

Secondary Conditions

Module 2



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Schedule

- What are secondary conditions?
- Rehabilitation team
- Physical conditions
- Invisible conditions
- Review



What are secondary conditions?

Secondary conditions are a wide range of disorders that may occur because of a stroke.

Most people experience at least one of the following conditions after a stroke.

Everyone's stroke experience is different.



Rehabilitation Team

The rehabilitation team can help manage and treat secondary conditions.

- Physician
- Nurse
- Rehabilitation Counselor
- Psychologist
- Social Worker
- Occupational Therapy
- Physical Therapy
- Speech Language Pathology (Speech Therapy)

Physical Conditions

These are conditions which occur because of physical changes in the body after damage to the brain during a stroke.

Common physical conditions are:

- Weakness on one side of the body
- Trouble with swallowing
- Changes in vision
- Falls
- Changes with bowel and bladder

Weakness on one side of the body

- **Hemiparesis** is weakness or inability to move one side of the body.
- Weakness often occurs on the opposite side of the body as the stroke in the brain.
 - Left side weakness, Right side of the brain
 - Right side weakness, Left side of the brain
- Decreased sense of touch may occur on the weak side of the body.
- Hemiparesis can lead to trouble with walking, activities of daily living, and lack of coordination.



Trouble with Swallowing

- **Dysphagia** is a swallowing disorder.
 - May include difficulty moving the tongue, muscles in the mouth, or swallowing
- Trouble with swallowing can lead to aspiration, or when something enters the airway or lungs.
 - Stroke can cause decreased sensation and decreased cough reflexes when something enters the airway
- The healthcare team might recommend:
 - Changes to chewing and swallowing
 - Changes to the types of food/liquid consumed



Changes with Vision

- Visual changes after stroke may include:
 - Double vision
 - Visual field cut, or the loss of vision in part of the visual field
- One-sided neglect is being unaware and not paying attention to the weak-side of the body and/or environment.
- Changes in vision and visual-awareness may contribute to decreased safety, challenges with daily routines, and decreased balance.



Falls

- Stroke often results in physical and cognitive changes which may lead to a fall.
- Falls can cause additional trouble, including physical injury and emotional distress.
- To reduce risk of falling:
 - Make sure the lights are turned on
 - Slow down
 - Use recommended assistive device
 - Wear flat shoes with wide toe-box



Bowel and Bladder Trouble

- **Incontinence** of bowel and/or bladder is common after stroke.
 - May happen because the muscles that control the bowel and bladder are weaker
- Ask for help in the bathroom when needed.
- Discuss incontinence with your healthcare team.
- Helpful tips:
 - Schedule regular times to go to the bathroom (ie: every hour)
 - Wear clothing that is easy to manage
 - Use incontinence briefs as needed

Invisible Conditions

These are conditions which are “invisible” to others but should be addressed by your healthcare team and discussed with your family.

Common invisible conditions are:

- Depression
- Pain
- Thinking skills
- Language skills
- Fatigue
- Sleep trouble



Depression

- Depression after stroke is common and should be discussed with your healthcare provider and family.
- Depression may include feeling hopeless, loss of interest in hobbies, sleep changes, sad mood, and decreased motivation.
- Depression may make the rehabilitation process feel more challenging.
- Having social support is helpful.
 - Friends, family, support groups, your buddy



Pain

- Experiencing pain in the body is common following stroke.
- Discussing pain with your healthcare providers is beneficial.
 - Physicians may recommend medication or refer to other members of the rehab team.
 - Mental health team, physical therapy, and occupational therapy may be able to provide strategies for managing and coping with pain.
- Pain may increase with fatigue, anxiety, and depression.



Thinking skills

- Changes in **cognition**, or thinking skills, is common after stroke.
- Thinking changes may include:
 - Trouble paying attention
 - Trouble remembering things
 - Trouble with sequencing
 - Trouble with problem solving
- Changes in thinking skills may lead to difficulty with activities of daily living including managing medications and managing finances.

Language skills

- **Aphasia** is a disorder of language
 - Receptive aphasia – trouble with understanding someone else or reading
 - Expressive aphasia – trouble with using the correct words when talking or writing
 - Global aphasia - trouble in both areas
- Aphasia may make communication more challenging, such as talking with a loved one, ordering coffee, or understanding instructions from your doctor.



Trouble with sleeping

- Discuss any troubles with sleep with your healthcare provider, these do not usually improve on their own.
 - **Insomnia** is having trouble falling or staying asleep
 - **Circadian rhythm disorder** is changes in sleep patterns
 - **Restless leg syndrome** is the urge to move legs
- Good sleep is important after stroke, and finding strategies to help is important in stroke recovery.



Fatigue

- Many people feel extreme fatigue following stroke. If you are feeling extremely tired, talk with your healthcare provider.
- Fatigue may make completing your daily routine challenging.
 - Spread out tasks that are physically or mentally draining
 - Take breaks (mental and physical) when needed
 - Keep a chair nearby for sitting breaks
 - Rest and relaxation to help the brain heal
 - Help boost energy levels: eat healthy and exercise



Review

- Secondary conditions are a wide range of disorders that may occur because of a stroke.
- Everyone's stroke experience is different.
- The rehabilitation team can help manage and treat secondary conditions.
- Physical conditions occur because of physical changes in the body after damage to the brain during a stroke.
- Invisible conditions are changes that are "invisible" to others and should be discussed.

References

Select slides modified from materials provided by Blaise Morrison
PhD, LP, CRC, LPC

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