WHAT IS IT?
There are two main types of stroke: ischaemic and haemorrhagic.
- Ischaemic stroke occurs when a blood clot blocks an artery to the brain, disrupting the blood supply. This is often the result of a build-up of cholesterol in the arteries (atherosclerosis). Lack of blood kills off brain cells in the immediate area.
- Haemorrhagic stroke occurs when a blood vessel in or around the brain bursts causing bleeding. Untreated high blood pressure places a strain on the artery walls, increasing the risk of haemorrhage.

CAUSES
- An ischaemic stroke may be due to:
  ● A cerebral thrombosis, in which a blood clot forms in a main artery leading to the brain;
  ● A cerebral embolism, in which a blood clot forms in a blood vessel elsewhere in the body and travels to the brain;
  ● A lacunar stroke, where the blockage is in the small blood vessels deep inside the brain.
- A haemorrhagic stroke can be the result of an intracerebral haemorrhage, where a blood vessel bursts within the brain itself.

SYMPTOMS
- Sudden confusion, difficulty speaking or problems with cognition.
- Sudden numbness or weakness in the face, arms or legs, especially on one side of the body.
- Sudden severe headache with no known cause.
- Sudden trouble walking, dizziness, loss of balance or coordination.
- Sudden trouble with vision in one or both eyes.

WHO IS AFFECTED?
Each year 130,000 people in the UK have a stroke for the first time (BBC, 2004). Stroke is primarily a disease experienced by older people. However, the risk is also increased in the following groups:
- Men, who are more at risk of stroke than women, although stroke kills more women;
- People of South Asian or Afro-Caribbean descent;
- Smokers;
- People who are overweight;
- People with high blood pressure, heart disease, or diabetes;
- People with a genetic link – a first-degree relative who had a stroke at an early age (under 50).

DIAGNOSIS
Various techniques can help identify the type of stroke that has occurred:
- Measuring blood pressure;
- Checking the blood for sugar, clotting, and cholesterol levels;
- A chest X-ray to check for heart or chest problems;
- An electrocardiogram (ECG) to measure the activity of the heart;
- An echocardiogram to check for heart problems;
- Brain scans to determine the type of stroke and identify signs of damage;
- An ultrasound scan of carotid arteries to check blood flow to brain.

DRUG THERAPY
Drug therapies treat the effects of stroke, prevent complications, and help treat risk factors to prevent further stroke. There are hundreds of drugs that may be used, including:
- Antiplatelet drugs that reduce the tendency to clot, such as aspirin;
- Anticoagulant drugs that reduce clotting factors, such as warfarin;
- Cholesterol-lowering drugs that combat atherosclerosis, such as fluvastatin;
- Antihypertensive drugs that lower blood pressure, such as verapamil hydrochloride.

SURGICAL TREATMENT
Surgical options are available. People who have had a minor stroke caused by a blockage in the carotid artery in the neck may benefit from a carotid endarterectomy to remove the blockage. This may reduce the risk of having a full-blown stroke.

PREVENTION
Preventive measures include:
- Attempting to maintain good blood-pressure control;
- Sensible eating – it is important to have a cholesterol-lowering diet that is also low in salt, and to eat at least five portions of fruit and vegetables a day (The Stroke Association, 2004).

REFERENCES