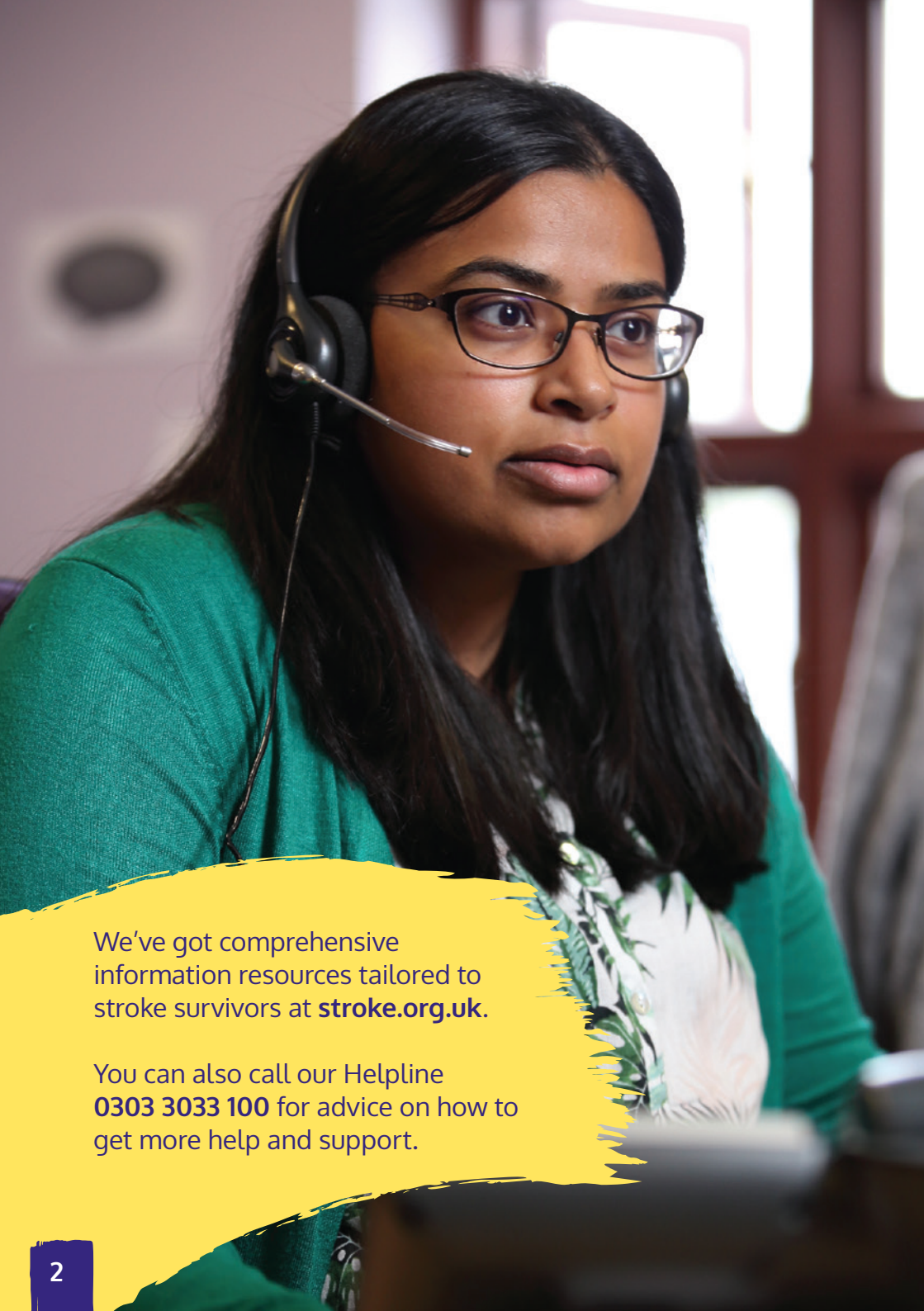


Stroke  
Association

# Next steps after a **stroke**

Information for people who have had a stroke





We've got comprehensive information resources tailored to stroke survivors at [stroke.org.uk](https://stroke.org.uk).

You can also call our Helpline **0303 3033 100** for advice on how to get more help and support.

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## About you

After a stroke, you need information and support to help you in your recovery. You'll also need help and support with rebuilding your life after stroke.

This guide can help you understand what stroke is and how recovery happens. It gives practical tips for life after stroke, and ideas on where to get help if you need it.

# Understanding stroke

A stroke can have a big impact, and the effects can last a lifetime. Any stroke, however small, can have long-term effects like fatigue and emotional problems.

But with help, and a lot of hard work, many people can start to walk, talk and do things independently again. People tell us they have found new ways of enjoying life after a stroke. With the right support, you can improve your health, and find a sense of wellbeing.

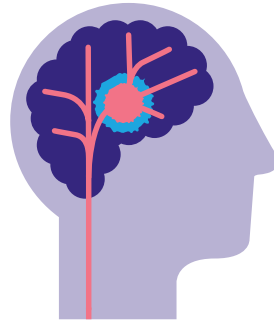
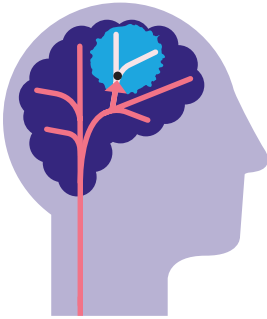
## What is a stroke?

A stroke is a brain attack. It happens when the blood supply to part of the brain is cut off, killing brain cells. Damage to the brain can affect how the body works. It can also change how you think and feel.



Turn to **page 38** to learn how to spot the signs of a stroke and transient ischaemic attack (TIA or mini-stroke).

## There are two main types of stroke



### **1. Ischaemic:**

due to a blocked blood vessel in the brain.

### **2. Haemorrhagic:**

due to bleeding in or around the brain.

Ischaemic stroke is often referred to as a clot.

Haemorrhagic stroke is often called a bleed.

About 85% of all strokes are ischaemic, and 15% are haemorrhagic.

### **Different names for haemorrhagic stroke**

Haemorrhagic stroke is sometimes called a brain haemorrhage, a subarachnoid haemorrhage (SAH) or an intracerebral haemorrhage (ICH).

### **Transient ischaemic attack (TIA or mini-stroke)**

A TIA is the same as a stroke, except that symptoms last for a short amount of time. In a TIA, a blood vessel in the brain gets blocked, but the blockage clears by itself. Some people think of it as a 'funny turn'. But a TIA is a major warning sign of a stroke.

# The effects of a stroke

Every stroke is different. The effects of a stroke depend on where it takes place in the brain, and how big the damaged area is.

## Movement and balance

- Weakness down one side of the body.
- Problems with balancing and walking.
- Difficulty using legs, feet, arms or hands.

## Other physical problems

- Swallowing problems.
- Losing bowel and bladder control.
- Fatigue: tiredness that does not go away with rest.
- Muscle and joint pain.

## Thinking and communicating

- Problems with memory, concentration and problem-solving.
- Problems with speaking, understanding, reading and writing.
- Spatial inattention: not being aware of things to one side.

## Sensory problems

- Eyesight problems including double vision, being very sensitive to light, and losing part of the visual field.
- Numb skin, and pins and needles.



"I phoned the Stroke Helpline in desperation because I did not have any energy. The woman on the Helpline said 'Well, that's completely normal.' It was a huge relief."

**Richard, stroke survivor**

## Hidden effects

A stroke can have 'hidden' effects, like emotional problems and fatigue. This can also happen to people who do not have any other health problems or disabilities after a stroke.

## Communication difficulties

Communication problems are common after a stroke. You can have slurred speech due to problems moving your face muscles. Problems with memory and concentration can also affect communication.

Around one third of stroke survivors have a problem with language called aphasia. It often comes from a stroke in the left side of the brain. Aphasia can affect all aspects of language including speaking, reading, writing, and understanding speech. The person does not become less intelligent, but they find it difficult to use language.

## Behaviour changes

Some people act differently after a stroke. They may become very irritable, or say and do things without thinking. They could become very quiet and withdrawn, or lose interest in things they enjoy.

## Many effects of a stroke are temporary

They can get better in the first days and weeks after a stroke. Some effects last longer. You may need rehabilitation to help your recovery.

For more information on all of these problems visit [stroke.org.uk/effects-of-stroke](https://stroke.org.uk/effects-of-stroke).



## Emotional effects of a stroke

After a stroke, many people have feelings like shock, anger, guilt and grief. It is common to have emotional problems such as a low mood, anxiety or depression. Emotionalism means you find it hard to control your emotions and you could laugh or cry uncontrollably, sometimes for no reason.

It can be hard to talk about your feelings, but it can help to talk to a loved one or a psychology professional.



For more information visit  
[stroke.org.uk/emotional-changes](https://stroke.org.uk/emotional-changes)

“Especially when I’m tired, I can laugh insanely about things that aren’t all that funny – a kind of laughter mixed with crying, which is a really strange thing.”

**Josh, stroke survivor**



## Impact on relationships

A stroke also affects the people around you. They often feel worry and shock. A stroke can change your relationships, and illness or disability may change people's roles in a family.

Your friends and family might find it hard to understand what you are going through, so try talking to them about how you feel, if you can.

Many people say that having a stroke affected their sex life. This can be due to the physical and emotional impact of a stroke. People often find it hard to talk about, but it's not something you need to be embarrassed about. Visit [stroke.org.uk/sex-and-relationships](https://stroke.org.uk/sex-and-relationships).



### Getting help

Don't be afraid to seek help for emotional, sexual and relationship problems, including behaviour changes. Visit your GP, or call our Helpline on **0303 3033 100**.

"I kept thinking 'Why has this happened to me?' and got very, very down – very depressed. Almost straight away, I was put in touch with a counselling service."

**Celia, stroke survivor**

# Recovery and rehabilitation

After a stroke, the brain and body need time to heal. You might feel unwell, tired and confused.

Everyone recovers differently. Some people recover fully. Other people will have health problems or a disability.

## Speed of recovery

The fastest recovery takes place in the first few months. After that progress can be slower. However, people can continue to improve for months or years. Each person recovers at their own rate.

## How rehabilitation works

During rehabilitation, you work with therapists. The therapist assesses you, and talks to you about your goals and what you want to achieve from the therapy. Together you make plans for reaching your goals. You may have activities to practise. You may work towards building up stamina, or learn new ways of doing things.

You may not be able to go back to how you were before the stroke, but therapy can help you make the best recovery possible for you.



**"I'm still slowly recovering 10 years later."  
Alan, stroke survivor**

# Neuroplasticity: rewiring the brain

Your brain is amazing! It has the ability to re-wire itself, allowing you to improve skills such as walking, talking and using your affected arm. This process is known as neuroplasticity. It begins after a stroke, and it can continue for years.

## How does it happen?

Brain cells send messages around the brain. A stroke damages some of the connections inside the brain, and between the brain and the body.

When you do rehabilitation activities, it encourages the brain to start making new connections in the healthy parts of the brain. Building up those connections makes your brain better at controlling your body, and lets you do more things you want to do.

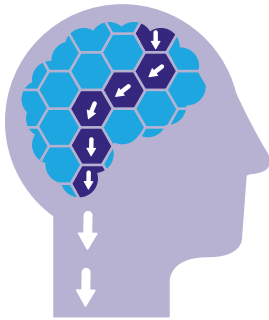
You can help this process by practising rehabilitation activities. There is no time limit on neuroplasticity, and it doesn't only happen during therapy. Every time you take an extra step, say a new word, or do a hand exercise, it helps the brain make new connections.

## What does this mean for recovery?

Every stroke is different. Not everyone can make a complete recovery, but many people make progress with their individual goals like getting stronger, more mobile or more independent. With the right support, many people can gain confidence, and find new ways of doing things.

## Inside the brain

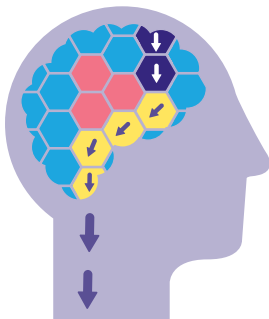
The brain is made up of billions of brain cells. Brain cells have the ability to receive and send nerve signals. These signals can travel to and from your body through nerve fibres, controlling your body and your senses. Brain cell signals inside your brain create your thoughts, memories, and emotions.



1. Signals go from one cell to another, forming a connection in the brain.



2. When a stroke kills brain cells, it damages the connection.



3. Brain cells can sometimes form new connections, and start sending signals again.

# Understanding rehabilitation

Rehabilitation means trying to restore function to as near normal as possible, and helping you adapt to life after stroke. The focus is to be able to do your usual activities, and to help you communicate, move around and be as independent as possible.

You should get rehabilitation help soon after a stroke. It may begin in hospital and should carry on at home if you need it.

## Types of rehabilitation

- Occupational therapy: helps you relearn everyday skills like dressing and getting around.
- Physiotherapy: strengthens muscles, and improves mobility, balance and coordination.
- Speech and language therapy: can help improve your speech and can also help with swallowing problems.
- Psychological therapies: support for emotional problems, and problems with memory and thinking.
- Diet support: a dietitian makes sure you are getting the food and drink you need, and helps if you find eating difficult.



## Rehabilitation tips

Stroke survivors tell us that it can take a lot of effort and determination to keep going with rehabilitation. It can be very hard work, physically and mentally, but many people find it helps them make vital progress with speaking, walking and other key skills. Here, stroke survivors and professionals share their tips on staying positive and motivated:



### Recruit some helpers

Practising your exercises can be very hard work, so get help from family members or friends. Having help from other people can really help you practise regularly and succeed.



### Stay positive

Some stroke survivors say a positive attitude can help you succeed in rehabilitation.



### Keep moving

Try to work movement or exercises into everyday tasks.



### Set goals

Setting achievable goals that are meaningful to you can help keep you motivated.



### Record your progress

Making a regular note of your activities lets you see how well you are doing. You might not be able to cope with much rehabilitation at first. When you feel stronger or more confident, you can do more.



# Support after leaving hospital

If you have been in hospital for some time, going home can come as a big relief. But for some people, going home feels daunting.

The discharge process should ensure that you get all the support you need. You and your family will be involved in planning your discharge.

## The discharge plan covers:

- Rehabilitation.
- Medical treatment.
- Care at home.
- Equipment you may need.
- Follow-up.

## Early supported discharge

You may be able to leave hospital soon after a stroke, as long as you can move from your bed to a chair and have a safe home environment to go to. Rehabilitation continues at home.

## Reviewing your needs

Around six months after you leave hospital, you should get a review of your progress. This makes sure you are getting the right support. If your needs have changed, your rehabilitation plan can be changed. The review is sometimes carried out by a Stroke Association Coordinator, or by a specialist nurse or other stroke professional.



**Tip:** if a review does not take place, contact your GP or stroke nurse.

## People who support you after you leave hospital:

- Your GP is the person to ask for help with health problems or support needs.
- You might need support from therapists, such as physiotherapists and occupational therapists.
- You might have a community stroke nurse.
- You may have a social worker.
- Depending on where you live, you may have help from a Stroke Association Coordinator.

## Accommodation

If you have a disability after a stroke, you might need to make some changes to your home to help you live independently. This can mean adapting the bathroom or kitchen. Some people need to find a new home with extra support. Your social worker can help you think about your options. This can include:

- Sheltered housing: living independently with some support such as a warden or alert system.
- Residential care: may provide basic personal care such as washing and dressing.
- Nursing home: qualified nursing for daily care needs like feeding and medical conditions.

## Financial impact of a stroke

A stroke can have a big financial impact on you and your family. Some help is available, including benefits, loans and grants. Some people feel embarrassed about claiming benefits, but they are there to help everyone who needs them.

To find out what benefits you might be able to claim, use an online benefits calculator such as **entitledto.co.uk**.

### Time off work

If you work, you may be able to get sick pay while you are recovering. Some insurance policies include cover for serious illness. You may be able to claim a benefit such as Universal Credit or New Style Employment and Support Allowance.



### Disability

If you are between 16 and 64 and have a disability, Personal Independence Payments (PIP) are designed to meet some of the extra costs of being long-term ill or disabled. PIP is tax-free and not means-tested.

### Carers

If you have an unpaid carer for more than 35 hours a week, they can apply for Carer's Allowance. If you are aged 65 and over and need someone to help look after you, you can claim Attendance Allowance.

### Care and support needs assessment

If you have a disability after a stroke, you can have a care and support needs assessment. This looks at your care needs, and any financial help with costs of care. It is carried out by the local social services.

### More information and advice

Specialist support and advice on claiming benefits and funding for care is available from organisations such as Independent Age [independentage.org](https://www.independentage.org), Turn2Us [turn2us.org.uk](https://www.turn2us.org.uk) and Carers UK [carersuk.org](https://www.carersuk.org).



Take a tour of the different types of financial support available after a stroke on our website at [stroke.org.uk/benefits](https://www.stroke.org.uk/benefits).

# Enjoying life after a stroke

As time goes on, you will discover your personal goals for success. Recovery and rehabilitation can be a long slow process, but many survivors say they find new ways to enjoy life after a stroke.

## Staying happy and healthy

### Emotional wellbeing

One way to improve your emotional wellbeing is by doing physical exercise. Exercise releases chemicals into your brain that make you feel better.

Keeping in touch with friends and family helps you avoid feeling isolated.

Don't bottle things up – try talking about your feelings. Creative activities such as music and art can also let you express your feelings.

Many people have emotional problems after a stroke. If you are having problems such as anxiety or depression, ask your GP for help, or speak to a member of your community stroke team.





## Keeping life interesting

Take part in activities you enjoy. Challenge yourself by trying new things and meeting new people.

You can get support from other people who have had a stroke. The Stroke Association has a network of groups, and there are independent stroke clubs around the UK. Being part of a group can give you a new purpose and enable you to create new friendships.



For more information on on health, leisure and daily living, visit [stroke.org.uk/life-after-stroke](https://stroke.org.uk/life-after-stroke).

## Working

If you are back at work after a stroke, or planning to return to work, there are resources on work and stroke at [stroke.org.uk/work](https://stroke.org.uk/work).

Equality law protects people with disabilities at work, and your employer has a duty to help you stay in work if it is possible. You may be eligible for benefits and other support to help you back into work.

"We've had people go back to work even with huge problems after the stroke – they are amazing."

**Colin, stroke adviser**

## Driving and getting around

You are not legally allowed to drive a car or motorcycle for a month after a stroke or TIA. You may need to inform the DVLA (DVA in Northern Ireland) about your stroke. This depends on the kind of driving licence you hold, and the type of stroke you had.



To find out more about driving after stroke and what you need to do, visit [stroke.org.uk/driving](https://stroke.org.uk/driving).

The Blue Badge scheme helps you get around more easily by letting you park in convenient spots.

Local councils have community transport schemes, and you can get cheaper rail travel if you have a disabled person's railcard.



# Reducing your risk of another stroke

Everyone has a different risk of having a stroke, which depends on their body and their lifestyle. The main risk factors for stroke are:

## 1. Age

As you get older, your arteries naturally become harder, making them more likely to become blocked.

## 2. Health problems

Some health problems make you more likely to have a stroke.

- Previous stroke and transient ischaemic attack (TIA, or mini-stroke): if you have had a TIA or a stroke, it means you are at greater risk of having another stroke. But you can take action to reduce your risk – see **page 31** for more information.
- High blood pressure.
- Atrial fibrillation (irregular heartbeat).
- Diabetes.
- High cholesterol.

### 3. Lifestyle

Stroke risk can be increased by things we do in everyday life, including:

- Smoking.
- Being overweight.
- Drinking too much alcohol.
- Not getting much exercise.

### 4. Family history

Strokes can run in families. So you are more likely to have a stroke if someone in your family has had one.

### 5. Ethnicity

Strokes happen more often to black people, and people from South Asian families. If you're black or South Asian, you may need to get checked at an earlier age for diabetes, especially if you have any risk factors like being overweight. Contact your GP surgery to ask for a health check.



#### **Coping with uncertainty**

Uncertainty is part of a stroke. Many people worry about the future. This worry can lead to anxiety and depression. If you feel overwhelmed by worry, speak to your GP or stroke nurse. Or you can call our Helpline **0303 3033 100**.

## Managing your stroke risk

It's vital to ask your GP or stroke nurse to explain more about your own risk of a stroke, so that you know what you should do.

When you are diagnosed with a stroke or TIA, doctors will try to find out what caused it. They give treatments to reduce the chance of you having another stroke. For example, if you have high blood pressure, they give you treatment to control it, which in turn reduces your stroke risk.

After a stroke or TIA, you have a higher risk of having another stroke. That's why it's important to follow any treatment you are given, such as blood pressure medication, anticoagulants, or statins. It's also important to keep your treatment going over the long term if you are advised to, so you can keep your risk as low as possible.

We know that around 90% of strokes are linked to a treatable health condition or a 'lifestyle' factor like smoking. You can help to lower your risk by following treatments and making some healthy lifestyle changes.



**Remember, don't stop any treatment without speaking to your GP or pharmacist.**



## Steps you can take

One of the best ways to reduce your stroke risk is to get treatment for any health conditions linked to stroke.

**After an ischaemic stroke or TIA (mini-stroke):**

antiplatelet drugs reduce the risk of another clot forming by making the blood less sticky.

**High blood pressure:** there are several different types of medication for high blood pressure. You might hear about diuretics, calcium-channel blockers, ACE inhibitors, and beta blockers.

**Atrial fibrillation (irregular heartbeat):** a range of drugs can be used to restore a normal heart rhythm or control the heart rate. Anticoagulant drugs may be used to reduce the risk of a clot forming. Sometimes a surgical procedure is used to restore a normal rhythm.

**Diabetes:** treatments can include drugs to control blood sugar and insulin injections. Healthy diet, weight loss and exercise can help to manage blood sugar levels. People with diabetes need to have regular checks including their blood sugar, and eye and foot health.

**High cholesterol:** statins are the main type of drug used to reduce blood cholesterol levels. Healthy diet, exercise and stopping smoking can also help to lower cholesterol.

## Healthy lifestyle steps

Staying active and eating well reduces your risk of another stroke. Having a healthy lifestyle can help you to manage conditions like high blood pressure, diabetes and high cholesterol, which in turn reduces your risk of a stroke. Steps like eating healthy food, stopping smoking, drinking less alcohol, and being more active can all help reduce your risk.

### Stopping smoking

Smoking increases your chance of having a stroke, so it's well worth getting advice on giving up. As soon as you stop smoking, your stroke risk starts to go down. Visit [stroke.org.uk/smoking](https://stroke.org.uk/smoking) for tips on quitting.

### Eating well

Eat lots of vegetables and fruit, and have home-made food if you can, as it usually has less fat and salt than ready meals and snacks. Cutting salt can help with controlling blood pressure, and eating less fat can help with weight loss.

### Moving around more

Move as much as you can. Try walking for half an hour a day, if you are able to. Walking for half an hour every day can halve the risk of a stroke. If you can, try to keep moving at home too. Just walking around the room every 20 minutes can lower your stroke risk. Visit [stroke.org.uk/getting-active](https://stroke.org.uk/getting-active) for more ideas.





"A little movement can go a long way. Do things you can manage in the house, go for a walk."

**Michael, stroke survivor**

## Drinking less alcohol

You can reduce your stroke risk by drinking less. In the UK, the government advises that to keep health risks from alcohol low, it's best not to have more than 14 units a week, and spread drinks out over the week. The limit is the same for men and women.

## Managing your weight

Staying a healthy weight cuts your risk of a stroke. Losing weight can also help you to control high blood pressure, and to manage your blood sugar if you have diabetes.



### Get started

For practical tips on making healthy lifestyle changes visit [stroke.org.uk](https://stroke.org.uk) or call our Helpline.

For individual help with giving up smoking, weight loss and drinking less alcohol, visit your GP or pharmacist.

# Spotting the signs of a stroke

It's important to know how to spot the common signs of a stroke in yourself or someone else. Using the FAST test is the best way to do this.

## FAST test

# F

### Face:

Can the person smile?  
Has their face fallen on one side?



# A

### Arms:

Can the person raise both arms  
and keep them there?



# S

### Speech problems:

Can the person speak clearly  
and understand what you say?  
Is their speech slurred?



# T

### Time:

If you see any of these three  
signs, it's time to call 999.



The FAST test helps to spot the three most common symptoms of stroke. But there are other signs that you should always take seriously. These include:

- Sudden weakness or numbness on one side of the body, including legs, hands or feet.
- Difficulty finding words or speaking in clear sentences.
- Sudden blurred vision or loss of sight in one or both eyes.
- Sudden memory loss or confusion, and dizziness or a sudden fall.
- A sudden, severe headache.

Stroke can happen to anyone, at any age. Every second counts. If you spot any of these signs of a stroke, don't wait. Call **999** straight away.

### **Transient ischaemic attack (TIA or mini-stroke)**

If someone has stroke symptoms that pass quickly, this could be a TIA (mini-stroke). TIA is a major warning sign of a stroke. So it's essential to get medical help, even if it happened some time ago.

### **What to do about a possible TIA**

If symptoms have just happened, call **999**. If it was some time ago, call the GP and ask for an emergency appointment. You can also go to the nearest NHS walk-in clinic or a local accident and emergency department.

# Diagnosing a stroke and its causes

A stroke is diagnosed with an examination and a brain scan. This shows what kind of stroke it is, and where it is in the brain.

If the stroke is caused by a clot, a scan and other tests are used to find out if it comes from inside the brain, or if it is from the heart.

If the stroke is caused by a bleed, a scan can show if there is a problem with the blood vessels in your brain.

## Types of scan

- Computed tomography scan (CT).
- Magnetic resonance imaging scan (MRI).

## Other tests and checks

- ECG (electrocardiogram): checks the heartbeat.
- Doppler ultrasound: checks for blockages in the neck arteries.
- Blood pressure is measured.

## Your blood is checked for

- Blood clotting.
- Blood sugar.
- Cholesterol levels.



## Emergency stroke treatments

Stroke treatments try to restore the blood supply to the brain as fast as possible. This can stop more damage to the brain. It can sometimes mean that symptoms improve, or do not get worse.

If you have a clot in your brain, doctors sometimes try to remove it using clot-busting drugs to disperse the clot (thrombolysis). Thrombectomy is a treatment where the clot is pulled out of the brain. Only a small proportion of strokes can be treated in this way.

If you have a bleed in your brain, doctors might use surgery to stop the bleeding or reduce pressure on the brain. You will have drugs to control your blood pressure.

### Treatments to stop another stroke

In hospital, doctors also try to stop another stroke happening.

Nearly everyone with a clot is given drugs to stop more clots forming. These include antiplatelet drugs and anticoagulants, sometimes called blood-thinners. These work in different ways to stop clots forming in your blood. Doctors sometimes use surgery to remove blockages in the neck arteries (carotid arteries).



For more details on ways of reducing your risk of a stroke, see [page 29](#).

# Where to get help and information

## From the Stroke Association

### Talk to us

Our Stroke Helpline is for anyone affected by a stroke, including family, friends and carers. The Helpline can give you information and support on any aspect of stroke.

Call us on **0303 3033 100**, from a textphone **18001 0303 3033 100**.

Or email [helpline@stroke.org.uk](mailto:helpline@stroke.org.uk).

### Read our publications

We publish detailed information about a wide range of stroke topics including reducing your risk of a stroke and rehabilitation. Read online at [stroke.org.uk](http://stroke.org.uk) or call the Helpline to ask for printed copies.

### My Stroke Guide

The Stroke Association's online tool My Stroke Guide gives you free access to trusted advice, information and support 24/7. My Stroke Guide connects you to our online community, to find out how others manage their recovery.

Log on to [mystrokeguide.com](http://mystrokeguide.com) today.

### **Talk to others affected by stroke**

There may be a stroke group in your local area where you can meet other stroke survivors. You can meet people on our My Stroke Guide online chat forum **mystrokeguide.com**, and on our Facebook page **Facebook.com/TheStrokeAssociation**.

Call our Helpline or visit **stroke.org.uk/support** for more information on stroke groups and other face-to-face support.

### **Childhood stroke**

This guide is about stroke in adults. For information about childhood stroke visit **stroke.org.uk/childhood**.

## **Help with health and everyday living**

### **Stroke symptoms**

If you or someone you know has any stroke symptoms, don't wait. Call **999** straight away. See **page 38** for the FAST test.

### **Get the help you need**

In some parts of the UK it can be hard to get all the therapy and support needed by stroke survivors and carers. For information on getting the support you need, contact our Helpline **0303 3033 100**.

### **Request a post-stroke review**

You should have a review of your needs after the stroke, usually at about six months. If this does not happen, ask the GP to arrange it.

### **Daily support needs**

For support with daily living and accommodation, contact your local council social services department.

### **Legal and money advice**

For free, confidential advice about money, legal and employment issues, contact Citizens Advice (see **page 45**).

## **Other sources of help and information**

### **Support with reducing your risk**

#### **Blood Pressure UK**

Website: [bloodpressureuk.org](http://bloodpressureuk.org)

Tel: 020 7882 6218

#### **Diabetes UK**

Website: [diabetes.org.uk](http://diabetes.org.uk)

Helpline: 0345 123 2399

#### **Drinkaware.co.uk**

Website: [drinkaware.co.uk](http://drinkaware.co.uk)

Drinkline: 0300 123 1110

#### **Heart UK, the cholesterol charity**

Website: [heartuk.org.uk](http://heartuk.org.uk)

Helpline: 0345 450 5988

#### **Heart Rhythm Alliance**

Website: [heartrhythmalliance.org/aa/uk](http://heartrhythmalliance.org/aa/uk)

Tel: 01789 867 502

### **Sickle Cell Society**

Website: [sicklecellsociety.org](http://sicklecellsociety.org)

Tel: 020 896 7795

### **Smokefree**

Website: [nhs.uk/smokefree](http://nhs.uk/smokefree)

## **Help for carers**

### **Carers UK**

Website: [carersuk.org](http://carersuk.org)

Adviceline: 0808 808 7777

### **Cruse Bereavement Care**

Website: [cruse.org.uk](http://cruse.org.uk)

Tel: 0808 808 1677

## **Help with money and accommodation**

### **Citizens Advice**

Website: [citizensadvice.org.uk](http://citizensadvice.org.uk)

Adviceline: England 0800 144 8848,

Wales 0800 702 2020, Scotland 0800 028 1456,

RelayUK 18001 0800 144 8884

### **GOV.UK government services and information**

Website: [gov.uk](http://gov.uk)

### **Independent Age**

Website: [independentage.org](http://independentage.org)

Helpline: 0800 319 6789

## **Turn2Us**

Website: [turn2us.org](http://turn2us.org)

## **Help with the effects of a stroke**

### **Alzheimers Society**

Website: [alzheimers.org.uk](http://alzheimers.org.uk)

Helpline: 0333 150 3456

### **Aphasia resources from the Stroke Association**

Website: [stroke.org.uk/aphasia](http://stroke.org.uk/aphasia)

### **Chest Heart & Stroke Scotland**

Website: [chss.org.uk](http://chss.org.uk)

Advice Line: 0808 801 0899

### **Disability Rights UK**

Website: [disabilityrightsuk.org](http://disabilityrightsuk.org)

### **Headway, the brain injury association**

Website: [headway.org.uk](http://headway.org.uk)

Helpline: 0808 800 2244

### **Mind**

Website: [mind.org.uk](http://mind.org.uk)

Infoline: 0300 123 3393

### **RNIB (Royal National Institute of Blind People)**

Website: [rnib.org.uk](http://rnib.org.uk)

Helpline: 0303 123 9999

## About our information

We want to provide the best information for people affected by stroke. That's why we ask stroke survivors and their families, as well as medical experts, to help us put our publications together.



### How did we do?

To tell us what you think of this guide, or to request a list of the sources we used to create it, email us at [feedback@stroke.org.uk](mailto:feedback@stroke.org.uk).



### Accessible formats

Visit our website if you need this information in audio, large print or braille.



### Always get individual advice

This guide contains general information about stroke. But if you have a problem, you should get individual advice from a professional such as a GP or pharmacist. Our Helpline can also help you find support. We work very hard to give you the latest facts, but some things change. We don't control the information provided by other organisations or websites.



### Joining a research study

You may be eligible to take part in a research study. Research helps us improve stroke diagnosis and care. If you are asked to be in a study, you can discuss any questions with the researchers, and you can also talk to your GP.

**When stroke strikes, part of your brain shuts down.** And so does a part of you. Life changes instantly and recovery is tough. But the brain can adapt. Our specialist support, research and campaigning are only possible with the courage and determination of the stroke community. With more donations and support from you, we can rebuild even more lives.

Donate or find out more at [stroke.org.uk](https://stroke.org.uk)

## Contact us

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We're here for you. Contact us for expert information and support by phone, email and online.

Stroke Helpline: **0303 3033 100**

From a textphone: **18001 0303 3033 100**

Email: [helpline@stroke.org.uk](mailto:helpline@stroke.org.uk)

Website: [stroke.org.uk](https://stroke.org.uk)

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Rebuilding lives after stroke



© Stroke Association 2021  
Version 3.1. Published December 2021  
To be reviewed: April 2023  
Item code: **A01L12**



**Patient information awards**  
Highly commended

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