

Overview

In the most recent issue of the "Stroke News" published by the Stroke Association in Britain the first evidence of long term benefits from stroke units has emerged.

Evidence shows that the specialised stroke units improve survival and promotes recovery in the long term. Researchers followed up 110 patients treated in a specialised stroke unit and compared their progress with that of 110 patients treated in a general ward. Five years after their strokes the stroke unit patients were 12% more likely to have survived. They were also two - and - a - half times more likely to be able to manage independently daily tasks such as washing, dressing and eating. More than one third of the stroke patients were living at home five years after their strokes compared with fewer than one fifth of the general ward patients.

In Ireland stroke care is something of a lottery. Services vary greatly nationally from the stroke patients initial presentation with acute stroke to their rehabilitation.

Elderly carers may have to cope with a family member being discharged from hospital too soon. This can often result in both the carer and the stroke patient being admitted to hospital or placed in nursing home care.



Loan Scheme

Thanks to government funding and private fundraising the VSS has now set up a loan bank of technical aids. The purpose of this loan scheme is to provide items such as wheelchairs, hoists, shower chairs etc. to stroke patients who may be on a waiting list for such items from their health board. It is also available to stroke patients who intend buying this equipment but would like an initial trial to see if it is beneficial. More details on the scheme is available from our office. The loan scheme is operated free of charge to suitable patients. Dublin Bus made a big contribution to enable us to launch this scheme.

Phil Coulter

A major highlight of our year was the 'Phil Coulter Gala Night.' Sincere thanks to Phil Coulter and his crew, the Burlington Hotel and

especially to all of the companies and private individuals who supported the night. The funds received have provided physiotherapy and counselling to stroke patients and will also assist with taking forty stroke patients on a four day holiday this year.

Thanks to all of you who are such great friends to the VSS.

Anne Copeland

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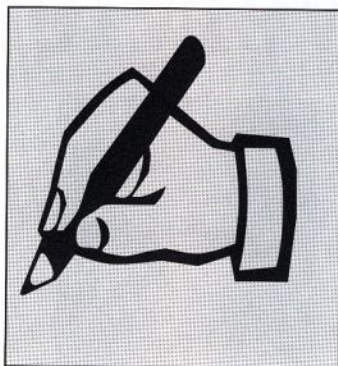
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Crossword

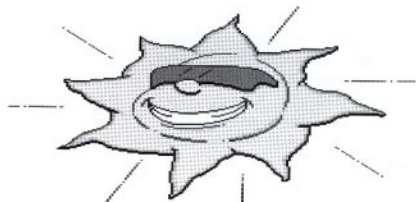
Across

1. Colour of setting sun.
7. Forbid.
8. Heavenly garden.
10. Shine.
12. Put up with.
13. Wise insect.
14. Slang mother.
15. Increases.
17. Rail.
18. And - to bed.
19. All.

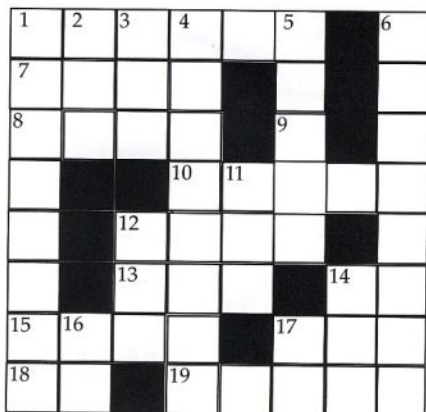


Down

1. Abroad.
2. Infuriates bulls.
3. Consumed.
4. Rubbish.
5. Keen.
6. Edge.
11. Headgear.
12. Not good.
14. Spoil.
16. Achieve.
17. Exist.



Solution



1. Overseas.
2. Red.
3. Ate.
4. Nonsense.
5. Eager.
6. Boundary.
11. Hat.
12. Bad.
14. Mar.
16. Do.
17. Be.

Down

1. Orange.
7. Velo.
8. Eden.
10. Sheen.
12. Bear.
13. Ant.
14. Ma.
15. Adds.
17. Bar.
18. So.
19. Every.

Across

THE STROKE PATIENT AFTER HOSPITAL DISCHARGE

Dr. MORGAN CROWE is a Consultant Physician in Geriatric Medicine at St. Vincent's Hospital, Dublin 4.

Stroke ranks third, next to coronary heart disease and cancer, as a leading cause of death and is the single most common cause of severe disability amongst adults in the western world.

The majority of patients with an acute stroke in this country are admitted to hospital. Although the in-patients mortality is high, 70-80% of patients survive and recover to varying degrees, following which they will be discharged, mostly to the community. Here the only contact they often have with health professionals is through the public health nurse or where available the community Physiotherapist. Provision of rehabilitation in such an uncoordinated way is inefficient, whilst complex and treatable medical disorders may be overlooked. Other problems such as carer stress are rarely addressed.

It is essential therefore that the patient's medical progress following discharge from hospital should be supervised by a doctor and the GP is in a key position to fulfil this role. Assessment of the stroke patient after discharge from hospital should include the following:

The identification of any medical problems impeding functional or social recovery.

Goal setting and co-ordination of rehabilitation therapy.

Alleviation of carer stress.

Institution of measures to reduce risk of death or recurrence of stroke.

DISABILITY AND RECOVERY:

Whilst a stroke may cause a variety of impairments such as hemianopia or hemiplegia, what is equally important is the degree of resulting disability or affect on the individual's ability to carry out activities of daily living. The amount of disability need not be proportional to the degree of impairment. A patient may have only minor impairment but be severely disabled and vice versa.

Most recovery takes place in the first few weeks but improvement continues between three and six months at which stage most patients who survive can walk independently and are continent. Further functional improvement continues after this in some patients, though often at a much reduced rate. Social recovery involves assessing the extent to which patients return to pre-stroke levels of activity in areas such as participation in hobbies or other leisure time activities and meeting and relating to people.

SPECIFIC COMPLICATIONS OF STROKE:

Dysphasia occurs in approximately one quarter of conscious patients after stroke. Many of these make a good recovery with less than half being still dysphasic at six months. The extent of recovery is primarily related to the severity of the initial language deficit. Dysphasia, which is often associated with dysphasia, affects 30-40% of patients with stroke acutely. However, in the large

majority of cases this will have resolved prior to hospital discharge. Difficulties in swallowing can be simply assessed by observing the patient's ability and reaction to swallowing varying amounts of water. The gag reflex on its own is of no value in dysphasia assessment. Patients with dysphasia and dysphagia will benefit from speech and language therapy assessment.

Shoulder pain occurs in up to 70% of patients at some point in the six month period following stroke. This may be severe, persistent and interfere with function and quality of life. Numerous factors have been implicated, including orthopaedic causes such as capsulitis or rotator cuff pathology, spasticity and reflex sympathetic dystrophy. The latter is characterised by shoulder pain at rest or with mobilisation, associated with swelling of the wrist and hand, vasomotor changes in the hand, such as erythema or blanching and tenderness to palpation at the wrist, metacarpal phalangeal and interphalangeal joints. The contribution of glenohumeral subluxation which occurs in 40 - 50% of patients is unclear.

From a management point of view, the subluxed shoulder should be supported and physiotherapy should be employed to reduce spasticity or maintain mobility in patients with capsulitis and reflex sympathetic dystrophy. Patients with persistent shoulder pain and spasticity may respond to subclavian nerve blocks, whilst subacromial steroid injections may be effective, particularly if rotator cuff impingement is considered to be the cause of pain.

The possibility of having a seizure is

a major source of concern for stroke patients and their carers. The cumulative risk of having a post stroke seizure at one year is approximately 5%. Patients with subarachnoid or primary intracerebral haemorrhage and patients with onset seizures appear to be at a higher risk. Although post stroke seizures are easy to control, they are recurrent in over 50% of cases and therefore patients should probably be commenced on antiepileptic drug treatment.

Although most patients can walk independently following stroke, over 70% will experience a fall in the first six months after discharge from hospital. Whilst much of their increased risk is secondary to ataxia associated with the stroke, modifiable factors such as poor vision, inappropriate drug therapy and other general medical problems should be treated appropriately. Rehabilitation to improve quadriceps muscle strength and balance is also indicated.

CO-ORDINATION OF COMMUNITY BASED REHABILITATION:

There is now good evidence from hospital based studies that multidisciplinary stroke care involving doctor, nurses, physiotherapists and occupational therapists as a team, reduces mortality and disability. However, many patients may decline following discharge from hospital. Any further rehabilitation treatment should be employed with specific aims and include multidisciplinary input where possible and relevant. Indications for physiotherapy include spasticity, shoulder pain, poor mobility and falls. The patient should also be taught how to get off the floor following a fall. Occupational therapy will be helpful in assessing patients with mental, visual and perceptual problems. A home visit should be carried out on patients having difficulties in any areas of activities of daily living

where, together with a physiotherapist, advice can be given on appropriate aids or adjustments or removal of unsuitable aids.

CARER STRESS:

Stroke is a family problem. Many people left disabled after stroke remain at home for years cared for by their spouse or family. While some carers adapt to this role very well others manifest anxiety, frustration and depression. This tends to be related to depression in the patient, although physical problems such as recurrent falls are often an associated factor. Financial stress may occur particularly in younger patients, whilst interference with social activities affects three quarters of carers.

Measures to alleviate stress include sharing of the patients' care through their attendance at Day Hospital, Day Centres or intermittent respite care admissions.

Medical social work assessment to maximise financial allowances and other grants should be ensured. Furthermore, studies have shown that carers are anxious (often more so than patients) to know all about the details of the patient's condition and prognosis. In addition to talking to health professionals provision of additional information through booklets, attendance at carers' groups or contact with volunteer groups such as the Volunteer Stroke Scheme may be helpful in meeting this need.

DRIVING AFTER STROKE:

Some patients do not wish to return to driving whilst other do. In many cases, the medical decision on fitness to drive will be straightforward. Patients with minor strokes mild impairment and complete recovery will be able to resume driving, whereas other patients with severe and persistent disability will be unable to do so.

Other medical reasons for not resuming driving include a history of seizures, significant visual field

defects, visual inattention or cognitive impairment. Unfortunately there is no universally accepted set of tests which can be reliably applied to people wishing to return to driving after stroke but the occupational therapist and the Irish Wheelchair Association may provide comprehensive assessment of the suitability of a patient to drive in doubtful cases.

Patients planning on resuming driving after stroke should defer doing so for three months and should notify their insurance companies and licensing authorities before doing so.

SECONDARY PREVENTION:

Stroke survivors have an increased mortality and risk of recurrence, the cumulative risk of the latter over a five year period ranging from 33% to 50% of people who have had a stroke. Intervention to reduce this risk may initially be directed at general modifiable risk factors, including cigarette smoking, heavy alcohol intake, diabetes mellitus and hypercholesterolemia.

HAVE HIGH BLOOD PRESSURE:

Up to two-thirds of patients who leave hospital will be found to be hypertensive throughout the first year following stroke. The benefits of treating older patients, up to 84 years, with hypertension (greater than 160/90) is well established from large statistical overviews. Although conclusive evidence about the efficacy of treating hypertension in stroke survivors is not available, epidemiological studies suggest a similar benefit for patients with hypertension and established cerebrovascular disease compared to the general elderly population and hypertension.

Antiplatelet agents anticoagulants and carotid artery surgery may be beneficial in reducing risk of death and recurrent stroke in patients with an ischaemic event. Such treatment however, would be inappropriate for

the 15-20% of stroke patients who have had some form of intercerebral haemorrhage which can only be reliably excluded by CT scanning within 7-10 days of the stroke event. Beyond this period, the radiological signs of haemorrhage may have evolved leaving an appearance identical to an infarct.

Aspirin is effective in reducing the risk of stroke.

Aspirin is effective in reducing the risk of stroke, particularly in patients with transient ischaemic attacks and minor completed ischaemic strokes. The benefits in patients with major completed strokes is unclear but aspirin is a reasonable option. All aspirin doses used in studies have been equally effective which suggests that decisions about the actual dose used should be based on the patient's tolerance.

For patients with valvular, or non-valvular atrial fibrillation, particularly if complicated by congestive cardiac failure and hypertension, warfarin is the drug of choice particularly in patients over 60 years of age. To achieve an acceptable benefit to risk ratio, the INR should be maintained between two and three. Relative contraindications include patients with other potential bleeding sites, poor anticipated compliance with anticoagulant treatment or its monitoring. For such patients, Nu Seals Aspirin 325mgs daily is an appropriate alternative.

Patients who have had anterior circulation, minor completed strokes associated with carotid stenosis greater than 70% in the appropriate carotid artery system, will benefit from carotid endarterectomy if this can be done in a low risk setting (total perioperative stroke and death rate of less than 6%). In conclusions, following hospital discharge, the following hospital discharge, the stroke patient will often require multidisciplinary input to ensure optimal functional and social recovery.

The onus is on the GP to co-ordinate such care.



Phil Coulter, Anne Copeland and Vincent Keavery at the Phil Coulter Gala Night.



Joan Monahan and Brid Murphy at the Phil Coulter Gala Night.



Anne Copeland and Grainne McKeown and members of VSS at the AGM of VSS April 1998.

MAGIC AND MEMORIES IN THE NORTHSIDE STROKE CLUBS

Erica O'Mara, North Dublin Supervisor.



There is no doubt but there is a magic in both Northside Stroke Clubs. It is evident from the day a new person starts in the club - in the warm welcome given and the hand of friendship offered with a smile. The new person relaxes and begins to feel at home. It is not unknown for old friends to meet once more as in the case of Molly, Agnes and Bridget who were so delighted to be re-united after 30 years.

SHARING AND LAUGHTER

So often I'm asked what we do at Club and when I list our activities - darts, skittles, board games, cards, discussions and debates-I often get a comment that we're just a "Social Club", but of course we know better. We know there is a magic in what we do - made up of caring, sharing and laughter, like the day we had our own personal Dáil session with a Ceann Comhairle, Taoiseach and Tánaiste and several ministers. It was good fun with some serious topics emerging. Another morning we selected five presidential candidates with the successful person making an inaugural speech. All our Club activities improve confidence and communication and give a real sense of comradeship.

BIRTHDAY JINKS

As usual we had two Club birthdays during the year - the Monday Club celebrated 11 years and the Wednesday 7 years. Both days were celebrated in great style.

Monday's Birthday fell on the 14 April. A lot of people brought cakes and sandwiches and we had a Birthday Cake that just about went

round with only crumbs left over. It was a great morning with John, a spry 88 year old clown /singer / comedian to entertain us. Jane Kinsella and Paddy Brennan were awarded trophies as Club Members of the Year.

For Wednesday's Birthday in October we went to Dollymount House. An invitation was given to the South Side Club and 10 of their members including Eileen joined us. It was a terrific morning and our guests added greatly to the enjoyment. Superquinn did us proud by way of a cake (including generous discount). The cake looked huge until we started cutting and slicing portions but thankfully there was enough and a bit to spare. It was a most enjoyable morning and just went by too fast. We would have stayed all day and parted very reluctantly. Pauline Downey and Terry Connolly were awarded trophies for Club Persons of the Year.

SKERRIES FOR HIGH NOTES

For our Summer outing in 1997 we set off once more for the Windmill Restaurant in Skerries as we are always prepared to return to places we enjoyed. Most of us travelled by coach and other cars went down separately.

We stopped at Ardgillan Castle and had a lovely wander around the gardens in beautiful sunshine. Some had tea and cakes, confident the snack wouldn't spoil the dinner later. Some sat on well placed seats in the sun and enjoyed the sights and scents of the roses. Dinner was as good as we remembered and the entertainment was lively. Tess started with a table musical quiz which was great fun.

We don't look for singing talent when getting volunteers and drivers but between them there is a fund of talent, likewise with Club Members. By the end of the evening everyone's repertoire was nearly exhausted with enough left for a sing - song on the coach. All were footsore and weary but with such a sense of having a good time.

In September a total of 42 people (30 from the North Side) went on a four day trip to Westport which was a great success. The weather was lovely, the hotel very comfortable with excellent food and attentive staff. Many enjoyed the nightly entertainment and we all enjoyed the trip to Achill and Knock. The time passed all too quickly and we were a bit sad to head home to Dublin but with really great memories.

77 TUCK IN

Our Christmas Party on the 8th December 1997 has to be called magic and was reckoned by all to be our best ever. Both clubs were there and many members brought guests including Eileen Murtagh. The party was held in the Hollybrook Hotel in Clontarf and as before they looked after us so well with festive decorations and a beautiful meal that was well appreciated by 77 hungry people.

Anne Copeland invited several guests, Bill Grant and Paddy Murray who in turn invited Brian Hoey and between them and everyone else we had a truly magnificent evening's entertainment that commenced on a high note with Monday Club's production of The Wizard of Oz - I believe there was a separate show in the dressing rooms, as indeed the rehearsals in Club had been hilari-

ous. The evening flew as good times do and everyone went home happy, especially the raffle winners.

In January we played a darts match in the South Side Club. Unfortunately we lost but there was no mistaking the welcome - it was memorable, magical and marvellous. As regards the trophy - there's always next time.

The Carer's Groups continue and the video 'Understanding Stroke' is very popular along with the chat and the understanding. The support so vital to family members looking after someone with a stroke is a crucial factor in success.

BRENDAN MURPHY

When the Monday club was started 12 years ago, Brendan Murphy was our first driver. He had a stroke in 1983 and 18 months later passed his driving test, his first test ever. After 4 years of driving for the Monday Club

he became a driver for the newly formed Wednesday Club as well. Brendan usually had a full car each Club day and must have set a record for passengers. When he unfortunately had to stop driving he continued as a Club member and an enthusiastic Scrabble player. On any of our social festivities Brendan was always ready with a song or recitation. We miss him at the Club and we all send him our best wishes to Talbot Lodge in Kinsale with a big, big thank you for all the years he gave so much to our Clubs.

THANKS AND MEMORIES

Our thanks as always to Sr. Margaret, our drivers, volunteers, our physiotherapists, Marie and Grainne, to our Chairperson, Anne Copeland and the Committee. It is teamwork and togetherness that makes it all work and the most important part of the team are the Club members who give from their

hearts to everyone.

We have had magic and memories throughout the year. Some memories are sad when we recall all those no longer with us but that sadness turns easily to smiles as we remember how they were with us in Club. For each Club member who died during the year:

Paddy Brennan

Jack Lynch

Tommy Carroll

Paddy McLoughlin

we had Mass celebrated in the Club, giving us all an opportunity to share our prayers as well as our sorrow.



VSS TAKES THE BISCUIT

A special word of appreciation to Superquinn, Northside, for supplying both our North Side Clubs with free biscuits for 12 years.

Carers need support

Roisin O' Mara (Daughter of Erica O' Mara) studying in U.C.D. reports briefly on an U.C.D. project.

"Primary caregivers of stroke patients represent a large, yet informal sector of Ireland's healthcare system. In addition to this, primary caregivers also represent a large potentially ill population. Failure to provide adequate care and support for them could negatively impact not only the people they are caring for, but also the healthcare system of the country."

(Williams, 1993)

The importance of primary caregivers in the rehabilitative process of stroke cannot be underestimated. This study investigated the causes of stress and depression in carers. If you can locate where something is coming from, then you have an increased chance of tackling the problem effectively.

The results of this study showed especially high levels of both stress and depression in the carers. There was also a significant discrepancy found between the ideal level of support expressed by carers and the actual level of support they received. So what was causing these high levels of caregiver stress and depression? The physical severity of the stroke suffered by the person being cared for did not show a significant relationship with stress and depression levels. The most important factor in predicting stress in the carer was found to be the level of support they are given from others and organisations.

This study highlights the need for more support for the carer and their families. Support from the Government, health boards, hospitals etc. must embrace the carer as well as the stroke patients themselves. If the psychological well-being of the carer is looked after, the carer will be in a stronger position to look after their loved one who has suffered a stroke.

I would like to take this opportunity to thank the VSS and all the carers who took part in any stage of this project.

VOLUNTEER S

THE NORTH AND SOUTH CLUBS AT TH



Volunteers - L to R: Anne, Kitty, Tess, John, Teresa, Nancy and Bridie.



*Eileen Girvin, Bridie Lyons & Margaret O'Callaghan Aug. '97
Volunteers enjoying themselves.*



*A morning in Dollymount.
Lilly, Erica and Evelyn.*



*Wednesday's 7th Birthday
Frank, Eileen, Noel, Gerry, Hugh & Phil.*



Southside & Northside Darts Teams, following their match.



*Some of the cast of the wizard of oz.
Teresa, Kitty and Sandra.*

STROKE SCHEME

R MANY FUNCTIONS DURING THE YEAR



Paddy Duffy, Tony Donovan and Gerry Keogh waiting their turn to throw their dart.



Billy and Ester Buckley at the Killiney Court Hotel '97.



Trip to Westport Sept. '97. Phyllis, Maeve, Frances, Mary, Agnes. Front: Molly, Lily.



Shay O'Brien chatting with Stephen Kerr and Honst Babell.



Tony Donovan, Gerry Keogh, Hugh O'Gorman, Tom O'Connor and Kay McClorey (Watching the board).



Coming home from Westport Sept. '97.

WESTMEATH STROKE SCHEME

Peter Cunningham, PRO, Moyvoughley, Moate, Co. Westmeath.

Westmeath Stroke Scheme had a very successful 1997. We cater for over 130 members and we try to organise something for them all during the year.

In June we held the 10th Anniversary celebrations of our foundation with an ecumenical service, and meal followed by an evening of music, song and dance in the Bloomfield House Hotel, Mullingar.

In July we had our annual holiday in Knock for 7 patients and their carers. This Annual Holiday has become very popular with our patients and we plan to bring a larger

group in 1998. We thank our workers who travel with the group each year and give of their time so willingly.

Our Christmas party held in the Bloomfield was the biggest gathering for such an event for many years and proved most successful. We extend our thanks to the management and staff of the Hotel for their continued support during 1997.

Our clubs in Mullingar and Drumraney meet once a month and both clubs are blessed to have such dedicated workers who continue to keep the show on the road and provide a valuable outlet for our many members to meet new and old friends.



Members of Mullingar Stroke Scheme presentation to Mrs Annie Small. Mary Foley, Annie Small, Mary Mahon and Margaret Lambden



From left: Annie Small, Most Rev. Dr. John Clarke Bishop of Meath & Kildare and Jackie Murray.

Pictured at the Westmeath Stroke Scheme 10th Anniversary celebrations in the Bloomfield House Hotel, Mullingar.



Back L to R: Nuala Kiernan (WSS Helper), Rita Keenan (Ward Sister, St. Marys) and Shelia Mac Mahon, (Patient).



*Westmeath Stroke Celebrations 1997
Front: M. Mahon (Westmeath), Erica O'Meara (North Dublin), Jean McNamara (Leitrim Stroke Scheme). Back: E. Murtagh (South Dublin), Des Monahan (Leitrim Stroke Scheme).*

NEWS FROM SOUTH DUBLIN

Eileen Murtagh, South Dublin Supervisor



It seems like only a few months ago since the last issue of VSS News. As I try to put down a few words for this issue, my thoughts turn to the families of people who have just suffered a stroke.

When visiting a family for the first time, I often find that there is a feeling of isolation with a lack of information on services that may be available to them. I am sometimes asked, "what can I do for the stroke person who has understanding problems?" This is an area where our volunteers can help, by using gesture, mime, photos and other methods that are recommended by the Speech and Language Therapist to help the person understand what is being said. A volunteer can help by facing the person, introducing the subject in a simple way and by speaking a little slower than normal.

CLUB EVENTS

In our stroke club mixing with others and having fun doing activities together helps with the rehabilitation process. Popular club activities during the year were: scrabble, pelmanism, table quiz, painting, dominoes, darts, hand massage and exercises. Group exercises with physiotherapist, Jane, were of benefit to all in the club. Unfortunately, Jane can no longer be with us she has other commitments. We are now looking for another physiotherapist to work with us.

Birthdays were celebrated, the special ones, 50's, 60's, 70's and an 80th. These were the ones we knew about. Of course some people never seem to have birthdays!

We had many visitors to our club

during the year:

Second year student nurses from the Adelaide Hospital came in September as part of their module on Social Awareness. Our members gave them a great welcome and the students appreciated the learning opportunity.

A speech therapist, a physiotherapist and an occupational therapist, each did different studies with some of the club members.

Studies were done on Aphasia, Upper Limb Malfunction and Driving. We hope the results of the studies will help to improve the lives of people following a stroke.

A team from the northside club, came for a return darts match with a team from our club. We won back the trophy this time.

Our darts captain, Liam Corrigan, died on 22 January 1998. He is missed very much.

Some club members and volunteers participated in a pub quiz in U.C.D. This quiz was organised by John L'Estrange in aid of the Volunteer Stroke Scheme. We did not win a prize - we did not want to embarrass all those University types by beating them but had a good night out nevertheless.

Day outings were to:-

- National Gallery, 9 May, '97. We had lunch in the gallery restaurant at first and then Jennie, our guide gave us the history of the large paintings.

- Volunteer, Bridie Lyons, once more hosted a lovely day out in her garden in Ballinteer in June.

- On July, 3rd, our club went on an outing to Walkinstown. Our hostess on this occasion was former V S

S supervisor, Marie O'Brien. We thank both Bridie and Marie for the effort they put into making the outings such a success.

- Some club members were able to attend Dollymount House to help the Northside's, Wednesday Club celebrate the anniversary of their club.

- Our final summer outing was to the Killiney Court Hotel at the end of July. This was our breaking up day, as club was closing for the month of August.

Our club was involved in the Women's Mini Marathon. Members took sponsor cards and one member did the 10 kilometer run in her wheelchair, wearing our T-shirt. The money raised helped to finance the respite break in Westport.

Two daughters of another member also finished the marathon sporting our T-shirt. We are entering again for the Mini Marathon on June 7th this year. Sponsorship cards are available to raise moneys for the next respite break.

CHRISTMAS PARTY

Fifty-one people attended our Christmas dinner which was held on December 18th in Evergreen Hall, Terenure. Excellent entertainment was provided by Mick Hyland our musician for the day. Visiting entertainers were Shaun Connors, Eddie Burke, and Steve Bennett who made this a special Christmas party. Local companies gave raffle prizes. The raffle was speeded up by our musician. Thanks, Mick for hurrying it up. Everyone wanted to get on with the dancing, or was it the drinking?

Our carers attended a very useful talk on stroke in N.R.B. premises in June last. Carers also attended the smaller

support group in my home. Issues that affect carers of stroke patients are brought up at these meetings.

A NEW CLUB

Plans are being put into place for another Stroke Club on the southside of Dublin. This should benefit those who are furthest away from our present one. Most referrals to our Scheme are for a club or group situation. We see our members grow in confidence as shared friendship develops.

THANK YOU

Finally, I wish to say thanks to every volunteer whose input has kept the club and home visits running smoothly. To the volunteers who drive people to and from the club, the dedicated group who run the club each Thursday and to the visiting entertainers, Eddie, Shaun, Steve and Mick, who came at Christmas, thank you.

Best wishes for 1998 to all.

News from Head Office, Theo Davis, Hon. Secretary, VSS.



How time flies. It seems only a few months and not a whole year since the last VSS News. As usual the office has been kept busy with the day-to-day business and many requests for the Information Pack which is being received very well judging by the response to it during the year. The cost is still the same - £3, including post and packaging. The video "Understanding Stroke" can still be got for one night from any Xtra Vision store nationwide - no charge. This along with the pack is well worth reading and viewing.

There is a devoted workforce behind the scenes of the Volunteer Stroke Scheme, many of whom have worked for well over a decade - in good times and bad - keeping the scheme afloat. It is likened to the majestic scene of a swan gliding on the top of the water and the busy activity underneath as the legs paddle furiously. The Committee and Supervisors are busy arranging events for the coming year and if previous years anything to go by we should be in for a great time.

Congratulations and heartfelt thanks to everyone involved with the running of the VSS. Once again I have to thank Mr. Mike Glynn and all his staff in Brainwave, Irish Epilepsy Association, who make the VSS so welcome in their office on Crumlin Road and are most helpful to me at all times.



Hugh O'Gorman with his daughter and grandchildren after the mini marathon '97.



Eileen, Betty, Hugh's daughter after the marathon '97.



Trip to Westport Sept. '97.



Stephen and Barbara doing their 'stuff' on the dance floor in Westport '97.

FUN IN THE WEST

Eileen Murtagh, South Dublin Supervisor



On Monday, 8 September 1997, 42 people, members of the Volunteer Stroke Scheme set off on a 4 day, P.A.B. Coach tour to Westport, Co. Mayo. The first group to be picked up were the "Northsiders" from their stroke club in Kilmore, Coolock. Our group, the "Southsiders", was picked up next at Lower Kimmage Road. Places were reserved near the front of the bus for our more severely disabled members. By 11.30am, we were all on our merry way and in great spirits.

Our first stop was at Hammills on the Mullingar by-pass where tea and sandwiches were waiting for us. This was also a time to get to know new faces and begin new friendships. The more able bodied offered to help the less able and so it was back on to the bus. It was a long journey from here to Westport. Sean, our driver, agreed to stop again in Charlestown for a short break. Some of us had coffee while others had some refreshments, but it had to be quickly back on to the bus not forgetting wheelchairs and walking sticks and a head count in case anyone was left behind.

At last we arrived at the Castlecourt Hotel. Room keys and bags had to be distributed.

Many of our group were enjoying it so much, they stayed up late.

There was an initial problem with three rooms which were not accessible. The more mobile members swapped and stayed in these rooms until the hotel had accessible rooms next day.

Dinner was welcome at 8 pm as everyone was starving after a long journey. That night in the lounge there was lively music and many of our group were enjoying it so much, they stayed up late.

Next day, after exploring the town, we were brought on a tour of the Foxford Woollen Mills. This was a beautiful day and while some went on the tour of the Mills others sat outside in the sun and topped up their tans. There was a craft shop where many of the group bought gifts for family members.

After dinner that night, there was a band playing in the lounge. Stephen and Barbara showed us how jiving should be done, although both complained that they had to give up too soon. Nobody believed they both had strokes.

This was a great night and some stayed up very late. Where do they get their energy?

They made a beeline for the pub on top of the hill.

Early on Wednesday morning, the group were brought on a tour to Achill and on to Keel where there was fun on the beach where some of the boys were helping female members over the sand dunes. The females did not, of course, need any help at all. Unfortunately, or maybe fortunately! nobody had a camera at the right moment. Another few peo-

Sláinté

Thanks to Guinness for 72 cans of beer enjoyed by the South Side Club.

ple made a beeline for the pub on top of the hill. Mobility difficulties were forgotten here as they made their way up the incline with their walking sticks for a few pints. On the way back to the hotel, Sean, our driver listened to requests from interested people and agreed to stop at the House of Prayer in Achill Sound. Many of the group got off the bus and went into the little church to say a prayer.

On our last night in Westport, all of the Lower Kimmage Road, group who stayed up were out on the floor dancing along with some of the characters from the Coolock club. Promises were made to meet with each other again.

It was sad leaving the Castlecourt after being together for three days. The morning was busy bringing down bags and making sure nothing and nobody was left behind. A stop was made at the famous shrine of Knock. We had time to visit the site of the apparition or go for a cup of tea in one of the cafes. Next stop for a short break was in Moate with its wide street. We spread our custom over a few premises. Some of us went into the hotel, while others descended on a nearby pub. Snacks were prepared for us with good humour. I believe staff from nearby pubs came in to give a hand to ensure the multitude were fed.

Getting back on to the bus, it was starting to rain. We did not care as the weather was good for our stay. Back in Dublin when saying goodbye to each other, there were tears. I think they were tears of joy having enjoyed the break. I hope another group will be able to enjoy a respite break this year.

VASCULAR SURGERY - SURGICAL DEPARTMENT

T.V.KEAVENY, St. VINCENT'S HOSPITAL ELM PARK DUBLIN 4.

Stroke remains a major cause of morbidity and mortality in all western countries including Ireland. In the U.S.A. despite many medical advances it remains the third leading cause of death following heart disease and cancer. World wide vascular disease is now the leading cause of death. In the greater Dublin area with a population of one million approximately 1,600 strokes are to be expected annually. The risk is higher in elderly females because they tend to live longer and the social implications of this will be a major concern in the early years of the next century.

A reduction in the incidence and effects of stroke will depend greatly on increased identification of risk factors with appropriate medical intervention. There has been increased interest in blood pressure control in many recent trials. However these studies have also shown that blood pressure problems often go unrecognized and unfortunately not adequately treated. The risk of stroke can be greatly reduced by lowering the blood pressure.

There has also been emphasis on the necessity to lower the systolic as well as the diastolic blood pressure. Research is active in identifying drugs with reduced side effects and more acceptable for long term use. However it should be remembered that haemorrhagic stroke caused by blood pressure accounts for only 10% of strokes. The majority are due to thrombo-embolic disease arising from the major arteries in the neck, the heart and in the small blood vessels in the brain.

Because primary prevention often fails secondary prevention is vital in reducing the risk of stroke. Surgery has a significant part to play in secondary prevention. This depends on the recognition of early symptoms by the patient and family.

Prompt action

Prompt action by the community practitioner with referral to a vascular unit can result in a series of investigations which may lead to the prevention of a full stroke. Some of these symptoms are very minor affecting a limb, the speech, or the eye. Lapses of memory and drop attacks or blackouts may also occur. Dizzy spells have a less serious prognostic significance but require investigation. Unfortunately some of these minor events occur during sleep and the evidence of such events is only found on subsequent CT Brain Scans performed during investigation. It should also be remembered that some visual symptoms are also evidence of an early stroke. Since these are dramatic they usually provoke prompt referral for medical investigation.

International trials

Several international trials have shown that when the carotid artery is the cause of the early stroke, surgical intervention with medical therapy is the optimum treatment. There have also been extensive trials investigating the place of surgery in asymptomatic carotid disease. What has been established is that progression of the severely stenosed carotid to occlusion is a dangerous process resulting in risk of stroke of approximately 20%. However the morbidity and

mortality of the surgery must be low and the operation is best carried out in vascular units with extensive experience and all appropriate medical and para-medical back-up. In Saint Vincent's Hospital Vascular Unit over 60 such operations are performed annually.

Following stroke there is little place for surgical intervention. Occasionally some improvement in mental function can be achieved but the primary role of surgery is in stroke prevention especially in those patients with early symptoms. Repeated minor sub-clinical strokes is one of the causes of eventual mental deterioration.

The best results are achieved by awareness of the early symptoms of those patients at risk. These include patients with a family history, diabetes, smokers, hypertensives and patients with any form of vascular disease. Screening of this last group is very productive in identifying not only carotid artery disease but also conditions such as aortic aneurysms which may be life threatening. The patient is examined thoroughly followed by a duplex carotid scan. Subsequently angiography may be necessary but innovations in relation to CT and MR will almost certainly abolish the need for invasive investigation.

Suggested Reading: STROKE OCTET THE LANCET 1992.

MONEY MATTERS



John L'Estrange Reports

Once again we had a good year on the financial front in 1997. The Eastern Health Board gave us £16,000 for 1997 - we express our grateful thanks.

On Thursday, 25th September, 1997, there was a Gala Fundraising event in the Burlington Hotel, Dublin 4, featuring a special concert by Ireland's legendary singer and songwriter, Phil Coulter. Following dining at 8.00 p.m., Phil took the stage to give a rare solo performance. He has a dry humour, laughing a good deal and really it is a great pleasure to hear him perform.

The committee who organised this event consisted of Anne Copeland (Chairperson), Vincent and Phil Keaveny, Joan Keogh, Liz Konkoli and John L'Estrange. Anne Copeland spoke after Phil had finished. She thanked him for all his wonderful work in Ireland, Great Britain and America.

A wide range of commercial firms helped us once again, e.g. Banks, Building Societies, Insurance Companies, Manufacturing Firms and Retail outlets. We have listed below, in alphabetical order, the main companies who have helped us. We are grateful to them for their generosity.

Abbot Laboratories
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Slender Health Club
Smurfits
Stena Line
Stillorgan Bowling Club
Telecom Eireann
Ulster Bank
Unidare
Zoological Gardens

Volunteer Stroke Scheme
249 Crumlin Road
Dublin 12.
Phone: 01 - 4559036
Fax : 01 - 4557013

Patrons:
Dr. Morgan Crowe
Dr. Mark Delargy
Mr. Vincent Keaveny
Dr. Angela McNamara

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Chairperson : Anne Copeland
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Eileen Murtagh, South Side 01 - 4519807
Erica O' Mara, North Side 01 - 8481059

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The Editor

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Wednesday or Thursday.

More **volunteers** and **drivers** are required by the VSS.
Contact us at the number given above or write for
further information.

**Aims of the
Volunteer Stroke Scheme**

1. To help people who suffer from speech and allied problems as a result of a stroke.
2. To offer each patient a volunteer who will visit singly for about an hour at a time on a regular weekly basis.
3. To provide a club where patients can meet and be further helped.
4. To provide outings from time to time.
5. To create a greater awareness and understanding of stroke through effective and relevant publicity.

Subscription £ 5.00 a year

*This issue of VSS News has been typeset by Alex Tuohy.
Alex has had a stroke himself and is well known in the VSS.*

I wish to subscribe to the Volunteer Stroke Scheme and I
enclose £ 5.00 for 1998.

Name:

Address:

Phone:

Cheques should be made payable to the Volunteer Stroke
Scheme.

Signed:

Date: