STROKE SERIES SS7

STROKE IN YOUNGER PEOPLE
Chest Heart & Stroke Scotland improves the quality of life for people in Scotland affected by chest, heart and stroke illness, through medical research, influencing public policy, advice and information and support in the community.

The information contained in this booklet is based on current guidelines and is correct at time of printing. The content has undergone peer, patient and expert review.

If you have any comments about this booklet please email: publications@chss.org.uk or tel: 0131 225 6963.
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INTRODUCTION

Stroke is often considered an illness of old age, but many young people are affected by stroke too.

Researchers have found that there are many common questions, issues and challenges facing all younger people who have had a stroke irrespective of their degree of physical disability.

The aim of this booklet is to address some of these issues and provide other sources of help.

Detailed information about what a stroke is and recovery from stroke can be found in the CHSS booklet S1 ‘Stroke: a guide to your recovery’.

If you need further help speak to your stroke nurse or contact the CHSS Advice Line nurses.

(Please note: this booklet does not address stroke in childhood.)
WHAT’S GOING ON?

• Memory problems or difficulty retaining information is common. You may have already been given the answers, but there is nothing wrong with asking for information again if you can’t remember. Don’t be afraid to ask what happened or you may worry unnecessarily.

• Every individual will have a unique experience but it is very important to know that you are not alone and that most of what you are experiencing is quite ‘normal’.

• You may find yourself comparing your recovery with that of other people who have had a stroke. However it is very important to accept that no two strokes are the same.

• Every individual will experience differing degrees of severity and speed of recovery, and people with similar problems will react differently.

• Your progress needs to be monitored and re-assessed regularly. Some changes are not always obvious in the early recovery period.
What causes strokes in younger people?

The tests you have will try to find out as much as possible about the type of stroke you had, i.e. a clot or a bleed, and will also look for possible causes.

The kind of thing that might explain your stroke includes:

• abnormal clotting of your blood
• an impaired blood flow through blood vessels
• an inherited or genetic heart abnormality
• a weakness or malformation in a blood vessel in the brain that may have been present since birth

Unfortunately sometimes doctors are unable to find an explanation for why some strokes happen. If this is the case you have to try and accept the fact that you may never get answers to your questions.

There are several well understood medical conditions that contribute to strokes:

• Heart disease
• High blood pressure
• High cholesterol
• Diabetes
• Atrial fibrillation
WILL IT HAPPEN AGAIN?

This is a very real and natural fear.
You are not alone and from now on you must concentrate on being positive by acknowledging any risk factors and by changing anything you can change.

There are two parts to reducing the risk of another stroke. The things your doctor can help with and the things you can change yourself.
WHAT THE DOCTOR CAN DO

• Firstly if there was any underlying cause the doctor will want to address it.

• In some cases surgery may be considered to prevent further stroke.

• Drug treatment may be necessary to control any underlying disorder.

• Blood thinning drug treatment may be considered as a preventative measure.

• Drugs to control cholesterol may be considered.

It can be hard to accept taking tablets every day, but you will get used to it and it will become part of your daily routine. You may experience side effects, but you have to speak to your doctor about them, as there may well be a different drug treatment you can try. When you are young it is hard to imagine taking lifelong treatment but you may be able to improve some things yourself.

Your situation needs to be reviewed regularly.

WHAT YOU CAN DO

The advice about reducing the risk of stroke in general will still apply to you even if no cause for your stroke was found.

It can be a big challenge to change lifestyle habits such as smoking, drinking, or substance use. Knowing that these changes will reduce your risk of another stroke doesn’t mean they are easy to make.
If you have any of the conditions mentioned (heart disease, high blood pressure, high cholesterol, diabetes, atrial fibrillation) you must do your best to keep them as well controlled as possible, with information and the support of your doctors and nurses.

The following measures are known to reduce the risks of these conditions and so reduce the risk of stroke. Taking steps to implement these changes will be a worthwhile investment.

• Stop smoking.

• Enjoy a varied, low fat and reduced salt diet, including 5 portions of fruit and vegetables a day.

• Control your weight for your age and height.

• Keep as active as possible.

• Moderate alcohol intake – binge drinking is particularly dangerous as it raises blood pressure.

• Avoid recreational drugs. Amphetamines, cocaine and ecstasy increase the risk of stroke.

• The combined oral contraceptive pill may make the blood more likely to clot and may also raise blood pressure.

See the CHSS booklet ‘Reducing the Risk of Stroke’ for more information.

You will find a list at the end of this booklet of the additional information you can get from CHSS about the conditions mentioned.
Coming to terms with having a stroke is something that many younger people have difficulty with. You may have never been ill previously or have any risk factors for stroke. You certainly did not expect something so devastating to happen to you.

It is normal to expect things to be put right or be reversible but the damage done by stroke may have to be lived with for a long time. After more severe strokes the transition into ‘disability’ may be very difficult to deal with.
A stroke may present many losses both physical and psychological.

For some people the effect their stroke has on their role in the family, ability to work and relationships causes anger, frustration and guilt which can feel overwhelming.

Dealing with the changes you are experiencing can be a good start to moving forward. These feelings are normal and natural. There are people who can help you and you are not alone.

With less severe strokes invisible problems such as difficulty concentrating, tiredness and negative feelings about your body image can cause frustration and upset.

How you feel can affect your motivation to work on your recovery and to make changes to your lifestyle that may reduce the risk of stroke. Some people will take longer than others to come to terms with their stroke or feel resentment that the stroke has affected their choices in life too much already to make changes and take medication.

Adjusting to the way things are for you after your stroke is a gradual process that happens over a long period of time eventually reaching acceptance of the way you are now and being able to look forward in a positive way.

See the CHSS booklet ‘Coming to terms with Stroke’ for more information.
DIFFERENT STROKES

Different Strokes is a charity run by and for younger people who have had a stroke. Many people benefit from the opportunity to give and receive encouragement and to share their personal experiences. Having a sense of shared responsibility to do well and help each other gives people a really positive outlook. Success with new activities can be celebrated and there is a freedom from ‘old self’ comparisons. All of these things help to rebuild confidence and get back out in the world.

CHSS has designated young stroke support services in some areas; contact Head Office to ask for details.
GETTING HELP FROM CHEST HEART & STROKE SCOTLAND

Communication Support Services
Communication Support groups are run by CHSS coordinators with the support of volunteers.

Community Support Network
Affiliated stroke groups run by members and volunteers.

Personal Support and Research Grants
CHSS also provide personal support grants throughout Scotland and funds research into stroke.

Health information
A full range of booklets and fact sheets are available by contacting the Publications Department.

CHSS Advice Line Nurses: 0808 801 0899
The Advice Line is staffed by nurses and provides confidential, independent advice on all aspects of stroke illness to those people affected, their families, carers and health professionals. Calls are FREE from landlines and mobiles.

Out of hours answer machine.
Mon – Fri 9.30am – 4.00pm

CHSS Stroke Nurses
Stroke Nurses facilitate the smooth transition from hospital back into the community, providing support for the person and their family.

Phone Head Office on 0131 225 6963 for further information on any of these services or visit the CHSS website at www.chss.org.uk
COMMON INVISIBLE PROBLEMS

Many people experience symptoms and problems that are not always recognised until later in recovery. These can be very debilitating, causing frustration, problems with relationships and difficulty resuming activities.

As they are not visible it can be hard to explain your experience of them.

The most common issues to affect younger people are:

- Thinking and concentration problems
- Emotional and behaviour problems
- Tiredness
- Depression

THINKING AND CONCENTRATION PROBLEMS

Many people experience ‘thinking’ problems such as poor memory and difficulty concentrating. This can be very distressing for you and for those nearest to you. These difficulties often improve quickly and may well resolve in the first few months, for others it can take longer. It takes time to adjust to these problems often referred to as cognitive problems.
some cognitive problems that are caused because a specific area of the brain has been damaged, and these may affect your mental abilities and problem solving skills longer term.

See the CHSS booklet ‘Thinking and behaviour issues after stroke’ for more information.

**EMOTIONAL AND BEHAVIOUR PROBLEMS**

There are some features such as boredom, frustration with the slowness of recovery, altered marital and family relationships, and anxiety about the future which are completely normal and understandable after having a stroke. You may find that even small failures can trigger intense frustration, despondency or anger, which may spill out in an emotional outburst. This can be alarming for your family who may find it hard to understand your frustration, especially if they feel you are progressing well.

How people react to their circumstances is unpredictable and varies enormously. Mood changes, grumpiness or bad temper, losing patience easily, over-reacting to children’s noise and their needs for attention are all frequently experienced.

Unfortunately some people who have had a stroke don’t realise the effect this has on those around them. These problems can lead to disharmony within families and relationships.

Talking about how you all feel can help.
TIREDNESS AFTER STROKE

It is quite common to be very sleepy immediately after a stroke but this usually passes in the first few days or weeks.

Many people experience a different tiredness, a profound fatigue that can go on for weeks, months and sometimes as much as a year or two after the stroke.

Often symptoms from stroke are exacerbated by tiredness making them temporarily worse. This especially affects things such as speech, concentration and memory.

As there is a tendency to overdo it on better days the result is feeling twice as tired the next day. This can add to feelings of frustration with your overall impression of your progress.

Therapy can be exhausting and so for some people doing a little and often, is more effective than trying to do too much at one time. This does not mean there will not still be progress. It may just not be as quick as you would like it to be.
Once you recognise that tiredness is a real problem you can take steps to work around it. You can find ways to overcome physical challenges. This will allow you to participate more and give you more control in your day to day life.

There are strategies that can help:

• Don’t overdo it on good days because you will be more tired the next day and may feel downhearted.

• Set yourself realistic goals for each day.

• Plan important things for times when you will be most rested.

• Divide big jobs into smaller pieces.

• Build rest periods into your day.

• Do not be afraid to ask for help. It is important to conserve your energy for those things that are important to you and your ongoing recovery.

• Know your limitations. Don’t feel judged or be put off by other people’s expectations of what you should or shouldn’t be doing. Remember this is about you and your body – get to know when it is time to stop and stick to it.

See the CHSS factsheet ‘Coping with tiredness’ for more information.
DEPRESSION

Feeling down for some of the time may be a natural reaction after a stroke. However, if you are feeling low for most of the time you could be depressed. Sometimes people do not realise they are depressed, especially if they have been feeling low for a long time.

How can depression affect your recovery from stroke?

Most people find they have good and bad days and this is true of having a stroke and of depression. Your physical recovery from stroke depends to a large extent on your input. If you are depressed it will be harder to keep motivated to work on your recovery and rehabilitation. Depression makes you feel lethargic and that there is no point in doing anything or seeing anyone. This can contribute to feelings of isolation and loneliness that can bring you
When can depression set in?
There is no definite time that you may suffer from depression; it can develop soon after having a stroke or months afterwards. Depression is very common and doctors are very familiar with it and how to treat it.

Symptoms of depression
Some symptoms may be present as a result of your stroke such as tiredness, memory problems, difficulty concentrating, loss of self esteem etc. Other symptoms may be as a result of the emotional difficulty involved in coming to terms with having a stroke but these should not cloud the possibility that you may be depressed and benefit from treatment. Most experts agree that if you have experienced symptoms most of the day, nearly every day, for over two weeks then you should seek help. Speak to your doctor in the first instance.

Treating depression
There are some things your doctor can help you with, therapies and organisations that you can seek help from and things you can do yourself. Most people say that just recognising that there is a problem can be helpful right away.

See the CHSS factsheet ‘Coping with low mood/depression’ for more information.
BENEFITS AND ALLOWANCES

The Department for Work and Pensions will deal with your benefits.

The benefits system is complex and changes frequently, so it is a good idea to get advice about what you are entitled to, and how to fill in forms. There are different benefits and allowances for people who are ill or disabled, for people who are carers and for people who are on low incomes.

There is lots of information about benefits and how to apply, on the website: www.gov.uk/browse/benefits

ADVICE AND SUPPORT

Citizens Advice Scotland knows the way round the benefit system and can give you independent advice if you are trying to work out what you should claim for. Visit the website for local details: www.cas.org.uk/

Ask your local council office for details about local welfare or benefits advice centres that you can visit or phone. These are often attached to the social work department’s offices. They can also provide you with information about local transport concessions, such as disabled parking and travel services.
**Carers Trust Centres** have access to welfare rights advice as well as lots of useful local information about services, activities and sources of help.

**PERSONAL SUPPORT GRANTS**

**CHSS Personal Support Grants** Small grants are provided to help people in financial difficulty for items ranging from clothing and bedding to holidays or respite care. Applications are submitted through a sponsor i.e. your social worker or a health professional. They should contact the Personal Support Grants Administrator at CHSS Head Office for further details.
Many people with minor to moderate strokes are able to return to work within a few months. The effect of a more serious stroke on a young person however can be very traumatic and devastating. As well as the losses the stroke has caused physically and psychologically, there is also a huge impact on a working person’s life in terms of earning a living and their role within their family and society. Try not to compare what you can do now to what you used to do. Tiredness, cognitive problems like memory loss and difficulty concentrating can cause as many hurdles in the work place as physical disability.

NEW OPPORTUNITIES

Many people find this is an opportunity to try something else, retrain, work from home, work flexibly and take up new challenges and opportunities.

• Working in the voluntary sector can be a great way of building up confidence, helping to get back in to a working environment and being with other people.

• Voluntary work can also be very fulfilling and important. It can be a great way of keeping occupied until you are ready to decide where your future lies. Contact your local Volunteer Centre.
• See a Disability Employment Advisor at your local job centre. They will be able to give you advice about careers and retraining. This could be an opportunity for a complete change maybe taking you into an area you always were interested in.

• You may be referred to organisations that specifically provide opportunities for people with disabilities such as Momentum.

• Contact the CHSS Advice Line for their Computer Factsheet. It has details about computer courses specifically for disabled people and organisations such as AbilityNet.

• Resume education, contact Learn Direct or LEAD (Linking Education and Disability). Contact local colleges and universities for further information.
RETURNING TO YOUR PREVIOUS EMPLOYMENT

Try and keep in contact with your employer rather than waiting for them to contact you. A two way communication will make it easier to return to work and for your needs to be recognized.

• It is very important that you speak frankly to your employer and close colleagues so that you do not put yourself under too much pressure to perform.

• Some people can be unrealistic about returning to work and take on too much too soon. Give yourself a chance and don’t be too hard on yourself if things don’t work out the way you want them to.

• Take travel arrangements and travel time into consideration well in advance.

• Work reduced hours with a reduced workload, to begin with at least, as you may become over-tired which makes things more difficult. Flexible working patterns are best suited especially if you have good and bad days. Working every day might be too much to begin with.

• Many people do make a success of returning to work, often within three months of having their stroke.
GETTING OUT AND ABOUT

RESUMING YOUR SOCIAL LIFE
After a stroke you may find social situations overwhelmingly difficult and it seems easier to stay at home in your safe comfort zone.

This can be for a variety of understandable reasons, but mainly fear of the unknown. If you can visualise yourself dealing with worrying situations successfully you have a better chance of doing so in real life.
Here are some scenarios you could try and imagine the opposite happening:

- having difficulty communicating
- having practical difficulties in going to places
- finding the mental stimulus of crowded and noisy places uncomfortable
- being reminded of what has changed by familiar people and places
- seeing friends and acquaintances feeling sorry for you.

**Allowing these thoughts to take over only leads to isolation and worsens your fears.**

There is always a way and you are still you!

- Rely on other people to understand and cooperate.
- Be positive about the outcome.
- Let people in, remember that if the roles were reversed you would want to help and support them.
- The sooner and the more you take part, the easier it will get.
- Let other people understand, accept and support you, and you will take control of your life.
END OF THERAPY/ CONTINUING PHYSICAL ACTIVITIES

Apart from the pleasure and skill involved with sport it is vital that you keep as active as possible after your stroke. Exercise is known to be effective in fighting fatigue and helps to lift your mood.

Many people find it difficult to see the end of therapy as a positive thing, but it can be – it means getting on with the rest of your life.

It is important to continue the work done with therapists and build other activities into your routine.
Ask your therapist for advice on how you can maintain the level you have reached and/or progress on your own at home. Set goals to progress safely and within your capabilities.

Sporting activities you enjoyed prior to your stroke might seem out of the question but you’d be surprised what you can do if you’re determined enough, e.g. one handed golfing, skiing clubs or wheelchair sports, and it is possible to adapt equipment for individual use.

Your local council will be able to provide information about appropriate exercise classes in your area.

Contact one of the sporting organisations that help people with disabilities.

**DRIVING AFTER A STROKE**

A stroke may affect your ability to move, see, remember or concentrate. This may make it difficult or unsafe for you to drive, at least temporarily.

For safety reasons, the DVLA (Driver and Vehicle Licensing Agency) has strict guidelines about who may and may not drive.

Your GP will be able to tell you if you need to inform the DVLA about your stroke.

Full information is available on the government website: www.direct.gov.uk/driverhealth

See the CHSS factsheet ‘Driving after a stroke’ for detailed information about driving after a stroke and about driving Group II vehicles.
TRAVEL AND TRANSPORT

Contact your local council offices for information about travel concessions and disabled parking.

CHSS factsheet ‘Holiday Information’ has ideas about how to arrange the help you might need when travelling and organisations that can help you organise a trip. Other CHSS factsheets ‘Air Travel’ and ‘Travel and Motor Insurance’ are also helpful.

FLYING

Deciding to fly after having a stroke is a very individual decision to make. You need to discuss with your doctor the variety of issues that may affect you and balance the possible and uncertain risks of flying against the benefits. Therefore you need to consider the risks, practical issues, insurance and airline regulations.
COPING WITH PARENTHOOD

Young children and babies can be very demanding. Caring for them can be extra difficult when tiredness and thinking problems are present. You may find that you need to ask for help to care for your children after your stroke. Accepting help is a practical solution to a practical problem, not a failure, or a sign that you can't cope. You can get help and support from organizations concerned with parenting and disability. See Useful Contacts section for details.
Disability, pregnancy and parenting international (DPPi)
DPPi is an organisation for disabled people who are already parents and those who wish to become parents, professionals and organisations concerned with disability and/or pregnancy and parenting. They provide advice, information support and resources.

PREGNANCY
Following stroke there is no reason why you cannot conceive, have a normal pregnancy and have a healthy baby. Thorough investigations will be done to try and establish why your stroke happened and in many cases the underlying cause can be treated successfully. This can reduce any risk to your health if you become pregnant to the same level as that of anyone else. However, it is advisable for each individual to discuss planning a pregnancy thoroughly with your doctor or health visitor.

CONTRACEPTION
Because there is a small risk attached to taking the combined oral contraceptive pill, alternative methods of family planning may need to be explored; you should discuss these issues with your doctor.

HRT
Hormone replacement therapy (HRT) should be discussed with your doctor on an individual basis.
SEX AFTER STROKE

Your recovery from a stroke will have taken you through various stages. Somewhere down the line your mind may turn to more personal matters such as establishing or renewing a sexual relationship. If being sexually active was important to you before your stroke it is likely that you will feel that way again. However there may be some physical and emotional issues that now have to be considered. There are often simple measures such as experimenting with changes of position that can help overcome restrictions such as tiredness.

• Fear
  The common fear following a stroke is that having sex will bring on another stroke. There is no reason why after a couple of weeks you cannot begin to have sex if you feel ready to do so. Medical evidence supports this. If you still feel unsure about having sex then arrange to speak to your own doctor.

• Emotional changes
  Both men and women experience similar emotional problems after a stroke. How you feel about yourself and how you perceive others feel towards you, can lead to you losing confidence in yourself. It can take time to adjust to and come to terms with the changes in your life after a stroke and many people experience anxiety and depression as a result. This can have a knock on effect on your desire for sex. You
can express your feelings in many different ways, through talking but also with body language and physical contact such as kissing and cuddling. Taking the first step may be the biggest hurdle to overcoming your anxiety and shyness about resuming sexual contact.

• **Change in relationships**
  Retaining closeness and intimacy within your relationship will help to overcome difficulties.
It is important to keep communicating with each other. There can be a subtle change within a relationship when a partner becomes a carer, especially when assistance is needed with personal care. This can sometimes cause embarrassment or affect the way you feel about each other.

See the CHSS booklet ‘Sex after stroke illness’ for more information.
There is no denying the impact a stroke has on the family and or partner of someone who has had a stroke. There may be many practical changes to deal with as well as adopting and adapting to a caring role. Increased costs, difficulty accessing services and coping with the distress these things can cause, can be hard. Living with any anger, guilt and frustration of the person affected can have a profound effect on individual family members and the family as a whole. You might not even recognize yourself as a carer. It is very important if you are helping to look after someone, that you make time for yourself and have ‘time out’. Help and support is available through Social Services, your Health Visitor, Carers’ Centres, GPs and other organisations.

See the CHSS booklet ‘Stroke: a carer’s guide’ for more information.
USEFUL ADDRESSES AND WEBSITES

**AbilityNet Scotland**
Tel: 0800 269 545 / 01926 312847
Email: enquiries@abilitynet.co.uk

*AbilityNet is a Charity offering an information service to people with disabilities, and others seeking advice on computer technology. Activities include consultancy and assessment services to assist in choice and use of computer equipment at work and at home.*

**Adapt-IT**
Churchill House
Stirling Way
Borehamwood
Herts
WD6 2HP
Tel: 0844 414 1325
Email: info@adapt-IT.org.uk
Website www.adapt-it.org.uk

*Adapt-IT has been established to help disabled people to make full use of computers. A range of IT products are for sale online. A catalogue is available on request.*
**Carers Trust**
Skypark 3  
Suite 1/2  
14/18 Eliott Place  
Glasgow G3 8EP  
Tel: 0300 123 2008  
Email: info@carers.org  
Website: www.carers.org

Provide advice and support to carers on all topics and providing information about what services are available locally. Centres all over Scotland but will put you in touch with another carer organisation if necessary.

**Depression Alliance Scotland**
3 Grosvenor Gardens  
Edinburgh  
EH12 5JU  
Tel: 0131 467 3050  
Email: info@dascot.org  
Website: www.dascot.org

Depression Alliance Scotland is working towards a future where depression is recognised, understood and acknowledged to be a common and treatable medical condition, just like any other. They run a telephone information service and self-help groups as well as producing a number of publications about depression.
Different Strokes
9 Canon Harnett Court, Wolverton Mill
Milton Keynes MK12 5NF
Strokeline: 0845 130 7172
Fax: 01908 313 501
Email: info@differentstrokes.co.uk
Website: www.differentstrokes.co.uk

Different Strokes is a national charity set up by young stroke survivors for young stroke survivors. Their website is very interesting and informative. Different Strokes provides information, support, a telephone service and counselling. Exercise opportunities also available but very limited in Scotland.

Disabled Living Foundation
Helpline: 0300 999 0004
Tel: 020 7 289 6111
Email: info@dlf.org.uk
Website: www.dlf.org.uk

Disabled Living Foundation has become the leading source of information and advice on products, equipment and technology for people with disabilities. Specialist training and comprehensive databases provide solutions to problems that limit an individual’s independence.

Disability, Pregnancy & Parenthood
Freephone: 0800 018 4730
E-mail: info@dppi.org.uk
Website: www.dppi.org.uk

Disability, Pregnancy & Parenthood is a national information charity on disability and parenthood.
LEAD
Tel: 0131 228 9441
Email: enquiries@lead.org.uk
Website: www.lead.org.uk

Linking Education and Disability, enables disabled adults to access education and learning opportunities. Contact head office number above for your local area services.

Relationships Scotland
18 York Place
Edinburgh
EH1 3EP
Tel: 0845 119 2020
Email: enquiries@relationships-scotland.org.uk

This is the umbrella organisation that covers the whole of Scotland and will provide information about couple counselling in your area. They can also find more specialised services such as psychosexual counselling.

Skills Development Scotland
Tel: 0800 917 8000
Website: www.myworldofwork.co.uk

Skills Development Scotland provides the latest advice and news on careers, learning and training.
Scottish Disability Sport
Caledonia House, South Gyle
Edinburgh EH12 9DQ
Tel: 0131 317 1130
Fax: 0131 317 1075
E-mail: admin@scottishdisabilitysport.com
Website: www.scottishdisabilitysport.com

Formerly the Scottish Sports Association for Disabled People the organisation was formed to provide facilities for and to encourage the development of sport and physical recreation for disabled people.

Take Life On
Healthy eating and exercise advice from the Scottish Executive.
Helpline: 0845 278 8878
Website: www.healthyliving.gov.uk

The Sexual Advice Association
Suite 301, Emblem House,
London Bridge Hospital, 27 Tooley Street
London SE1 2PR
Helpline: 0207 486 7262
E-mail: info@sda.uk.net
Website: www.sda.uk.net

The SDA is committed to helping and supporting people, and partners of people, with all forms of sexual dysfunction by raising awareness and providing information and education on male and female sexual problems.

Volunteer Centres
www.volunteerscotland.org.uk
Do you have any questions about chest, heart or stroke illness?

Ask the nurse 0808 801 0899

Call FREE from landlines and mobiles

www.chss.org.uk
# STROKE PUBLICATIONS

## Booklets

| SS1  | Stroke: a guide to your recovery               |
| SS2  | Stroke: a carers guide                        |
| SS3  | Reducing the risk of stroke                  |
| SS4  | You've had a stroke                          |
| SS5  | Understanding TIAs and minor strokes         |
| SS6  | Sex after stroke illness                     |
| SS7  | Stroke in younger people                     |
| SS8  | Coming to terms with a stroke                |
| SS9  | Thinking and behaviour issues after stroke   |
| SS10 | Understanding thrombolysis (clot busting) treatment for stroke |
| H4   | Living with high blood pressure              |
| ASJ1 | Aphasia Stroke Journey: Part 1 Early days    |
| ASJ2 | Part 2 Rehabilitation                        |
| ASJ3 | Part 3 Moving On                             |
| CSB  | Conversation Support Book £5 (one copy free)  |
| IDC  | Aphasia ID Card                               |

**Children's Resources (contact us / see website)**

**FAST campaign resources (contact us / see website)**

## Stroke Factsheets

| F1   | Smoking                                      |
| F2   | Salt                                         |
| F3   | Cholesterol                                  |
| F4   | Warfarin                                     |
| F5   | Helping communication after stroke           |
| F6   | Holiday information                          |
| F7   | Travel and motor insurance                   |
| F9   | Driving after a stroke                       |
| F10  | 10 common questions asked after a stroke     |
| F12  | Continence problems after stroke             |
| F13  | Air travel information                       |
| F14  | Visual problems after stroke                 |
| F15  | Memory problems after stroke                 |
| F17  | Diabetes: links with heart disease and stroke|
| F18  | Coping with tiredness                        |
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