

13A HEALTHY BODY HEALTHY MIND

Stroke death rate among African Americans rising

By Andrea R. Richards
THE CHARLOTTE POST

Within the last 15 years, Charles Clarkson, 52, has had two strokes and two heart attacks. His most recent stroke occurred while he was having a heart attack last April.

"I was laying down looking at television," he said. "I felt my arm getting numb, and I thought that I had been laying on my arm too long."

Clarkson, who also has a history of high blood pressure, soon recognized that he was having a stroke. He drove himself to the hospital only to have the doctors send him back home.

"Exactly 24 hours later, I had the symptoms again, and this time my entire left side was incapacitated. No motorism whatsoever."

Strokes occur when blood clots form in the brain, depriving it of oxygen. It's one of the most common disorders of the nervous system, and it's more likely to kill African Americans.

"In African Americans, particularly in people 45-59, the death rate from stroke is four times that in whites," said Dr. Lewis B. Morgenstern, an instructor at the University of Texas Medical School-Houston. "Traditional teaching is that stroke is a disease of old white men. The reality is that well over half of all stroke deaths occur in women."

The warning signs include sudden weakness or numbness of the face, arm or leg on one side of the body; sudden severe headaches with no known cause; unexplained dizziness; unsteadiness or sudden falls, trouble talking, loss of speech or understanding speech. Symptoms may last just a few minutes or as long as 24 hours.

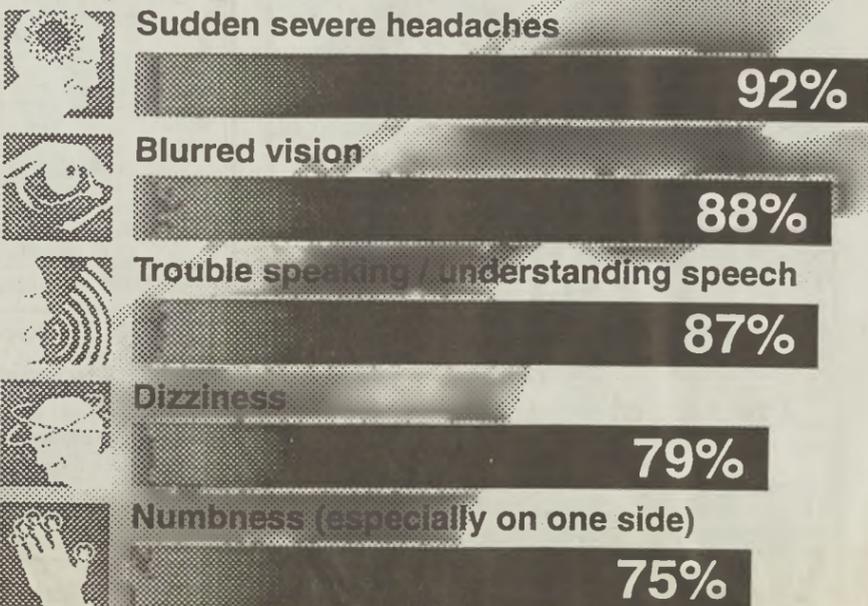
Clarkson said he wasn't afraid of dying during his strokes.

"I never let pain scare me," he said. "I guess that's something I learned from the Marine Corps. I guess my

Brain Attack: Do you know that stroke sends early warning signals?

A brain attack {a stroke} is the leading cause of adult disability, but according to a recent survey, most Americans can't spot the warning signs that mean they should seek medical attention.

KNOW THESE STROKE WARNING SIGNS — Percent of Americans who didn't know each warning sign:



Source: 1995 Gallup Survey for Bayer Corporation
An American Heart Association Graphic

Vietnam experiences prepared me not to panic in situations like this. I didn't feel like I was going to die or anything.

"I've never seen anybody stay here (on earth). So I figure if it's my time, then it's my time. That's a feeling I adopted in Vietnam."

Clarkson knows that he is destined to have another stroke, which is the nation's third-leading cause of death and the leading cause of disability.

"They (the doctors) told me it's going to happen again. It's just a matter of time because an area of blood vessels in my right frontal lobe are dead," he said.



Clarkson

The best treatment for a stroke is pre-

vention, which includes controlling blood pressure, discontinuing smoking or drug use and taking aspirin therapy.

Clarkson was fortunate that his strokes did not physically disable him. He does his best to take his medication, eat properly and avoid stressful situations: "First of all, I stay away from women that want to be in control because they don't do nothing but tick me off and raise my blood pressure."

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WOMAN'S HEALTH

TIPS FOR A HEALTHY HEART

By George D. Wilbanks MD
President, The American College of Obstetrician and Gynecologists

Heart disease, a condition that affects one in five women over 65, is the No. 1 killer of women. Women are about 10 times more likely to die of this disease than of breast cancer. Lifestyle changes are a key to prevention.

Cigarette smoking is the most serious risk factor. If you smoke, you are two to six times more apt to suffer a heart attack than a nonsmoker. This is true even with light smoking (fewer than four cigarettes a day) and low-nicotine brands. When you quit smoking, you will immediately reduce your risk of heart disease by 30 to 50 percent, and after two or three years your risk will be the same as that of nonsmokers.

High blood pressure, or hypertension, is another risk you can control. More than half of all women over age 55 suffer from this condition. You should have your blood pressure checked regularly, and if

it is elevated attempt to lower it by losing weight, exercising regularly and reducing your sodium and salt intake. If your doctor prescribes high blood pressure medication, keep taking it as advised even if you feel better. Remember, high blood pressure often has no symptoms, which is why it's called the "silent killer."

Finally, as an adult woman, you should have your cholesterol level checked at least every five years. Cholesterol and fatty deposits settle on the inner walls of blood vessels and restrict the flow of blood to the heart. To lower cholesterol, eat less red meat, consume mainly low-fat dairy products (such as skim milk), and avoid fried foods and fatty desserts in favor of whole grains, poultry, fish beans, and fresh fruits and vegetables. Limit your fat intake to about 30 percent of your total calories. To figure fat percentages, remember that one gram of fat is approximately nine calories. example: A 100-calorie cracker with 2 grams

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Cardiac rehabilitation beneficial for African Americans with heart disease

Nearly 1 million Americans survive a heart attack each year, over 7 million live with angina or recurring chest pains and another 600,000 are recovering from coronary bypass surgery or balloon angioplasty. But new government guidelines say that cardiac rehabilitation services are drastically under-used, despite the fact that they can improve the quality of life for people with heart disease. According to the guidelines, less than a third of the 13.5 million Americans who have coronary heart disease are receiving cardiac rehabilitation services in spite of their proven benefits.

Cardiac rehabilitation services are medically-supervised interventions aimed at limiting physical and other damage from heart disease, reducing the risk of death and helping patients resume a normal life. Comprehensive cardiac rehabilitation has been shown to reduce death rates in patients after heart attack by as much as 25 percent. When designed properly, cardiac rehabilitation can help patients become more active, lower blood fat

levels and manage stress better, among other positive life changes.

These guidelines are particularly important for African Americans. Approximately 36 percent of total deaths in the African American population are due to diseases of the heart as a result of several prevalent risk factors: smoking (32.9 percent in black men compared with 27.5 percent of all men); hypertension (37.9 percent in black males and 38.6 percent in black females compared with 33 percent for all males and 26.8 percent of all females); diabetes (19 percent in African Americans compared with 12 percent of the total population) and Qbesity (43.8 percent in black females compared with 27.1 percent of total U.S. female population). The guidelines offer support, guidance and encouragement to help patients make healthier lifestyle choices. It helps patients to understand their condition and discover ways to reduce their risk of heart attack.

For example, the guidelines state that a well-designed cardiac rehabilitation program includes exercise training to improve exercise tolerance and



stamina, and education and behavioral intervention to assist patients in achieving and maintaining optimal health. The guidelines also recommend considering home-based cardiac rehabilitation, guided by a health care professional, as an alternate approach for lower moderate-risk patients who cannot participate in traditional, structured group cardiac rehabilitation, which is generally conducted in hospitals or other health or community facilities.

The AHCPR patient guide "Recovering from Heart Problems Through Cardiac Rehabilitation" is available free of charge from the AHCPR Publications Clearinghouse by calling toll free 800-358-9295 or write: Cardiac Rehabilitation Guideline, AHCPR Publications Clearinghouse, P.O. Box 8547, Silver Spring, Md. 20907. It is also available 24-hours-a-day, 7-days-a-week, through AHCPR InstaFAX at 301/594-2800.