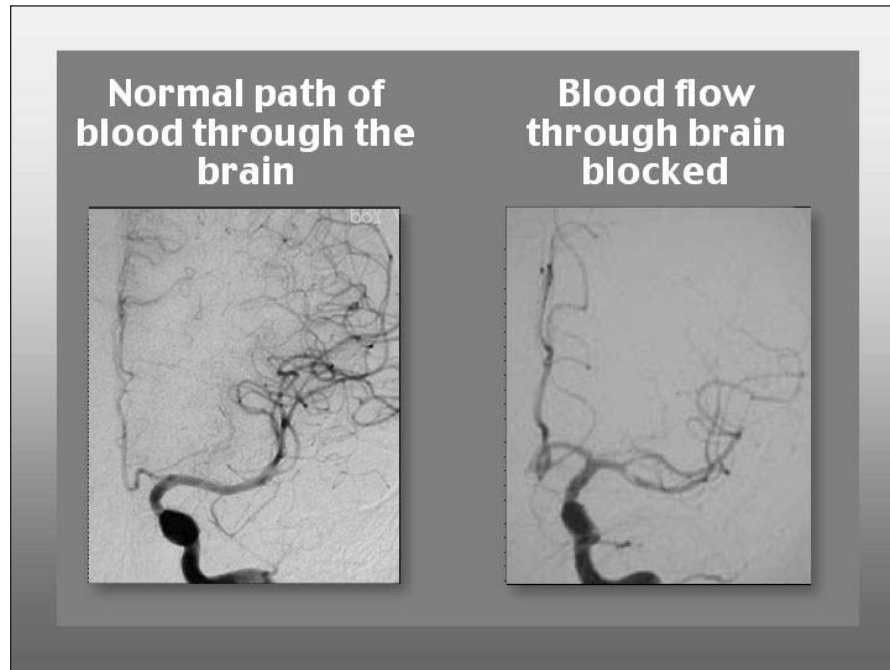
NOTES

What Is A Stroke?

TALKING POINTS

- A stroke occurs when something happens to interrupt the steady flow of blood to the brain.

Slide 17



What Is A Stroke?

TALKING POINTS

Your brain controls everything you do. In order to function, your brain needs a constant supply of blood. In fact, your brain makes up only 2% of your body weight, but it receives 15-20% of your blood supply!

When something happens to reduce or stop that supply of blood to your brain, the problems will be serious and immediate.

Without the sugar and oxygen the blood brings, brain cells quickly begin to die. The sooner you respond, the better chance of avoiding more damage to the brain.

NOTES

Slide 18

Three Types of Strokes

- **Mini-Stroke – or Transient Ischemic Attacks (TIA)**
- **Ischemic caused by blood clot**
- **Hemorrhagic caused by bleeding**

NOTES

Types of Strokes

TALKING POINTS

Not all strokes are the same so they are not all treated in the same way. There are many new and promising treatments for every type of stroke.

There are three types of strokes:

- Mini-strokes are also called transient ischemic attacks or TIAs. But it's easiest to remember mini-strokes.
- Ischemic strokes, or strokes caused by blood clots.
- Hemorrhagic strokes, or strokes caused by bleeding.

DISCUSSION

- *You may want to mention other terms previously used for stroke:*
 - Brain Attack
 - Apoplexy
 - CVA (cerebral vascular accident)

Slide 19

Mini-Stroke

- **Brief episodes of confusion**
- **Difficulty speaking or understanding**
- **Visual problems, dizziness or loss of balance**
- **Warning signal for major ischemic stroke**
- **30% of strokes are preceded by mini-strokes**
- **Mini-strokes may occur during sleep**
- **Call 9-1-1**

NOTES

Types of Strokes (Mini-Stroke)

TALKING POINTS

A mini-stroke is usually caused by a clot that forms in the brain and then dissolves, usually within 1 hour. This temporary clot causes temporary symptoms of stroke including:

- Brief episodes of confusion.
- Difficulty speaking or understanding.
- Visual problems, dizziness or loss of balance.
- A mini-stroke is a major warning signal that a major stroke is about to occur.
- About 30% of strokes are preceded by mini-strokes.

If a person has more than two mini-strokes, they will most likely have a major ischemic stroke later on.

Noticing the symptoms of a mini-stroke is your big chance to prevent a major stroke. And just because you notice the symptoms for the first time, doesn't mean it's the first mini-stroke the person has had. A previous mini-stroke could have occurred unobserved, for example when the person was sleeping.

Call 9-1-1 immediately and have the person taken to the hospital in an ambulance.

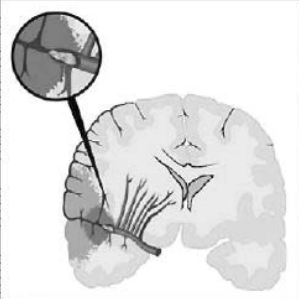
DISCUSSION

- **Do you know anyone who has experienced mini-strokes?**
- **By having participants share with the group, you can increase your audience's knowledge of the symptoms of mini-strokes.**

Slide 20

Ischemic Stroke

- **Clot blocks flow of blood to brain**
- **Over 80% of strokes are ischemic**
- **Clot busting drugs must be administered immediately**



The diagram shows a lateral view of a human brain. A magnifying glass is positioned over a specific area of the brain, showing a detailed view of a blood vessel. Inside the vessel, there is a dark, irregular mass representing a blood clot that is partially blocking the flow of blood.

NOTES

Types of Strokes (Ischemic Stroke)

TALKING POINTS

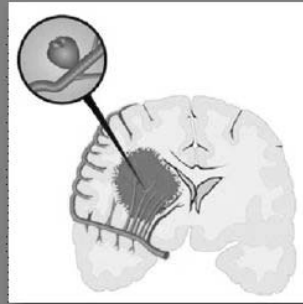
- An ischemic stroke occurs when a clot moves into an artery and blocks the flow of blood to the brain.
- More than 80% of strokes are ischemic strokes.
- tPA, a clot busting drug, can be used to break up a clot as soon as possible after the onset of the stroke to be most effective.

Most ischemic strokes are not accompanied by intense pain.

Slide 21

Hemorrhagic Stroke

- **Bleeding in the brain caused by burst blood vessel or aneurysm**
- **Can be treated with surgery**



Types of Strokes (Hemorrhagic Stroke)

TALKING POINTS

- A hemorrhagic stroke involves bleeding in the brain when a blood vessel or aneurysm bursts.
- A hemorrhagic stroke can be treated with surgery and other new treatments are just becoming available, but of course, time is critical.


NOTES

Slide 22

A True Story

Wife became alarmed when her husband's speech sounded strange and his face drooped.

- **Wife immediately called 9-1-1**
- **Husband was diagnosed and given tPA within 2 hours**
- **Husband survived with mild disability**



NOTES

A True Story

TALKING POINTS

Take the story of a man in his sixties whose wife became alarmed when he suddenly began to talk nonsense. She also noticed that his face looked droopy.

She immediately called 9-1-1. He was taken to the nearest Stroke Center.

The medical tests revealed he had an ischemic stroke and he was given medication immediately.

He survived the stroke and was sent home with only mild speech difficulties, but had his wife waited, there is a good chance he would have died or have been unable to talk.

Slide 23

Risk Factors for Stroke

What is the number one controllable risk factor of stroke?

NOTES

Risk Factors for Stroke

TALKING POINTS

We have talked about the importance of recognizing the warning signs of stroke and the importance of getting treatment immediately.

You can also prevent strokes by controlling certain risk factors.

- What is the number one controllable risk factor of stroke?

Slide 24

High Blood Pressure

- **High blood pressure is present in 70% of people who have a stroke**
- **Have blood pressure checked regularly**
- **Take medication as directed**

NOTES

High Blood Pressure

TALKING POINTS

There are a number of conditions that can lead to stroke. Controlling or eliminating these conditions will dramatically reduce the odds of having a stroke.

High blood pressure is one of the biggest and most controllable risk factors for stroke.

- High blood pressure is often called the “silent killer” because it does not usually produce symptoms.
- 70% of people who have strokes have high blood pressure.
- And, because it does not produce symptoms, people don’t monitor blood pressure...and they may stop taking their medications.
- Every adult should have blood pressure checked annually. If blood pressure is ever high, blood pressure should be checked more frequently.
- Anyone who is on medication should keep taking it! If they experience unpleasant side effects, they need to talk to a physician to see about changing their medication.

Never stop taking blood pressure medication simply because you think you don’t need it anymore!

DISCUSSION

- **Do you know or care for anyone who has high blood pressure?**
- **A healthcare professional could check high blood pressure.**

Slide 25

Other Controllable Risk Factors

- Smoking
- Diabetes
- Obesity
- High Cholesterol

NOTES

DISCUSSION

- **Distribute information about smoking cessation programs. (Check with tobacco program for information.)**

Other Controllable Risk Factors

TALKING POINTS

Let's look at some other risk factors that can be controlled or eliminated.

Smoking:

- Women who smoke are 3 times as likely to have a stroke than non-smokers. For male smokers, the risk is two times as likely to have a stroke. The more cigarettes you smoke, the more likely you are to have a stroke.
- However, the impact of smoking can be completely reversed within 2-5 years of quitting.
- It's hard to quit smoking, but quitting smoking will help prevent stroke, heart disease, cancer, emphysema and other respiratory problems, and even bone loss!

Diabetes:

- According to the American Diabetes Association, people with diabetes are two to four times more likely to have a stroke.
- Control diabetes with proper diet, exercise and by monitoring glucose levels and taking medication.

Obesity:

- Being more than twenty pounds overweight can increase your odds of stroke, heart attack and dementia. It also increases your risk of diabetes, a risk factor of stroke.


High Cholesterol:

- High cholesterol is another risk factor. Healthy eating, physical activity and medication can help lower cholesterol and reduce the risk of stroke.
- Decrease blood cholesterol by eating a wide variety of foods low in saturated fat and cholesterol. Simple changes include eating fish, poultry without skin and leaner cuts of meat instead of fatty ones and fat-free or 1% milk dairy products rather than whole-milk dairy products.

Slide 26

Physical Activity

- Walk 30 minutes a day
- Exercise prevents stroke, heart disease and other conditions
- Always wear comfortable shoes



NOTES

Physical Activity

TALKING POINTS

Obesity, diabetes, cholesterol, and high blood pressure can be controlled through lifestyle changes.

Physical Activity:

- There are many ways you can become physically active. An easy way to exercise is to walk. Just walking 30 minutes a day can make a huge difference. So take a walk every day for thirty minutes!
- Regular physical activity can improve heart and lung condition, prevent stroke, heart disease and depression, reduce weight, enhance mood and decrease insomnia.
- And here's a tip: to encourage yourself to walk more often, always wear comfortable shoes and clothes.

DISCUSSION

- **What are some forms of physical activity that are easy or pleasant? What are some ways that you can help someone who is inactive get more exercise?**

Slide 27

Eat Right

- **Reduce intake of fatty foods**
- **Eat more fruits and vegetables**
- **Your plate:**
 - 1/2 vegetables
 - 1/4 meat
 - 1/4 starch

NOTES

Healthy Eating

TALKING POINTS

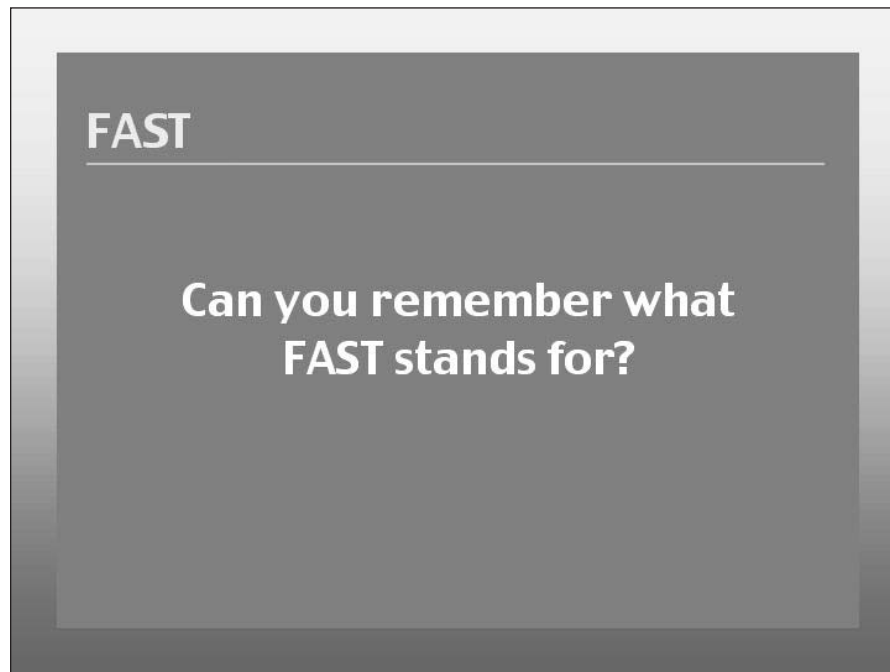
Many Americans eat foods that are high in saturated fat, sugar or processed. Reduce intake of fatty foods and eat more fruits and vegetables.

Half your plate should be vegetables, 1/4 meat, 1/4 starch.

ACTIVITY

- **If there is time, or it's appropriate bring along some foods, for example a healthy vegetable soup, a fruit dish, or a tasty salad. Or share recipes for healthy foods.**

Slide 28



FAST

**Can you remember what
FAST stands for?**

NOTES

FAST

TALKING POINTS

Let's review FAST.

- Can you remember what the letters stand for?

Face

Arms

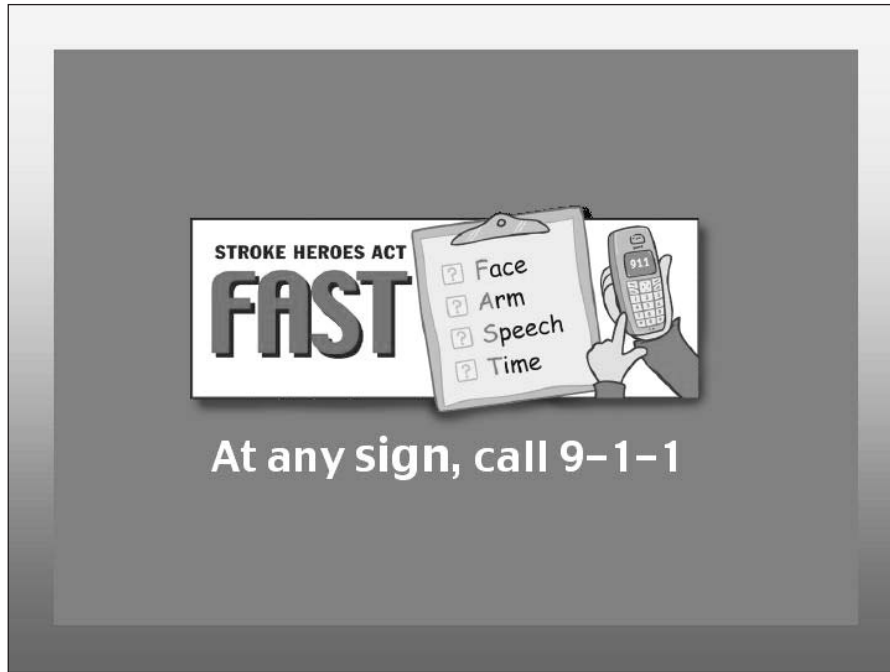
Speech

Time

DISCUSSION

- **Distribute brochures and Participant Feedback Forms.**

Slide 29



NOTES

FAST

TALKING POINTS

When you know the FAST method, you can help save a life or prevent disability.

So let's take a look at the video again.

Play Animation

Slide 30

For More Information

Contact the Massachusetts
Department of Public Health

1-800-487-1119

email heart.stroke@state.ma.us

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For More Information

- **American Academy of Neurology (AAN)**
www.aan.com
- **American Stroke Association (ASA)**
www.strokeassociation.org 1-888-4-STROKE
- **Brain Attack Coalition (BAC)**
www.stroke-site.org
- **National Institute of Neurological Disorders and Stroke (NINDS)**
www.ninds.nih.gov/disorders/stroke/stroke.htm
- **National Stroke Association (NSA)**
www.stroke.org 1-800-STROKES

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Credits

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2. Improving the Chain of Recovery for Acute Stroke in Your Community: Task Force Reports, December 12-13, 2002. National Institute of Neurological Disorders and Stroke Symposium, NIH Publication No. 03-5348, September 2003 (page 60)
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