

## Letter to the Editor: STROKE: ITS AFTERMATH

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Dear Editor,

Stroke survivors may lose the ability to taste/smell food; feel touch, pain, temperature or position. This is due to sensory deficits that hinder the ability to recognise objects that a person is holding. Stroke varies in ways it manifests itself in survivors. The manifestation depends largely on which part of the brain was affected and the severity [1].

Maureen, a stroke survivor says: “I was unable to taste and smell food for about 6 months after I suffered a stroke”.

The loss of urinary continence is fairly common immediately after a stroke and often results from a combination of sensory and motor deficits. Stroke survivors may lose the ability to sense the need to urinate or the ability to control muscles in the bladder. Some may lack the ability to reach a toilet in time. Loss of bowel control or constipation may occur [1]. Maureen mentioned earlier, her family says, “she had problems of urinary continence the first few weeks after she suffered a stroke but it has normalised”.

Because of the physical effects of brain damage, many people who survive a stroke have emotional disturbances and personality changes. They may become overly angry, sad and easily irritable. The family of Holmes another survivor, says, “He easily gets irritated and frustrated since he suffered a stroke”. In a similar way, Maureen’s family observes, “She has a heightened sense of suspicion and some intermittent anger outbursts”.

A stroke can also damage the parts of brain responsible for memory, learning and awareness. Stroke patients may have dramatically shortened attention spans or may experience deficits in short term memory [1]. This was

an observation Maureen’s family made, they said, “she had problems remembering her children’s names, she knew their names but could not match the name to the owner”. Additionally, Maureen mentioned how she had communication problems, her speech was affected and she went on to say she would want to say something out but could not bring out the words correctly, she felt trapped in her own body”.

Anxiety and depression, even a sense of hopelessness are found among a large number of all stroke victims, and failure to be able to remember, to use language, to solve familiar problems, to think clearly, or to control feelings could be very devastating to an individual [2].

A stroke affects both the survivor and the care givers. It becomes more challenging if a bread winner of the family is the sufferer. Martin, a stroke survivor, the family say, “He is the breadwinner of the family and when he suffered a stroke he was unable to provide for the family”. His daughter mentioned how she almost dropped out of university because of lack of school necessities.

Caring for someone with a stroke—no matter how much you love them—can be overpowering at times, the pressure and responsibility don’t let up [3]. Martins family mentioned earlier, says, “We felt very depressed at times, we did not know what to do”. They further highlighted how it was quite tedious washing beddings every day, Martin could not walk, for this reason, he would urinate and defecate on the bed”. This posed as a challenge to the family.

Notwithstanding, Martins family further mention that they eventually adjusted to the new changes and because of the love and support they showed to him,

they were able to get through the challenging situation in a positive way.

Maureen's family mention how they equally continued to display love and affection towards her. They were able to personally help her re-learn skills that she lost. They introduced brain games to her so that her brain can be mentally alert; this helped her speech improve greatly.

The health care system also plays an important role in the recovery of a stroke victim. Because of the relatively short window for successful treatment of stroke, the healthcare system must respond fast [4, 5,6]. Maureen's family acknowledged that fact, they said, "The health care providers responded swiftly and they attended to us on time"

A positive attitude towards stroke is crucial. Rehabilitation centres are needed in order to maximize the recovery of stroke victims and to improve its outcome. Public health education campaigns are also needed so that all are aware of the symptoms, manifestations and management of stroke.

## REFERENCES

1. National Institute of Neurological Disorders and Stroke (U.S)... office of Communication and Public Liaison. Bethesda, Md, (2000), U.S Dept of Health and Human Services, Public Health Service, National Institute of Health.
2. Robert Anderson. (1992). *The Aftermath of Stroke, The experience of patients and their families*, Cambridge University Press.
3. Shimberg, E.F. (2003). *Strokes: What Families Should Know*. Washington, DC: Dana Press.
4. Harold P. Adams, Jr, et al (2006). *Management of Stroke: A Practical Guide for the Prevention, Evaluation and Treatment of Acute Stroke*. Professional Communications Inc.
5. Muatle Mpemba, Hstings Kachingwe Shula, Brian Chanda Chiluba. *Stroke Disability and Physiotherapy Interventions: A Quantitative Evaluation of Physiotherapy Treatment Approaches' in Zambia*. *Indonesian Journal of Disability Studies (IJDS)* 2020, 7(1): 92-100
6. Chiluba BC, Phiri J,. *Tackling Disability of Speech due to Stroke: Perspectives from Stroke Caregivers of the University Teaching Hospital in Zambia*. *Indonesian Journal of Disability Studies (IJDS)* 2019: 6(2):215 - 222.