

## Strokes are more common in older adults

The U.S Centers for Disease Control and Prevention (CDC) says the older you are, the more likely you are to have a stroke. In fact, the agency says the chance of having a stroke about doubles every 10 years after age 55.

Leslie Ingold, stroke coordinator at OSF HealthCare, says the science lines up with the statistics.

“People in old age tend to be more prone to coronary artery disease, atrial fibrillation and atrial flutter,” Ingold says. “Those types of diseases tend to increase your risk for stroke.”

The good news, Ingold says, is that older adults don’t need a separate set of instructions on stroke prevention. All ages can remember the acronym B.E.F.A.S.T. If you suspect someone is having a stroke, check their balance, eyes, face, arms and speech for irregularities. The T in B.E.F.A.S.T. stands for time, as in, if someone is not normal in letters B through S, it’s “time” to call 9-1-1.

The one caveat: how can an older person know if, for example, poor balance is a stroke symptom or just a part of aging?

“The key word is acute. Things that happen suddenly, out-of-the-blue and for no reason,” Ingold says. “A gradual balance problem over weeks or months is likely not a stroke.”

Older stroke survivors may also find themselves back in the hospital with a suspected second stroke.

“It’s what we call a recrudescence of a stroke,” Ingold explains. “An infection process happens in their body, whether it’s a urinary tract infection or pneumonia. The infection causes their body to re-emulate those stroke symptoms.”

While no one wants to go to the hospital, Ingold says someone with stroke symptoms should call 9-1-1 and get to the emergency department right away. Quick treatment means fewer brain cells lost and a better chance at a good outcome.

During recovery, Ingold says older stroke survivors may need to lean more on friends and family for things like transportation to doctor’s appointments. Quickly getting enrolled in therapy (physical, occupational and speech language are the common ones) is also key to possibly regaining normal functions. Therapy can be done at home or at the hospital on an inpatient or outpatient basis, depending on the person’s circumstances. If the person’s recovery requires specialized or constant care, they may go to a skilled nursing home or assisted living facility for a period of time. The stroke survivor may also see a mental health professional for depression or anxiety brought on by the stroke.

“Younger people have a much longer lifespan left. So those strokes could trigger epilepsy or cerebral palsy,” Ingold says. “Our older stroke survivors tend to not see those type of diagnoses after a stroke. We just tend to deal with the disability.

“There is always hope for stroke survivors,” Ingold adds.

Learn more about stroke care on the [OSF HealthCare website](#).