

Aiming for the Best

Anne Copeland

Stroke prevention, acute stroke treatment, rehabilitation, community care and carers' support are the main aspects of total stroke management. The management of each aspect will have major consequences for the overall outcome of recovery.

Prevention

Prevention of stroke should be the key objective. More public education is needed in this area so that people can recognise if they are at special risk of developing stroke. Such people are those with (i) family history of stroke, (ii) high blood pressure, (iii) smoking, (iv) diabetes (v) history of heart disease. We must aim to improve public awareness of the initial signs of stroke. Over the next five years people will have access to new treatments that will need to be administered within the first few hours of stroke. People must be aware of stroke symptoms so they can benefit from these treatments when they become available. Recognising mini strokes or T.I.A. (transient ischaemic attack) is extremely important. The most common symptoms of T.I.A. are (i) temporary loss of power in either the hand or leg, (ii) sensation of pins & needles in the limbs or on one side, (iii) partial loss of vision in one eye, (iv) temporary loss of speech, (v) short blackout attacks.



People with these signs should see their G.P. immediately where hopefully proper investigative procedures will take place. Patients will then be given medication which will reduce the risk of full stroke and will also be advised on lifestyle factors including diet, exercise, smoking and weight control.

Acute Stroke care

Once a person is admitted to hospital with acute stroke investigations will start as to the exact cause of the stroke. This will be done by use of a brain scan which may be either a C.T. scan or M.R.I. It is important to distinguish between stroke which is due to a bleed or a clot as treatment will be different. Proper care and treatment at this stage will have a positive outcome for patients in their rehabilitation which follows.

The Irish Heart Foundation have

recently set up a Council on Stroke under the chairmanship of Dr. Des O'Neill. The Council is a medical forum dedicated exclusively to furthering excellence in stroke care in Ireland. Over twenty disciplines as well as V.S.S. participate on the Council. One of their priorities is the establishment of specialised stroke units throughout the country. A

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Aiming for the Best

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stroke unit is a service in which the acute and rehabilitative care of the patient is under direct supervision of a specialist with training and expertise in stroke management. The specialist is in charge of a team. This team would consist of a nurse specialising in stroke, physiotherapist, occupational therapist, social worker, speech and language therapist and nutritionist. At present patients are likely to find themselves under the care of an oncologist or a gastroenterologist as distinct from a doctor specialising in stroke care.

Rehabilitation

The quality of rehabilitation that stroke persons receive will impact directly on the future quality of their lives. Good rehabilitation will prevent many people from having to go into residential care. Each stroke person should have their physical, psychological and social needs met. Making each person as independent as possible should be the primary aim of all the rehabilitation. Lack of investment in this area is a false economy as inadequate rehabilitation

only leads to a long term residential care and the likelihood of hospital readmission.

More psychological help must be given to people with stroke during their rehabilitation. Depression can become a major factor after a stroke. If a person becomes depressed they may become withdrawn and lack motivation and energy. A vicious cycle takes place, lack of motivation will lead to lack of recovery. This aspect is often overlooked or it is not properly explained to stroke persons or their carers. Recognising this depression and treating it will relieve the burden of stroke on both the persons and their carers.

Community care is something of a lottery. Young stroke persons, those under sixty five, have little or no access to further rehabilitation when discharged into the community. Extended community-based rehabilitation should be made available to all people with stroke on discharge from hospital. One must be realistic about prospects of recovery but the time factor involved in this recovery can vary greatly from person to person. Some people can make real progress after a considerable period of time, sometimes as long as two or three

years. Ongoing community therapy can assist in this recovery but sadly this is terribly lacking at present.

Carers

Stronger support services must be made available to carers. The focus of attention will understandably go to the person with the stroke but the effect on the carer is as great in many respects. They need emotional support and rest. Respite is an essential support service and must become much more available than it is at present. Often carers are elderly with little or no family support. They are caring for their loved ones in their own homes and in doing so save the State a considerable amount of money.

It is not too much to ask for a little fair play. The VSS continues to provide support through their stroke clubs, information services, respite holidays and their loan scheme of technical aids. VSS members themselves care for one another and show that a disability does not stop one having a fulfilled and happy life.

Best wishes to all our readers.

Volunteer Certificate Presentation



George Long receiving his certificate for Long Service as a Volunteer '99.



Kay Delaney receiving her certificate for Long Service as a Volunteer '99.

The Continuing Challenge of Stroke

D.R. Collins, Registrar, P.M.E. McCormack, Consultant, The Stroke Service, Tallaght Regional Hospital.

Although recent trends have shown a steady decline in mortality from stroke, it remains the third leading cause of death, accounting for 12% of all deaths in the U.K. Furthermore stroke imposes a huge cost in terms of both economic and personal suffering on society.

The financial cost to the British NHS of treatment and care of stroke patients was £1.36 billion in 1990, 4.4% of all NHS expenditure - double that of coronary heart disease. We can expect about 6,000 strokes to occur in Ireland each year. One fifth of these patients will die in hospital. Of those patients that survive the stroke, 50% will be significantly disabled and at present there are 30,000 people living with stroke related disability in Ireland. There is no direct estimate of the full personal and domestic impact of stroke on a patient and his carer. Given this, the prevention of stroke is obviously of major importance. Prevention, as well as acute treatment and rehabilitation of patients with stroke continues to present a significant challenge in medicine.

Advances in Stroke Care

Organised Stroke Care

Perhaps the most important and practical advance in the treatment of stroke has been the development of organised stroke care. There is unequivocal evidence that patients managed in stroke units to have reduced mortality and morbidity, without apparently increasing length of hospital stay. The numbers needed

to treat (NTT) are also modest reflecting their effectiveness. The NTT for extra patient to survive is 14 and for an extra patient to go home 16. Why is organised stroke care so effective? This is probably related to a multidisciplinary group of experts pooling their expertise. As the effects of stroke are not only physical but also psychological, functional, financial, social and domestic and may involve communication and nutritional problems, it means that the members of a "Stroke Team" should have expertise in these areas.

Working together with the patient and family, this team promotes a proactive approach to the management of patients with stroke. It facilitates rapid prediction and prevention and/or treatment of complications of stroke, which will enhance the health and wellbeing of the patient. Optimising the physical and mental health of the patient after a stroke, maximises their gains from rehabilitation. Secondary prevention of stroke through identification and modifications of risk factors, would be another important component of medical input. The team work together closely informally and have more formal weekly team meetings. Both patient and carer are closely involved in "team" decisions. Ongoing training and education programmes are also an important component in developing and updating skills.

Treating Hypertension

There are a number of studies that demonstrate the value of lowering blood pressure in prevention of stroke. The benefit extends to the treatment of isolated systolic hypertension. Giving the fact there has been overwhelming evidence for many years as to the value of treatment, we are still reluctant to effec-

tively treat hypertension. Elderly patients are frequently 'allowed' to have higher blood pressures. There is a lack of awareness in the general public as to the benefits of treatment of hypertension i.e. compared to their perception of the risks of high cholesterol. In terms of stroke prevention an educational programme for the public as well as health professionals would be useful.

Thrombolysis

Since the NINDS t-PA study demonstrated an absolute difference of 11% in those gaining independence at 6 months between treatment and non-treatment groups, much interest has surrounded thrombolysis in the acute treatment of cerebral infarction. Although there was an overall difference in mortality between the two groups at 3 months, there was a ten-fold increase in the rate of intracerebral haemorrhage and a significant increase in mortality in those treated with thrombolysis in the early stages. t-PA is licensed for the acute treatment of cerebral infarction in the US under strict guidelines, and although the ECASS 11 study failed to demonstrate benefit on this side of the Atlantic (probably largely due to different entry criteria and a different primary end-point) it seems likely that licensing will soon be introduced in Europe.

From the onset of symptoms there is a 3 hour therapeutic time window to thrombolysis. This poses a practical problem in making an accurate diagnosis i.e. using CTscan within the time window. Currently in North America about 5% of patients are given thrombolysis. The reason that so few patients avail of thrombolysis is mainly because of the difficulty in making the diagnosis within the time window as well as contraindications to tPA.

Antiplatelet and Anticoagulant Agents

Since the CAST and IST trials the role of aspirin in the treatment of acute cerebral infarction has been more clearly defined. Administration within 48 hours of stroke is associated with a reduction in death and better functional outcome at 6 months.

Although the benefit is modest, 13 fewer deaths or dependants per 1,000 at 6 months, aspirin is inexpensive and safe and as such should form part of any protocol of acute stroke treatment. Heparin was not shown to benefit outcome when used in the acute settings in IST, although low dose heparin prophylaxis reduces DVT/PE. Low molecular weight heparins are currently being investigated.

Advances have been made in more clearly defining the role of antiplatelet agents in secondary prevention of stroke. Aspirin and dipyridamole are more effective than aspirin alone in prevention of recurrent stroke (NNT 37 Vs. 18 to prevent one recurrent stroke). A new agent - clopidogrel - was shown to be superior to aspirin in the CAPRIE study.

Clinical experience with this drug is still limited. In the setting of atrial fibrillation however, and in the absence of contraindications, warfarin therapy remains the gold standard of stroke prevention. In patients with non valvular atrial fibrillation and heart disease, warfarin is twice as effective as aspirin in preventing stroke. Maintaining the INR at 2.0 maximises the efficacy while minimising the haemorrhagic complications of warfarin.

Carotid Surgery

Both the North American Symptomatic Carotid Endarterectomy Trial (NASCET) and the European Carotid Trial (EST) have clearly demonstrated the benefit of carotid surgery in preventing ipsilateral stroke in patients with symptomatic stenosis of 50-99% in the American study and 75-99% in the European version. These results are dependent on surgery being performed in a skilled vascular surgery unit. The more controversial Asymptomatic Carotid Atherosclerotic Study (ACAS) showed a 1% annual reduction in the absolute risk of stroke in symptom free men with carotid stenosis of 60-99%, but their results were based on the extraordinary low rate of surgical complications.

Cholesterol and Stroke

Studies to date on the stroke population suggest that there is an heterogeneous distribution of lipid profiles. While there is some suggestion that higher cholesterol may be associated with better outcome in elderly stroke patients, this runs contrary to the large volume of work proving the benefit of lipid reduction in preventing ischaemic heart disease and plaque progression. Certainly where there is co-existent coronary heart disease a strong case can be made for intervention with lipid lowering therapy. The LIPID trial showed a reduction of 31% in stroke incidence when patients with an average range of cholesterol in the higher ranges was treated with simvastatin. On the basis of this evidence it seems prudent to lower cholesterol in patients

with coexisting ischaemic heart disease and stroke to <5.1 mmol/l. There is also increasing evidence that statins may stabilise in atherosclerotic plaque and have beneficial effects on the clotting system. The benefit of these expensive drugs remains to be fully evaluated and their routine use in all stroke patients remains controversial.

Conclusion

There are many different disciplines studying stroke in terms of preventative strategies, acute treatment, rehabilitation and location of care. In preventative terms, we are using aspirin and warfarin more frequently; we are treating hypertension and we could treat more; we are looking to modify other vascular risk factors including hyperlipidaemia, excess alcohol, diabetes, smoking; we are more aware of negative lifestyle influences including smoking, diet and lack of exercise. In terms of acute treatment, the initial optimism of the early 90's in the search for a neuroprotective agent in acute stroke, has given way to a more cautious expectation as drug after drug has fallen by the wayside. Of the number of agents currently under investigation (calcium channel entry antagonists, glutamate antagonists, glycine antagonists, free radical scavengers etc.), perhaps one more therapeutic agent may emerge.

Thrombolysis causes the most excitement and comment. At the moment at best it reaches one in twenty patients who have had a stroke. Aspirin is readily available and is underutilised.

Organised stroke care is known to save lives and reduce disability. There is no three hour time window for it and it is our view that we should strive to provide organised stroke care to all patients who have had a stroke. While research proceeds and therapeutic strategies in stroke are continually evolving, focus should remain on multidisciplinary, organised stroke care in the treatment and rehabilitation of patients with stroke in order to minimise disability, increase independence and maximise recovery from stroke.



John Richards and Bert Smith

Highlights and Holidays in North Dublin

Erica O'Mara, North Dublin Supervisor

The year goes around so fast it is time again to go through twelve months of memories selecting the highlights of shared memories and laughter tinged maybe with some sadness.

Both the Monday and Wednesday Clubs are thriving. So many attend so regularly it is very encouraging. It's hard to believe that we are almost thirteen years in St Luke's Social Centre. The welcome and atmosphere are as good as ever due to the dedication of the Volunteers and the dedication of Sr Margaret, Phyllis and Martin never wanes.

A strong feeling of everyone working together towards recovery.

Before each person comes to Club I make a family visit. A sincere welcome is evident there with a strong feeling of every one working together towards recovery. Our Carers' Groups also show high commitment. Our first happening in the Magazine's calendar for 1998 was the Monday Club's Twelfth Birthday. Sr Margaret put on a lovely lunch for us making it a real celebration for us all. It was a very special treat appreciated by everyone. Lunch itself was extra tasty and was enjoyed down to empty plates. The occasion was marked by a few songs and the awards were a highlight. The recipients, Margaret Behan and Bill Barry, were congratulated for their great efforts.

For our Summer Outing in July we headed once more to Ardgillen Castle and then to the Windmill Restaurant at Skerries. We had a

really lovely meal, as always, catering for a total of sixty three people from both the Monday and Wednesday Clubs. Our popular music quiz was followed by dancing and singing which provided good craic. A monster raffle sent a lot of people home with a gift.

Having collected passengers from both sides of the Liffey, our coach set off for Tralee in the Kingdom of Kerry in September 1998. The weather forecasters practically guaranteed a glorious weekend and for once they were right. The sun was with us all the way - around the Ring of Kerry, out to Dingle and back to Killarney in the space of a few days. The scenery was at its magnificent best and we all enjoyed ourselves. The hotel, rooms, food and service were of a high standard. The Volunteers were great especially in giving everyone confidence in getting on and off the coach.

The evening entertainment on each night was very lively and lots of people took part in dancing or singing or just enjoyed watching. The days went by so fast we didn't have time to get a sun tan but we had a really smashing time and almost the best weather of the entire summer. A love story or an elaborate hoax threaded its way through our time away and provided lots of laughs. Northside and Southside stroke people renewed friendships and made new friends with the recently established Taney Club. All in all it was a really successful holiday.

We celebrated our Wednesday Club's eighth Birthday by going to the Sunnybank Hotel. Some of the Taney Club joined us with Eileen Murtagh and it was lovely to see familiar faces. The Hotel gave us a



lovely welcome and the staff were very attentive. Superquinn in Northside provided the Birthday Cake and awards were presented to Mary Brown, Mary Clarke and Greg Walshe. There was no space for dancing but the chat made up for it all and of course everyone loves being OUT for the morning.

Our Christmas Party has to be the best ever. We ate our way through ninety-one dinners with not much left over. The Monday Club Minstrels put on a show directed with panache and dexterity by Tess with the help of Volunteers who also took part in the singing. It was a great performance, followed by Tess's grand-daughter, Aoife, who sang two solos and was a great hit. Our evening was brought to a conclusion with songs by Brian Hoey, fulfilling a promise made by him last year and renewed once more for next Christmas, providing he is in Dublin at the time.

***Tess's grand-daughter
Aoife ... sang two solos and
was a great hit.***

Discussions are very popular in Club. From one starting point a topic can take several different directions often ending up in a surprising finish. One morning we were talking about schooldays and Bill demonstrated remarkable recall by quoting a full speech from Shakespeare's Merchant of Venice. A newer member has come out of his shell with stories and recitations well told. There is still a mystery about the love story in Tralee - was it genuine or a genuine hoax? That conjecture

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still creeps into Club discussions and the "lovers" just smile and give nothing away. "Oh no 'twas the truth in her eyes ever dawning that..."

On the day after St Valentine's Day the Monday Club transferred to the Goblet Pub - with twenty-two of us. A request had been made the previous week for Valentine's Day verses and poems. Six brave people responded with Margaret Behan the winner. I noticed that one of the "Tralee Pair" had submitted a poem that I scrutinized for hidden messages. There were none but perhaps the picture on the front of the card tells it all - a duck and a drake - a happy couple or someone playing ducks and drakes, thereby hangs a tale. In between sipping tea or coffee we sang romantic songs. On our way out when we finished two ladies called me over to say how they had enjoyed our singing - wasn't that nice to hear?

Darts and skittles are still among the most popular activities in Club. Both can be managed with the left hand if necessary. The competitive angle also provides a challenge and excitement. Good lungs are needed for both. One player has been named Dead-Eye-Dick in skittles as he so carefully lines up his throw and very successfully too. Another darts match is on the programme with the South side, perhaps skittles could be added as well.

Painting is also a favourite. Volunteers in the Monday Club have been attending painting classes and are skilful at directing the Club Members in a short space of time to produce some lovely pictures. Perhaps we could aim for an exhibition?

Physio continues in both Clubs with Maire and Grainne. We thank them for their dedication.

Every year mention is made of "Awards for the Club Person of Year" and often the most surprised person of all, is the recipient. A few years ago I stated that I felt every stroke person deserved a medal simply for getting up every morning and arriving at Club so smartly turned

out. Suggested awards are discussed with the Volunteers and are given for a number of reasons - achievement in Club or at home, kindness to others in Club, for simply trying or where it is felt that an award could give an injection of confidence. Some are very good attenders and others contribute so much to the general atmosphere.

So all these aspects are taken into consideration along with a general rule that an award is only given once to each person. Over the years three people have received a special award for different reasons. So an award is for recognition and encouragement and "you've done well - keep it up".

Thanks again to Sr. Margaret ...

Thanks again to Sr Margaret, we wish you continued good health. Our heartfelt gratitude to all our Drivers and Volunteers, without your hard work we would have no Clubs. To those Drivers and Volunteers who have had to leave due to other com-

mitments we give our thanks for your generosity having said a reluctant good-bye. A final thanks goes to Anne Copeland and the hardworking Committee who are always ready to listen to queries or suggestions.

During the year the following Club Members sadly died but they will be remembered in Club always:

Joe Reilly
Brendan Murphy
Eileen Carroll

Mass will be arranged in the Wednesday Club to enable Members to share their prayers for their departed friends.

Valerie Eaton Griffith wrote a book called "So they tell me - An Encounter with Stroke". In it she asks a question "What is it that runs steadily through all this many-coloured tapestry of stroke"? Valerie answers the question herself "Nevertheless, running like a golden thread through this tapestry tough and glorious, is the sheer triumph of the human spirit".

Awards '98

Mary
Mary
Greg
also Erica and
Nancy



Teresa,
Anne,
Erica &
Bridie



*Granny & Granddaughter
Rita Langan, Killbeggan with Granddaughter Ciara Maguire
at the Celebrations.*



*L - R. Mary Keegan, Marie Keegan and Pat Lee at the
Autumn Party 1998.*



*L - R. Christopher Masterson, Castlepollard who will be 90
years young in August 1999 with Chairperson Jackie Murray
at the 10 th Anniversary Celebrations.*

Westmeath Stroke Scheme

Mary Mahon

The year 1998 has been a very busy and successful year - Fund raising, organising parties, outings, Club activities and short mid-week breaks.

We held three parties during the year- Christmas, Easter and Autumn. They were all very well attended. Santa made his welcome visit at the Christmas party.

Seventeen stroke members, Carers and Helpers spent a very pleasant mid-week break in Knock in July, though the weather was not too kind. Nevertheless it did not dampen our spirits. All enjoyed it very much both socially and spiritually and we are looking forward to the next trip.

Thanks to the helpers who travelled at their own expense to give a helping hand. Here great relationships are made and contact kept up, exchanging photographs of the trip, cards at Christmas time and many phone calls to each other during the year, which is great. Shared experiences are the building blocks of new friendships.

The Clubs in Mullingar and Drumraney are both very active meeting for their social a couple of hours each month. They too have their short outings during the Summer months.

The game of Bingo goes down very well. The silence can be heard - all heads down in anticipation of a check. Some have never played before but all learn fast and the competition is keen. A bit of music, the raffle and a cup of tea finishes the afternoon.

We are indebted to the Wheelchair Association for the use of their bus to take members to and from the club in Mullingar each month. Also thanks to the Lions Club who sponsored two wheelchairs to the County Committee which were badly needed for our outings.

Our Churchgate collectors are to be complimented for their dedication over the years in helping to keep the wheels of the organisation turning. Without them it would not be possible to keep afloat. We look forward to 1999 and hope we will be able to keep up the good work and ideals of our founder, Annie Small.

Around t



Evelyn, Brendan and Joe, Tralee '98



Denis, Tom, James, Brendan and Paddy.



Anne, Evelyn and Terry.



Painting Class: Margaret and Phyllis.



Des Byrne busy with his Wall Hanging - March '99.



Phystio, Aifric, working with group in Club - March '99.

he Clubs



Rose, Patty and Peig having a laugh on one of the outings - '98.



Party Piece: George Long and Tom O'Connor - Tralee '98.



Some of the original members and Volunteers of Taney Stroke Club: Duncan, Eileen, Michael, Dick, John, Simon, Aine, John O'Callaghan and John Colliert.



*Exercise Class: March '99.
Noel Mc Nulty, Tom O'Connor and Jimmy Palmer.*



Val, Irene and Kay.

News from The South Dublin area

Eileen Murtagh, South Dublin Supervisor

Volunteers can give much support and help to those whose speech and confidence has been affected by stroke. Some people adapt to coping with their limitations following a stroke, while others are inclined to give up trying.

Occasionally, I get feedback about a family, whose lives had been changed utterly by a stroke, now having new hope, having something to look forward to, following contact with the Volunteer Stroke Scheme. Our clubs and home visits offer support. Volunteers help to restore confidence and independence to those who have been referred to the scheme.

A new stroke club was set up in May 1998....based in Taney Hall, Dundrum.

A new stroke club was set up in May 1998. It is based in Taney Hall, Dundrum, and operates each Wednesday morning from 10.30 a.m. to 12.30 p.m. Our club is sharing premises where morning adult education classes of all kinds are going on alongside us. This is a good thing as some members are now interested in taking up some of those classes.

Physiotherapist, Aifric, started working with the South Dublin stroke clubs in May 1998. She does an exercise programme with the Club members, who look forward to the session each week.

Visitors to our clubs included student nurses, an occupational therapist from Leopardstown Park Hospital and the new Garda Inspector, Joe McGarrity, Dundrum.

Day outings were to:

- St Endas Park and Pearse Museum, Rathfarnham. It was Jimmy Palmer's birthday and he performed his Cinderella to the delight of all

around him. Staff were helpful.

- Outing to Bridie and Arthur Lyons' home and garden, Ballinteer on June 18th. Thirty two visitors were able to stay outdoors in the sunshine except when a light mist sent some under the trees for a few minutes. Birthdays were celebrated and songs were sung.

- A total of 33 people were catered for in Marie and Seamus O'Brien's home and garden, Walkinstown on July 9th. A sing song developed and our host entertained the group with a lovely rendition of "The Old Armchair".

- Both clubs combined for the final summer outing on July 23rd to the Ardenode hotel, Ballymore Eustace and tour of the Blessington lakes. Christy, our coach driver gave some little gems of information about Blessington and the old village that is buried beneath the lake. Volunteers, George and Kay, started the sing song on the way back and got everyone going.

- In October, Taney club members and volunteers travelled to the Sunnybank hotel, Glasnevin to celebrate with Erica's Wednesday club's birthday party.

On the outings, our volunteers were most generous bringing the stroke members in their cars. They also drive members to the clubs each week.

Betty Norton participated in the Women's Mini Marathon.

Once again one of our stroke club members, Betty Norton participated in the Womens Mini Marathon along with relatives of other stroke members. All of them collected sponsorship on their cards beforehand. The dressing



up in the VSS tee-shirts was all part of the day. The stroke was forgotten when the huge group of women were walking and encouraging Betty along the way.

In September, a group from Taney and another group from our club in Kimmage joined with some of the north Dublin clubs on a holiday to Tralee, Co Kerry. A great set of volunteers came and ensured that each person enjoyed the holiday and felt secure travelling.

The Christmas party was held on December 17th and 72 sat down to dinner which was cooked by Jimmy, the chef. Mick Hyland, our musician for the day, got people's feet tapping and itching to get out on the floor. Many did their party pieces. Our volunteers sang and entertained, as well as bringing stroke members out to dance. Eddie Burke came along again with his guitar. Visiting artist, Steve Bennett, entertained the crowd with his magnificent voice. Thanks Steve! you went down great with everyone. Thanks to Guinness who donated 72 cans of beer for the party.

Several club members, their families and volunteers put in teams for the table quiz in UCD which John L'Estrange organised in aid of the Volunteer Stroke Scheme. We did not win the quiz though we won some spot prizes. It was an enjoyable night out.

We have a committed group of volunteers in our clubs and home visits who keep the Scheme running. The Volunteer Stroke Scheme Committee is comprised of volunteers also. Thanks to all drivers, club, home visit volunteers and committee members.

The Path Of Life

*The path of life,
Has been for me,
An endless climb of sort you
see,
I walk along a stony path,
My feet they hurt and bleed
and bruise,
But yet I walk to find the
smooth.
And there if just for a while,
Soft satin lanes, I take retreat
Help heal my aching feet.
Once again I turn and find,
Stony roads and troubled
mind,
I cry out God what have I*



*done
You make me walk this trou-
bled one.
He smiles at me and says my
friend,*

*You walk along my testing
lane.
With stones to hurt and bruise
your feet.
Then satin lanes for your
retreat,
When life gets hard,
And hills get steep,
And roads you find are trou-
bled deep,
Just think of God,
Smile and say,
There's satin lanes,
Along the Way.*

Margaret Duffy R.I.P

The Courage to win Through

Kathleen McClorey

I got my stroke in June 1990. I was preparing to go out dancing and my Mother noticed something about my face that was not right and she got the doctor. He sent me to James Hospital and by the time I got there the power was gone from my left side. I was admitted and for two weeks I just slept. I had suffered a major stroke. They did tests and discovered I had got a blockage on the carotid arteries. I began to come around.

It was like being a child again

The Physiotherapist and the Occupational Therapist came up to start training me to walk and get dressed. The Physiotherapist got me up walking. It was very hard for the first few days. It was like being a child again learning how to walk. Luckily I did not lose my speech.

My family gave me great support. I was in hospital for two months and I thought I would never get out. Other patients were coming and going but I was still there. I used to dread the Physio coming as it was such a struggle to walk but I thought I won't give in. In the beginning I did not realise I would be affected to this degree and when I did it was a great shock.



The Occupational Therapist took me home for the day to assess the situation at home. The last three weekends before I went out they let me out for the day to see how I would get on. I managed quite well. When I was coming up home in the car I noticed people running for buses it made me very envious as I was barely able to walk.

I went out to the Rehabilitation Hospital in Dun Laoghaire where I had intensive therapy. It was very tiring. We left the ward at 9 in the morning and returned at 6 o'clock. I was there for three months. When I came home I would spend my day reading, looking at television and doing my therapy. The only thing I found hard was not to be able to go to town on my own to the pictures etc. Though I have great friends and family who bring me out.

I heard about the Stroke Club and contacted Marie O'Brien. I was accepted. I enjoy the club and taking part in the different activities. I enrolled in a few courses - personal Development, Assertiveness Training which I liked. I also joined the Wheelchair Association. I have travelled a few times to Lourdes and that was a great achievement for me. Nine years on I have not advanced much in the walking but I still carry on. I still hope for a miracle. I say to anyone with a stroke don't give up - once you lose heart I think you're finished.

Update from VSS Office

Theo Davis, Hon. Secretary.

The past year in the office has been really hectic but very rewarding. The Training Day for Volunteers and subsequent Award Ceremony for long serving volunteers was a huge success. The PR Benefits obtained from our Awareness Day was a real bonus to the VSS. It was amazing the number of people who have never heard of our good work. This highlighted our plans to have a poster printed for display in Hospitals and G.P.s' surgeries outlining the services given by us.

The information pack and video are still being received very well. The video can be obtained free of charge for a nights viewing from any branch of Xtra Vision nationwide. Information pack is £4, including

packaging and postage and can be obtained from Head Office in Crumlin.

We have a few good ladies running the Mini Marathon for us this year and new T shirts were obtained for the occasion. This is a great source of revenue for us and is much appreciated. I hope they enjoy the day.

Numerous requests for technical aids are being dealt with on an ongoing basis and the service is being received very favourably. We hear great reports from those who avail of the aids.

Judging from the enquiries received around the country it is evident that support groups are needed in these areas and it is our hope, at some stage, to get VSS schemes up and running in at least each province of



Ireland. We have applied for grant funding from the Government for this venture and look forward to a favourable response.

The VSS have certainly come a long way from when I first started manning the phones here in Crumlin. At that time calls averaged about four a week.

Great credit is due all involved - both present and past Committees and Volunteers. Without them, we would not be at the stage we are today. Keep up the good work.

Finally I have to thank Mr. Mike Glynn and all the Brainwave staff for their kindness and helpfulness over the years. The office space and facilities afforded by them to the VSS are a real bonus - especially to me.

Trip to SHARE Holiday Village, Lisnaskea.

Eileen Murtagh

Following an invitation from the Northern Ireland Volunteer Stroke Scheme, Anne Copeland, Theo Davis and myself visited the SHARE centre in Lisnaskea in November 1998. With Anne doing the driving, we travelled via Blanchardstown bypass, Navan, Cavan and the little village of Butlersbridge and on to Newtownbutler in the North. Here we stopped for our first break and had tea and scones. Shortly afterwards, we arrived at the holiday centre. This was a short distance from Lisnaskea at Smiths Strand on the shore of Lough Erne.

As was already arranged, we met with our hosts. The group comprised of twelve supervisors from the VSS in Northern Ireland. They included Hillary Ashfield, Jenny Power and Marie Kelly. After an initial meeting in the complex, we had lunch together and got to know some of the supervisors.

Robert, from the SHARE Centre showed us around the holiday village. The Chest Heart and Stroke Association own 5 bungalows in the centre. These bungalows were designed for people with disabilities. Facilities include a swimming

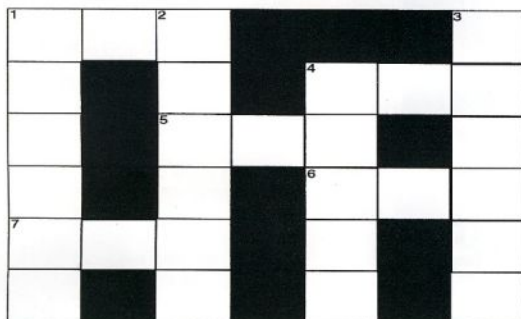
pool that has easy access on one side, a thirty seater bus with a ramp and a water barge with ramped access. As it was the end of November, we did not take the boat trip or even indulge in the pool, although some of our northern colleagues took a dip. In the evening the group was brought by bus to the Killyhevlin Hotel in Enniskillen for a meal. Afterwards back in the complex, we were shown our room in bungalow 13. There were bunk beds in the room. Anne chose the top bunk and Theo underneath. I had the luxury of the other bunk. The top part could be clipped up against the wall to make it an ordinary bed.

Next day, after breakfast, which was self catering we met in bungalow No. 12 to exchange information and pick up new ideas for activities in the stroke clubs. Tommy showed us a fun game of Family Fortunes. Anne spoke about Physiotherapy being the single most needed activity in the clubs. This was a useful meeting as the different supervisors outlined how to make small crafts with simple materials.

Contd. page 14

Puzzle Page

Crossword



Across

1. Small hat
4. Animals live here.
5. Ball holder.
6. Not good.
7. Not true.

Down

1. Cows.
2. Person who makes delph.
3. Day of the week.
4. Animal with stripes.

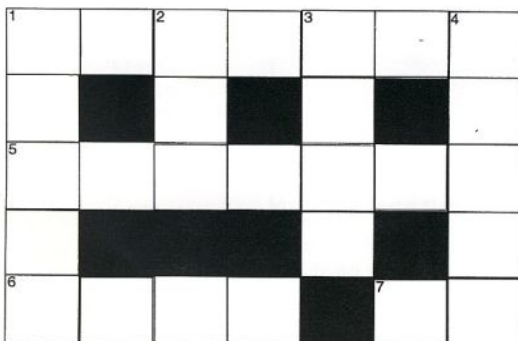
SOLUTIONS

Down

1. Cattle.
2. Potter.
3. Monday.
4. Zebra.

Across

1. Cap.
4. Zoo.
5. Tee.
6. Bad.
7. Lie.



Across

1. Ladies carry this.
5. Image.
6. Nearly a Metre.
7. Instead of a thing.

Down

1. Not Sad.
2. Devil is called -.
3. Colour of Sky.
4. Large.

SOLUTIONS

Down

1. Happy.
2. Nic.
3. Blue.
4. Great.

Across

1. Handbag.
5. Picture.
6. Yard.
7. It.



Hillary being carried in the lift with Northern Ireland Supervisor looking on.

Contd. from page 12

After more tea, we parted company with the large group. Marie from the Enniskillen Stroke Club then brought us to see the Stroke Unit in the Erne Hospital, Enniskillen. There we met with Dr John Kelly who gave us a tour of the Stroke Unit and explained the difficulties of starting up a Unit and the merits of having it up and running. He also took time to fill out the survey on the Stroke services which Anne Copeland gave him.

It was then homeward bound for the three Dublin visitors. I felt the holiday village had a lot to offer, especially for young people, and the young with disabilities. Their literature states they have accommodation for 196 people. The phone number is - 08013657-22122.

The Making of a Volunteer

Bridie Lyons

A few years ago I read a notice in my local health centre for drivers for the Volunteer Stroke Scheme. I had not heard of the VSS and decided out of curiosity to call and find out more about it. My youngest son had just started school. I now had time on my hands and I was thinking about doing some voluntary work. I made that call and a few days later called to see Marie O'Brien, the supervisor of the Kimmage club. This was my first introduction to strokes clubs and I am delighted I made that call.

My first passenger was a lovely man, Finbarr, who sadly has since died. As I went in to the club to drop and collect Finbarr I noticed a relaxed and happy atmosphere there and I was not long before I became a volunteer in the club. Since then I have met lots of wonderful people, both volunteers and stroke people. The stroke people themselves are an inspiration to me and I admire the courage and dignity with which they cope with disability. Being a Volunteer means a lot to me and I am very grateful for the friendship and support which I have received from the members over the

years. Eileen our supervisor, is a very gracious person and it's a pleasure to work with her. She is always open to any useful suggestions and this makes being a volunteer very rewarding and fulfilling.

Our club is a very lively and happy place with lots of activities going on each Thursday morning. At one table there could be a game of dominoes, at another draughts, scrabble, a quiz, bingo or some other board game. We also do flower arranging and painting and one of our members, Billy Buckley, has sold some of his paintings. Some of his work was on exhibition in the Arts Centre, Mespil Road last month. Well done Billy! The noisiest bunch in our club are the darts players sometimes they make such a racket you would think that there was a major tournament taking place. Occasionally we organise dart matches between the Northside and Southside clubs. These matches are great fun and better still when we win the coveted trophy which we actually hold at the moment. On alternate Thursdays physiotherapist Afric comes along and puts everyone through their paces.



We like to go on outings and in the past we have visited various beauty spots in Wicklow and Dublin, the Art Gallery and St. Enda's Park. These 'days out' are very enjoyable for both members and Volunteers and we have plenty of ceilidh and craic on those days. Another highlight of the year is the Christmas party. This is a very successful occasion with plenty of good food, a drop of the hard stuff for those who like a jar, music and entertainment by people doing the party pieces.

A drop of the hard stuff for those who like a jar

I feel very lucky to be a Volunteer in this important organisation and look forward to going to the Club each Thursday. The members often thank me and my fellow volunteers for giving of our time. I would like to take this opportunity to thank them for their company and to say that the club is as important and beneficial for me as it is for them.

Let's hope that we continue to have lots more happy times in the future.

MONEY MATTERS

John L'Estrange Reports

Once again we had a good year on the financial front in 1998.

The Eastern Health Board gave us £16,000 for 1998

- we express our grateful thanks.

A Table Quiz was held in UCD, Belfield on 10th March 1999. It was organised by Caroline Hussey, Anne Kelliher, Gerry Horkan and John L'Estrange, all from UCD. They were helped by Mary Horkan and Niamh and Una L'Estrange.

Many companies donated prizes.

First Prize: Michael McGinley's folk (VSS Editorial Committee for many years).

Second and Third Prizes: Leader Sheila Murphy from Library UCD and leader Mary O'Donnell, Dun Laoghaire.

Anne Copeland spoke at the end of the evening. She made special mention of Caroline Hussey, Registrar UCD, who acted as quizmaster and Irene Dixon for an amusing evening in her role as an auctioneer. The nett gain was £1,520.

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 in 1998. We are grateful to them for their generosity.



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

Patrons:
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Dr. Mark Delargy
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**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 £ 10.00 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.*

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The Editor

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Phone: 01 - 4559036,
between 10.00 am and 12.30 pm on Monday,
Wednesday or Thursday.

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

I wish to subscribe to the Volunteer Stroke Scheme and I
enclose £10.00 for 1999.

Name:.....

Address:.....
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Cheques should be made payable to the Volunteer Stroke
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