



CANADIAN

STROKE NETWORK

REDUCING THE IMPACT OF STROKE

SUMMER 2008 VOLUME 8 NUMBER 1

50,000 CANADIANS WILL
HAVE A STROKE THIS YEAR

DON'T BE **ONE** OF THEM

SODIUM101.CA

CSN launches new website to raise awareness of the impact of sodium on our health.

[SHOPPING GUIDE](#)

Handy tearout guide helps you navigate the grocery store.

STROKENGINE.ORG

Website puts latest research at your fingertips.

WWW.CANADIANSTROKENETWORK.CA



CANADIAN
STROKE NETWORK

MISSION

To reduce the impact of stroke on Canadians through collaborations that create valuable new knowledge in stroke; to ensure the best knowledge is applied; and to build Canadian capacity in stroke.

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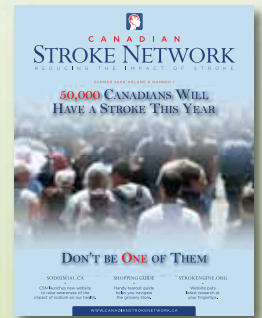
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ON THE COVER:

Stroke is a leading cause of disability and death in Canada

NEW HEART MONITOR TO BE TESTED FOR STROKE PATIENTS

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YOU CALL, WE CALL:

Research aims to help people who have mild strokes

Pg. 11

It's not just the pickles.
There's too much **sodium** in our food!
Are you Sick of It?



* Recommended intake of sodium for an adult: 1,500 mg per day
Amount of sodium in 2½ pickles: 1,550 mg


The Canadian Stroke Network recently launched a new website called **www.sodium101.ca**, pulling together facts and the latest research evidence about the health effects of excessive **sodium consumption**.


The theme of the site is **"Sick of it"**, which reflects two realities: Many Canadians are sick of the high levels of sodium hidden in our food; and excess sodium consumption is making people physically ill.


The site contains consumer information, handy tips, interactive tools, nutritional guides, news releases, links to the latest research evidence, and more.

Sodium is used as a flavour enhancer and to bind water in processed and packaged foods.


Research shows that consumption of high levels of sodium increases blood pressure. High blood pressure is a major risk factor for stroke, heart disease, kidney disease, and dementia. High sodium consumption has also been linked to osteoporosis, asthma, stomach cancer and obesity. According to published reports, excessive sodium intake is responsible for the premature death of more than 30 Canadians a day.

 Approached by a reporter on Parliament Hill in October 2007, federal Health Minister Tony Clement called sodium a bigger threat to the health of Canadians than artery-plugging trans fats. “It’s almost become a silent invader of our food supply, and only now are we seeing the consequences of it.”

 In early 2008, a Health Canada-appointed Sodium Working Group met to study ways to reduce dietary sodium and report back with recommendations.

 *“The Canadian Medical Association joins with its colleagues – from all sectors of health care and health promotion – to urge reductions in the amount of sodium in processed foods in Canada.”*

Canadian Medical Association CEO
William Tholl

 Hypertension, or high blood pressure is the leading cause of stroke. One in four adult Canadians has hypertension and a third could eliminate the problem by lowering their sodium to the Adequate Daily Intake of 1,200 to 1,500 mg a day.

To order a free
fridge magnet,
contact
info@canadianstrokenetwork.ca

Sodium 101

Get the facts! / La vérité choqué!

Adequate daily intake : 1500 mg or less
l'Apport quotidien adéquat: 1500 mg ou moins

	mg of sodium per serving mg de sodium par portion
TOO MUCH TROP	400+
WATCH OUT ATTENTION	200-400
GO AHEAD ALLEZ-Y	0-200

Sodium101.ca



See our handy tear-out shopping guide in this magazine!

Get the facts at **Sodium101.ca**

A 2007 report by Statistics Canada reveals that the average Canadian consumes over 3,000 mg of sodium a day – more than twice the adequate daily level as recommended by Health Canada and the U.S. Institute of Medicine.

Consider this example: a large fully dressed Quizno's 'Classic Club with Bacon' contains more than twice the maximum healthy level of sodium – 3,620 mg, according to information posted on the corporation's website. Most Canadians are unaware of the high levels of sodium in many prepared foods and, partly as a result of this hidden sodium, about 5.3 million Canadians have hypertension.

A British Medical Journal study in April 2007 reported that people who adopted low-sodium diets were 25- to 30-per-cent less likely to develop cardiovascular disease over the following 10- to 15-year period.

Where is sodium most often found? More than 75 per cent of salt (sodium chloride) consumed by Canadians is in processed and prepared foods. Sodium is used to “boost” the flavour of bland ingredients in soups, sauces and cereals. It is also injected into processed meats to increase the weight of the product.



Canadian Stroke Network

Réseau canadien contre
les accidents cérébrovasculaires



WHAT IS A STROKE?

A stroke is a brain attack. It occurs when blood flow to part of the brain is interrupted or when a blood vessel in or just outside the brain ruptures. Cells in and around the stroke site begin to die and that part of the brain stops working. Basic functions, such as communicating, walking, thinking, and personality, may be changed.

In addition to the 50,000 evident strokes that occur in Canada each year, it is believed that, based on U.S. and European data, another 450,000 people have 'covert', or hidden, strokes that subtly impair brain function.

Stroke is a LEADING cause of adult disability in Canada and third leading cause of death.

FACTS ABOUT

Stroke symptoms include **sudden**:

- Numbness / weakness
- Confusion / impaired speech
- Loss of vision
- Dizziness / loss of balance
- Severe headache

What do I do if I experience these symptoms?

Call 9-1-1 and get to a hospital emergency room as quickly as possible. "Time is brain."



WHAT ARE THE SYMPTOMS?

Being able to recognize a stroke is the first key to survival.

It is essential that the onset of stroke be treated immediately. New medications and clot-busting drugs can reduce the damage of stroke if administered within the first three hours following an attack.

One hour could make the difference of a lifetime.



CAN I PREVENT STROKE?

Yes, stroke is the most preventable and prevalent neurological disease. Risk factors of stroke include high blood pressure, obesity, smoking, heart disease, high blood lipids, diabetes, sedentary lifestyle and a previous history of stroke. Visit your family doctor to assess your risk of stroke and to establish a prevention plan. Ask your doctor:

- What are my risk factors for stroke, and what can I do to lower my risk?
- What is my blood pressure?

- Do I have insulin resistance?
- What is my blood lipid profile?
- Should I lose weight?
- How can I improve my diet?
- Should I start an exercise program?
- What resources are available? Is there a dedicated stroke unit in my community hospital?

Stroke can affect men, women and children of all ages. Education is the first step towards prevention.



WHERE CAN I GET MORE INFORMATION ABOUT STROKE?

May we suggest?

- *Stroke: A Comprehensive Guide to Brain Attacks* by Canadian Stroke Network research leader Dr. Vladimir Hachinski and Larissa Hachinski. It provides a comprehensive look at stroke for the lay reader. The book can be purchased at most bookstores or at amazon.ca
- www.heartandstroke.ca
- http://www.hc-sc.gc.ca/iyh-vsv/diseases-maladies/stroke-vasculaire_e.html

STROKE

WHAT DISABILITIES CAN STROKE CAUSE?

A stroke can result in different changes to the body, depending on what part of the brain is affected.

Some common things that are affected include:

- Ability to move and coordinate movement
- Ability to feel touch, temperature, pain and movement
- Ability to see or to interpret what you see
- Ability to think, to remember, to understand, plan, reason or problem solve
- Ability to communicate (speaking and understanding speech, as well as reading, writing and the ability to do mathematics)
- Personality • Emotions • Behaviour

— from *The Stroke Survivor's Companion*



WHAT IS A TIA OR MINI-STROKE?

If the interruption of blood flow to your brain cells is only temporary, you might experience a “mini-stroke.” It is also referred to as a TIA, which stands for transient ischemic attack.

The brain reacts to a mini-stroke in the same way as a major stroke, but when a mini-stroke occurs, the plaque or blood clot breaks up and clears away on its own. Little or no brain damage occurs, and the symptoms go away without any treatment.

If the brain cells are deprived of their blood supply for a longer amount of time, some of the cells will die, causing a more significant stroke. **A mini-stroke is an important warning sign that you are at risk of having a larger stroke or heart attack in the future.**

Risk factor control—exercise, improved diet and appropriate medication—is extremely important.

— from *The Stroke Survivor's Companion*



MEASURE YOUR BLOOD PRESSURE AT HOME!

The focus of 2008 World Hypertension Day, which was co-sponsored by the Canadian Stroke Network in late May, was to encourage people to regularly measure their blood pressure at home.

High blood pressure, or hypertension, is the leading risk factor for stroke.


There are a number of easy-to-use and automatic blood pressure machines for sale in pharmacies and medical supply stores—and health-care providers are happy to recommend the best monitor and cuff size for patients. A basic model costs about \$100.

Regular and ongoing monitoring of blood pressure helps patients and health-care providers better

understand how to control blood pressure on a day-to-day basis.

Keep your blood pressure under control:

- Whenever your blood pressure is high (equal to or more than 135/85 mmHg at home), check with your health-care provider
- Eat a low-sodium diet (1,500 mg a day or less)
- Make healthy food choices
- Limit alcohol to two drinks a day or less
- Ensure your weight is in the healthy range
- Get physically active: 30-60 minutes of exercise most days of the week
- Take medications, if required
- Monitor your blood pressure regularly

For more information: www.hypertension.ca
www.heartandstroke.ca/bp 

NEW HEART MONITOR TO BE TESTED FOR STROKE PATIENTS

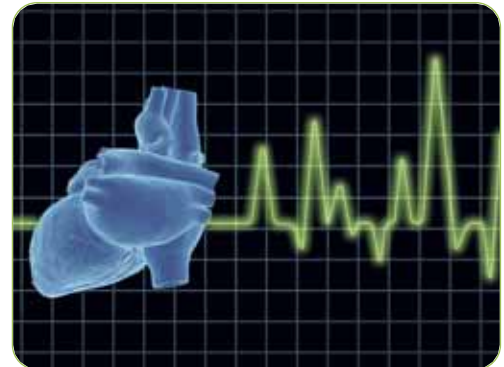
Canadian Stroke Network researchers are testing an innovative new heart monitor, worn over 30 days, to see if it is better able to detect irregular heartbeat in patients after a stroke or TIA (mini stroke.)

Atrial fibrillation, the most common heart rhythm disorder, leads to blood clots that can travel to the brain and cause stroke.


The study, which hopes to prevent recurrent strokes, aims to be the largest of its kind and the first randomized controlled trial to determine the optimal diagnostic strategy for detecting atrial fibrillation in stroke/TIA patients.

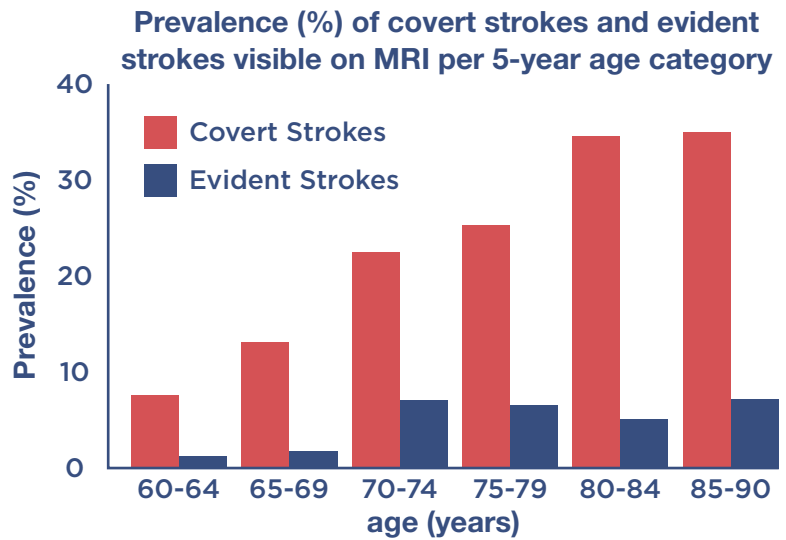
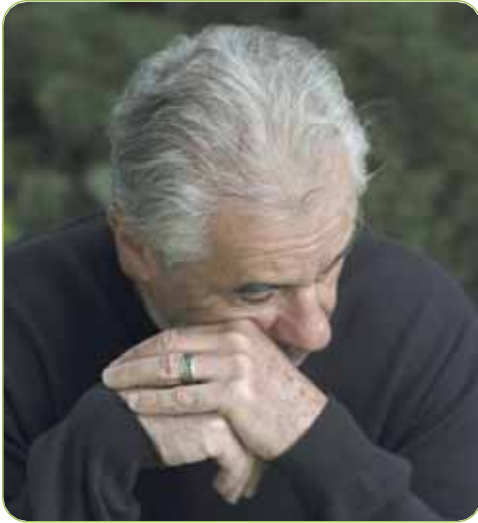
The study plans to enroll 578 patients from 17 Canadian stroke centres over two years.

Called EMBRACE (30-Day Cardiac Event Monitor Belt for Recording Atrial Fibrillation After a Cerebral Ischemic Event), the randomized controlled trial is led by University of Toronto assistant professor and stroke neurologist Dr. David Gladstone and involves researchers from U of T, McMaster, uOttawa, McGill and University of Alberta.



“The goal is to improve the identification, and consequently the treatment, of patients with atrial fibrillation after an unexplained stroke or TIA,” Dr. Gladstone says. “Atrial fibrillation can be difficult to diagnose because it is often intermittent and asymptomatic. If we can detect more patients who have silent atrial fibrillation, then more patients will be treated with anticoagulant therapy, and more strokes will be prevented.”

Dr. Ashfaq Shuaib, a CSN research leader from the University of Alberta, says the study will “lead to important advances in our ability to prevent stroke.” 



“COVERT” STROKES CAUSE MEMORY, THINKING PROBLEMS

Most people know that high blood pressure, diabetes, obesity, smoking and sedentary lifestyle can lead to an evident stroke—a ‘brain attack’ that strikes suddenly and without warning.

But few are aware that the same risk factors increase the likelihood of more frequent and mostly undetected ‘covert’ strokes that affect our brain’s executive function, or cognition—how we process information, think, remember, plan activities and organize the day.

Unlike the big, evident strokes that wind up in emergency rooms because of sudden-onset paralysis or loss of speech, covert strokes result in subtle changes that become more apparent over time.

“This is a huge problem,” says Canadian Stroke Network CEO and Scientific Director Dr. Antoine Hakim. In the age group 70 to 75, for example, it is believed that 25 per cent of the population will

have covert strokes as compared to seven per cent with evident strokes.

“As you get older, the ratio of ‘covert-to-evident strokes’ gets bigger,” Dr. Hakim says, adding that covert strokes can substantially amplify the impact of Alzheimer’s disease.

Dr. Mike Sharma, CSN’s Deputy Director, says that “people who have covert strokes are at increased risk for evident strokes and dementia and some studies suggest the risk may be as high as 20 times.”

New information on covert strokes has come to light in the last 10 years with the development of sophisticated imaging technology that picks up changes in the brain.

Based on U.S. and European data, it is believed that as many as 450,000 Canadians every year may have covert strokes caused by the blockage of the small ves-

sels in the brain. “We have to face the fact that small vessel disease will be a huge cause of cognitive decline and dementia in the gray-ing population,” says Dr. Hakim.

Dr. Sharma says that new understanding about covert stroke has raised awareness among medical professionals that “individuals need to have risk factors addressed in a much more aggressive way.”

“Stroke and Alzheimer’s interact and share the same risk factors. The overall message we would like to get out is to address risk factors early—before they have a chance to produce covert strokes and cause damage to the brain.”

This includes controlling blood pressure, obesity, diabetes, and encouraging people not to smoke, to consume less sodium, eat more fruits and vegetables and to get active. Risk factor control starts as early as childhood! 🍓



HELP WITH HEALTHY LIFESTYLES



A Canadian Stroke Network project is identifying the best way to help stroke patients stick to a healthy lifestyle, with the long-term aim of avoiding the risk of recurrent stroke.

Up to 700 patients are being enrolled at five-10 clinical centres across Canada. In addition to standard medical practice, some will be paired with volunteers who will provide education, support and motivation. Others will only get standard medical care.

Researchers, led by Dr. Richard Chan at the University of Western

Ontario, will look at blood pressure levels, quality of life, cost effectiveness and clinical events to see if volunteer support promotes better health.

“We have already run several pilot studies and they show promise,” Dr. Chan says.

“The studies have been well received by participants so far and seem to help both the patients and volunteers.

In the end, the hope is that research will continue to change and improve how care is delivered. ❤️

STUDYING STROKE RISK ACROSS ETHNIC GROUPS

A project funded in part by the Canadian Stroke Network called INTERSTROKE compares stroke risk factors in a large international study that involves more than 30,000 people in 32 countries.

The international project, led by McMaster University’s Dr. Martin O’Donnell and Dr. Salim Yusuf, will provide key information to guide population-health initiatives aimed at preventing stroke in low- and high-income countries.

“Stroke is a major global public health problem,” says Dr. O’Donnell. “The purpose of INTERSTROKE is to learn about the role of known risk factors, such as high blood pressure, and emerging risk factors, such as genetics, for stroke in different regions of the world and ethnic groups.”

The goal is to better target stroke prevention and treatment to the individual. ❤️





REGISTRY A DATA GOLDMINE

The Registry of the Canadian Stroke Network is one of the world's richest databases of information on stroke. Since 2001, the registry has helped to reshape stroke care, to evaluate the health-care system and to provide valuable research data. Data has been collected on more than **50,000** strokes in Canada, creating a treasury of information that is being accessed by Canadians – and emulated by other countries.

For example, recent research presented at the International Stroke Conference and based on data from the Registry, found that nine

out of 10 in-hospital deaths could be prevented within the first week following stroke by putting in place organized stroke care.

This was the first time data had shown such a striking link between organized care—giving patients access to physiotherapy or occupational therapy, stroke-team assessment or admission to a specialized unit—and in-hospital stroke mortality.

“This very issue is under intense debate in the stroke world as hospitals organize services to meet the needs of patients. It is sometimes difficult to understand

that a ‘stroke unit’ or ‘physiotherapy’ is a treatment, in much the same way as a pharmacological intervention or a medical procedure like bypass surgery or appendectomy,” said study leader Dr. Gustavo Saposnik of the Canadian Stroke Network, who is based at St. Michael’s Hospital in Toronto.

Through use of the Registry of the Canadian Stroke Network, researchers are changing the delivery of care, working to prevent stroke and promote recovery.


Learn more at www.rcsn.org 



FASTER STROKE PREVENTION

Canadian Stroke Network researchers are planning an international clinical trial with colleagues in the UK focused on how to prevent people with minor stroke from going on to have a major stroke. Called FASTER (Fast Assessment of Stroke and Transient Ischemic Attack to prevent Early Recurrence), the study involves 2,500 patients and will look at testing specific drugs in preventing a major stroke after a minor event.

Led by Dr. Michael Hill of the University of Calgary and Dr. James Kennedy of the University of Oxford (U.K.), the Canadian Stroke Network research team involves an impressive international group of clinicians and scientists.

“We want to improve the chances of Canadians who experience a warning event from having a major, devastating stroke,” says Dr. Hill. 





TARGETING CELL DEATH:

*Goal to develop
drugs to
treat stroke*

Basic scientists in the Canadian Stroke Network are studying ways to prevent the loss of brain cells after stroke to minimize the severity of stroke and to greatly improve the recovery of stroke patients. The long-term goal is to develop effective drugs for the treatment of ischemic stroke.

“There are very strong international collaborators, and the project provides promise for the future development of effective drugs for the treatment of ischemic stroke,” says Dr. David Park, one of the project members.

The Canadian Stroke Network team, which includes researchers from the University of Ottawa, University of British Columbia, University of Toronto, SickKids Hospital, Toronto Western Research Institute, University of Calgary, Université Laval and University of Manitoba, will act as a research incubator for the development and implementation of new stroke drugs.

With support from the Canadian Stroke Network, several group members have formed a Canadian biotechnology firm that has taken a potential stroke drug into Phase 2 clinical trials. 🍷





BEST EVIDENCE INTO THE RIGHT HANDS:

*Website a
valuable tool*

Canadian Stroke Network researchers have developed a tool for clinicians, decision-makers and consumers concerned with stroke care. It is called Stroke Rehabilitation Evidence-Based Review and it is focused on providing front-line workers with an up-to-date and comprehensive research synthesis of stroke rehabilitation.

“The project provides an up-to-date, but easily accessible evidence-based review of the stroke rehabilitation literature,” says project leader Dr. Robert Teasell of the University of Western Ontario.

“The Stroke Rehabilitation Evidence-Based Review (SREBR) is the most comprehensive and extensive research syntheses of stroke rehabilitation anywhere in

the world and provides the impetus for a much needed transformation of the Canadian stroke rehabilitation system.”

Visit www.ebrs.com 



STROKENGINE.ORG: *Information at your fingertips*

Over the past four years, a team of Canadian Stroke Network rehabilitation experts has come together to develop a website called StrokEngine, which provides valuable information to patients, families and professionals on the latest research behind stroke rehabilitation therapies.

Also linked to the site is StrokEngine-Assess, which focuses on describing assessment tools and their usefulness to clinicians.

Project leader Dr. Nicol Korner Bitensky of McGill University says new modules are continually being added to the site, which is updated regularly with new information and the latest scientific findings.

“The goal of StrokEngine is to share what works and what doesn’t with all stakeholders so that we increase the use of effective treatments and eliminate the use of ineffective ones,” she says. “Also, by having a family/patient site, we hope to empower those with stroke and their families to seek effective treatments, and to better understand stroke, secondary stroke prevention and how to live life to the fullest after stroke.”



Topics	Last Update
Assessment	01-04-2008
Balance	01-04-2008
Assistive Devices	01-04-2008
Balance Training	01-04-2008
Strokebook - Lower Extremities	01-04-2008

Dr. Antoine Hakim, CEO and Scientific Director of the Canadian Stroke Network, says: “This is just one example of the Canadian Stroke Network’s determination to make solid knowledge in stroke not only more accessible but also more applied.”

At a recent review of CSN projects, a panel of stroke experts from around the world called StrokEngine an “international treasure.”

Visit www.strokengine.org 



YOU CALL, WE CALL:

Research aims to help people who have mild strokes

A randomized clinical trial by the Canadian Stroke Network is assessing the effectiveness of low-cost telephone support for people who experience a mild stroke, providing them with information on prevention, community reintegration, medication counseling and problem solving.

The goal is to improve the recovery and reduce the risk of recurrent stroke for people after a mild stroke.

Of the 50,000 new strokes in Canada each year, more than 60% are classified as “mild.” In the years to come, the proportion of individuals experiencing a mild stroke is expected to rise with increased use of clot-busting drugs and other innovations.

“Those experiencing a ‘mild’ stroke are at risk of serious health consequences, including a rate of depression equal to those with severe stroke and a disquieting fear of recurrent stroke,” says Canadian Stroke Network project leader Dr. Annie Rochette of the Université de Montreal.

“The fear of stroke recurrence is well founded given that the risk of a second stroke in the first two years is estimated at 20% and the 10-year cumulative risk goes as high as 43%.”

Dr. Rochette says that even though people who experience a mild stroke are usually able to accomplish basic daily activities, such as eating,

washing, and walking to the bathroom, “they often present cognitive and perceptual deficits and experience a decreased ability to manage community reintegration, including work, shopping, banking, driving, and recreation activities which commonly persist long-term.”

Within the current health care system, those with “mild” stroke are typically discharged home within days, without further referral to health or rehabilitation services other than advice to see their family physician.

Therefore, people who have mild strokes have limited access to support from health professionals with stroke-specific knowledge, who would typically provide critical information on topics such as secondary stroke prevention, community reintegration, medication counseling and problem solving in regards to specific concerns that arise.

Isolation and lack of knowledge may lead to the worsening of health problems and unnecessary and costly hospital visits. In addition, individuals with mild strokes are unlikely to receive guidance on how to compensate and adapt to the new post-stroke reality, including a reduced ability to drive safely, high risk of falls and depression.

“This is poor and costly management of a highly prevalent health condition,” Dr. Rochette says.

A Canadian Stroke Network team, which includes researchers from across Canada and the U.S., is conducting a randomized clinical trial to assess the effectiveness of a support intervention (comprised of information, education and telephone support) on reducing unplanned use of health services and on improving quality of life for individuals with a first “mild” stroke.

If effective, this new approach to the treatment of mild stroke could be delivered across the country to Canadians in both urban and rural environments. ❤️



NATIONAL
STUDY TO
IMPROVE
QUALITY
OF LIFE
AFTER
STROKE

A four-year Canadian Stroke Network project is determining the extent to which quality of life after stroke can be enhanced through community-based, structured programs that provide physical activity, leisure and social interaction.

“The project will also estimate the extent to which participation is associated with health benefits including health-related quality of life and reduction of unplanned health-care encounters for the person with stroke and reduction of burden and improvement in

quality of life for caregivers,” says project leader Dr. Nancy Mayo, who heads a team of Canadian Stroke Network researchers from McGill, University of Sherbrooke, University of British Columbia, Dalhousie, Western, Laval, University of Toronto, Université de Québec and University of Manitoba. ❤️



BLOOD PRESSURE CANADA
RELEASES NEW GUIDELINES
ON HYPERTENSION

Watch Blood Pressure Canada's
video on hypertension:
www.hypertension.ca/video/



CANADIAN STROKE STRATEGY:

Guidelines point to best possible care

The Canadian Stroke Strategy is a joint initiative of the Canadian Stroke Network and Heart and Stroke Foundation of Canada. The goal of the Canadian Stroke Strategy is to help support an integrated approach to stroke prevention, treatment and rehabilitation in every province and territory by 2010.

Through supporting and sharing national tools—such as training and education programs, best practices, awareness initiatives and evaluation and monitoring systems—each province is developing its own unique approach to health systems change.

The Canadian Stroke Strategy has useful information and tools on its website, including advice on how to advocate for organized stroke care and a downloadable version of the Canadian Best Practice Guidelines for Stroke Care, which are being used as the basis for international stroke care standards.

Learn more at www.canadianstrokestrategy.ca

The Canadian Stroke Strategy



la Stratégie canadienne de l'AVC

STROKE NURSING NEWS:

Available online

The National Stroke Nursing Council was established in late 2005 with the support of the Canadian Stroke Network to promote leadership, communication, advocacy, education and nursing research in the field of stroke.

The Council works to build understanding of the critical role of Canadian stroke nurses, to give a voice to experiences on the frontline and to support the vision of the Canadian Stroke Strategy.

In addition, the National Stroke Nursing Council provides a forum for stroke nursing and interprofessional issues at local, regional, provincial and national levels.

The Council publishes a regular newsletter called Stroke Nursing News, which is available on both the Canadian Stroke Network (www.canadianstrokekenetwork.ca) and Canadian Stroke Strategy (www.canadianstrokestrategy.ca) websites.

