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Stroke and fatigue

A stroke occurs when blood flow is cut to parts of the brain, either by a blockage or if a blood vessel inside the brain ruptures. The cells in the area begin to die because they are not receiving oxygen. This causes certain abilities in your body to lose control. The brain can't tell you what to do anymore. The symptoms to be aware of are numbness in the face, leg or arm, especially if these are all on one side of the body. Difficulty seeing, dizziness and difficulty walking, headache and vomiting and confusion, difficulty understanding or speaking. Depending on how much the brain is damaged at the time of a stroke it will determine exactly how much motor function or memory is lost. This can range from temporary weakness in the limbs, or mild memory loss, to complete paralysis on one side of the body and speech loss. Stroke treatments vary widely and depend on what type of stroke you may experience: Ischemic, Hemorrhagic, or Transient Ischemic (mini strokes). A stroke can happen very quickly. Many people recover from strokes, but about 80,000 people are affected each year. A stroke is a generally acute change in brain function due to injured or dead brain cells. Symptoms and signs of stroke include weakness in the arm or leg or both (usually on one side of the body), weakness of the muscles of the face, speech problems, coordination problems and dizziness and/or loss of consciousness. Some patients may develop vision problems and develop a severe headache. Although some patients may experience some improvement in signs and symptoms, a true stroke has some or all of the signs and symptoms still present after 24 hours. Some individuals may die during a stroke. Signs and symptoms of a stroke constitute a medical emergency and 911 should be called. Some symptoms and signs described above may occur in individuals, but resolve quickly and completely in less than 24 hours; these signs and symptoms are signs of a transient ischemic attack (mini effusion or TIA). Aunts are signs and symptoms of the patient being at risk of stroke. The two main causes of strokes are ischemic or hemorrhagic problems with the blood vessels of the brain. Ischemic strokes (the cause of about 80 – 85% of strokes) are due to blood vessels that are usually blocked due to a clot while with a hemorrhagic stroke, the blood vessels in the brain actually burst or leak blood. This leak allows blood to spill into brain tissue causing a buildup of pressure to brain tissue and other brain blood vessels. Hemorrhagic effusions are usually more severe than ischemic effusions; death usually occurs in 30 to 50% of individuals with this type of stroke. the types of strokes produce similar symptoms that signal brain tissue injury and/or death due to lack of oxygen provided by the blood, but their emergency treatments are different – call 911 as a cause of stroke needs to be quickly in an emergency center, usually by a brain scan. REFERENCE:Kasper, D.L., et al., eds. Harrison's Principles of Internal Medicine, 19th Ed. United States: McGraw-Hill Education, 2015. KEEP SCROLLING FOR RELATED SLIDEShow Share on PinterestExperts say everyone should know the symptoms of a stroke so treatment can start faster. Getty ImagesA new study is reporting that people who are treated more quickly after having a stroke - in many cases, just 15 minutes faster - have significantly improved health outcomes. Hospitals can work to provide faster treatment for people who have strokes. It is important that everyone recognizes the signs and symptoms of a stroke, in themselves or in others. Time makes a big difference when it comes to results for people who experience a stroke. Even a few minutes can apparently make a difference. In one of the largest studies of its kind, researchers at the University of California, Los Angeles David Geffen School of Medicine, analyzed more than 6,700 people who were treated in clinical practice. The results of the study were published this week in The Journal of the American Medical Association (JAMA). The researchers reported that the treatment administered just 15 minutes earlier resulted in 15 fewer deaths per 1,000 patients. In addition, the previous treatment resulted in 17 people per 1,000 being able to leave the hospital under their own power and 22 people per 1,000 were able to take care of themselves outside the hospital. The findings illuminate the importance of recognizing and acting quickly on the first signs of a stroke. The researchers analyzed two separate time points in the study. The first was the time from the onset of stroke symptoms to treatment. The second was from the moment of arrival at the hospital to treatment. As for patients arriving at the hospital and treatment time after that, this is entirely under the control of the hospital, explained Dr. Reza Jahan, co-author of the study and professor at UCLA's Ronald Reagan Medical Center. They have control of it, they have processes to expedite it, and so on, Jahan told Healthline. But the start of treatment, part of that is out of the hospital's control. Once a person arrives at the hospital, a number of factors can influence how quickly they are seen by a doctor. When arriving during the hours off from an emergency room may suggest a shorter waiting list and faster treatment, the opposite is true. The researchers found that patients arriving on a weekend, or between 6 p.m. and 7.m. on a weeknight, saw delayed treatment It may be the fact that many hospitals do not have enough staff on duty stroke treatment, Jahan said. Each hospital needs to look at its own data and look at its numbers. If hospitals are lagging behind in the each hospital now has to do a root cause analysis to see what their problems are and why there is delay in treatment. Another factor is a person being transferred to another medical unit. A treatment option for stroke is known as a thrombectomy procedure, where a blood clot is removed from a blood vessel. If the hospital in which a person arrives is not able to perform a thrombectomy, the person will need to be transferred to a hospital that can. We're trying to change the care systems for stroke patients, Jahan said. Therefore, if a patient is recognized in the field by EMS as having a severe stroke, he should be taken directly to a hospital capable of the thrombectomy procedure. While hospitals and health systems can work to reduce waiting times for people with strokes, they can't do anything for a person until they get to the hospital. Unlike many medical problems, such as heart attacks, the symptoms of a stroke are not painful or acute. If you have any numbness or weakness in your arm, it doesn't hurt. Heart attacks donot, Jahan explained.One way to quickly remember symptoms is the acronym FAST, which means face, arms, speech and time to call 911.Anyone who recognizes one of these symptoms in himself, whether a dormant arm or a fallen face, should call 911 immediately. But physical and even cognitive issues can make it difficult for a person to help. In such cases, a spectator can mean the difference between life and death. They can produce very serious neurological problems, such as paralysis, but because it affects the brain at the same time, it can impair a person's ability to recognize that something is wrong, said Dr. Richard Libman, vice president of neurology at Long Island Jewish Medical Center in New Hyde Park, New York. A person may have complete paralysis and fall to the ground, but if you ask the patient if something is wrong, they can say no, Libman told Healthline.Libman said many people may want to call their family doctor in this situation, but it is better to call 911. The doctor can say, Well, come to the office. I'll check your blood pressure. But that doesn't get the patient to the emergency room quickly, where they need to be to be treated, Libman said. We have made progress through constant efforts in public education and improved compared to, say, 20 years ago. But there are still large gaps in public education to recognize the signs and symptoms of a stroke, Libman said. It's not like there's no effort in that regard, he added. For 25 years, there have been many studies, many efforts to educate the public through lectures, going to nursing homes, assisted living facilities, places of worship, etc. Jahan cites the efforts made by the Heart and the American Stroke Association to enact programs such as Get with the Guidelines as an example of public education initiatives. They emphasize this type of quality improvement, and in fact, hospitals that had stroke certification had better doors to treatment times, he noted. While hospitals and health networks can work to improve the treatment time of stroke patients, they can only begin

to help when the patient -- or someone else -- takes the initiative to come to the hospital. One thing to emphasize is patient education, awareness of stroke signs and symptoms, and the importance of calling 911 if you see these symptoms, Jahan said. Do not go to bed and think it will disappear, because you may wake up with a much bigger stroke if you go to bed with symptoms. This is something that is out of our control that is entirely dependent on patient education. A stroke is severe as well as a heart attack, so it is important to know the signs of stroke and act quickly if you suspect someone is having one. Stroke is the fourth leading cause of death in the United States, and causes more severe long-term disabilities than any other disease. Older people are at greater risk. You can take steps to decrease your chance of having a stroke. Knowing the symptoms of a stroke and acting quickly can mean the difference between life and disability or death. Call 911 IMMEDIATELY if you see or have any of these symptoms: Sudden numbness or weakness in the face, arm or leg — especially on one side of the body Sudden confusion or problems talking or understanding Sudden problems seeing in one eye or both eyes Sudden dizziness, loss of balance or coordination, or problems walking Sudden head pain without known cause Other signs of danger that may occur include double vision , drowsiness, nausea or vomiting. The blow hits fast. You should, too. Call 911. Never ignore the symptoms of stroke. Call 911 if you have any stroke symptoms, even if it doesn't last long. DO NOT IGNORE THE SIGNS OF SPILLING! What's a stroke? A stroke happens when something changes as blood flows through the brain. The blood brings oxygen and nutrients to the brain cells. If blood cannot flow to a part of the brain, cells that do not receive enough oxygen suffer and eventually die. If brain cells are out of oxygen for a short time, sometimes they can improve. But the brain cells that died cannot be brought back to life. So someone who's had a stroke may have trouble talking, thinking or walking. There are two main types of stroke. The most common type, ischemic, is caused by a blood clot or narrowing of a blood vessel (an artery) that leads to the brain. This prevents the flow to other parts of the brain and prevents oxygen and necessary nutrients from reaching brain cells. Blockages that cause ischemic effusions stem from three conditions: Formation of a within a blood vessel of the brain or neck, called thrombosis Movement of a clot from another part of the body, such as from the heart to the neck or brain, called severe embolism narrowing an artery (stenosis) inside or leading to the brain, due to fatty deposits lining the walls of blood vessels In the second major type of stroke , hemorrhagic, a broken blood vessel causes bleeding in the brain. This break in the ship also prevents oxygen and nutrients from reaching brain cells. Sometimes the symptoms of a stroke last only a few minutes and then go away. It may be a transient ischemic attack (TIA), also called a mini-stroke. An TIA is a medical emergency. You should get medical help immediately. If an TIA is not treated quickly, it can be followed in hours or days for a major disabling stroke. Reduce the risk of stroke Some risk factors for stroke, such as age, race, and family history, cannot be controlled. But you can make changes to decrease the risk of stroke. Talk to your doctor about what you can do. Even if you're in perfect health, follow these suggestions: Control your blood pressure. Check your blood pressure frequently. If you are tall, take your doctor's advice to lower it. Treating high blood pressure reduces the risk of stroke and heart disease. Stop smoking. Smoking increases the risk of stroke. It's never too late to give up. Control your cholesterol. If you have high cholesterol, work with your doctor to reduce it. Cholesterol, a type of fat in the blood, can accumulate on the walls of your arteries. Over time, this can block blood flow and lead to a stroke. Control your diabetes. Untreated diabetes can damage blood vessels and also leads to narrow arteries and stroke. Follow your doctor's suggestions to keep diabetes under control. Eat healthy foods. Eat foods with low cholesterol and saturated fats. Include a variety of fruits and vegetables every day. Exercise regularly. Try to make physical activity a part of your daily life. Do things you like; for example, take a quick walk, cycle, or go swimming. Talk to your health care professional if you are not exercising and you want to start a vigorous program or increase your physical activity. If you have had a stroke in the past, it is important to reduce the risk of a second stroke. Your brain helps you recover from a stroke, restraining on body systems that now do double task. That means a second hit can be twice as bad. Diagnosis and treatment of stroke A doctor will diagnose a stroke based on symptoms, medical history and medical examinations, such as a CT scan. A CT scan is a test that allows physicians to up close pictures of the brain. All strokes benefit from immediate medical treatment! But only people with ischemic effusion, the type caused by a blood clot, can be helped by a drug called t-PA (tissue plasminogen activator). This drug breaks blood clots damage caused by an ischemic effusion. Starting treatment with t-PA within 3 hours of an ischemic stroke is important for recovery. To be evaluated and receive treatment, patients must arrive at the hospital within 60 minutes. Arriving at a hospital immediately allows time for a brain scan. This test will show whether the clot-breaking medicine is the right choice for treatment. With stroke, treatment depends on the stage of the disease. There are three stages of treatment for stroke: prevention, therapy immediately after stroke, and rehabilitation after stroke. Stroke therapies include medications, surgery, and rehabilitation. Medication or drug therapy is the most common treatment for stroke. The most popular types of drugs to prevent or treat stroke are antithrombotics - which include antiplatelet agents and anticoagulants - and thrombolytics. Thrombitic drugs, such as t-PA, stop the effusion by dissolving the blood clot that is blocking blood flow to the brain. Antithrombotics prevent the formation of blood clots that can get trapped in an artery of the brain and cause strokes. Surgery and vascular procedures can be used to prevent stroke, treat stroke or repair damage to blood vessels or malformations in and around the brain. These include angioplasty, stent and carotid endarterectomy. What happens after a stroke? A stroke can cause a variety of health problems. How a stroke affects a person depends on which part of the brain is damaged. Someone who has had a stroke may be paralyzed or have weakness, usually on one side of the body. He or she may have trouble speaking or using words. There may be trouble swallowing. There may be pain or numbness. Stroke can cause problems with thought, awareness, attention, learning, judgment, and memory. Someone who has had a stroke may feel depressed or find it difficult to control their emotions. Post-stroke depression can be more than general sadness resulting from the stroke incident. It is a serious behavioral problem that can hinder recovery and rehabilitation and can even lead to suicide. There are many different ways to help people improve after a stroke. Many treatments start at the hospital and remain at home. Drugs and physiotherapy can help improve balance, coordination and problems such as problems speaking and using words. Occupational therapy can make it easier to do things like showering or cooking. Some people recover soon after a stroke. Others take months or even years. But sometimes the damage is so serious that therapy can't really help. Learn more about rehabilitation after stroke. For more information on stroke

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