

“I’m far too young and healthy to HAVE A STROKE!”

Liz Bestic, 57, tells how what should have been a relaxing break turned into a terrifying nightmare. Liz, who is married with two children, lives in London



Liz with Dr Antonakis

My husband Jim and I were looking forward to getting plenty of rest and relaxation when we flew to Corfu to visit my brother and his wife in August.

After an idyllic first day on the beach, and supper in a local taverna, I awoke to find I couldn’t turn over in bed. I tried to pull myself into a sitting position, but had no strength in my left side. My left arm lay limply like a rubber chicken.

I knew at once it was a stroke. As a medical journalist, I knew there are two types – most happen when a blood clot prevents oxygen getting to the brain (an ischaemic stroke), and a smaller number

are caused by a bleed in the brain (a hemorrhagic stroke). I had no idea what had caused mine, but did know that time was of the essence. If my stroke had been caused by a clot, then receiving clot-busting drugs within three hours could really help my chances of recovery.

It was my worst nightmare. I couldn’t speak the language, was far from the hospital, and I could have another stroke at any time. Would I end up in a wheelchair for life? All these thoughts – and a growing awareness of the numbness in my left side – jumbled in my mind, as my brother jumped every red light in the Corfu rush hour. When I

finally saw the crumbling building that is Corfu Hospital, my heart sank. Inside, people milled about shouting into their mobile phones or at the doctors. Above the din, Jim roared, “My wife is having a stroke”. Miraculously he was understood, and we were ushered into the triage room.

The hospital may have been in dire need of updating, but it was immediately obvious that the clinicians were second to none. I felt a surge of relief as they checked my blood pressure, took blood tests and ran an echocardiogram. A hospital porter named Panos, who spoke impeccable English, wheeled me at top speed to the scanning department.

The result of the first CT scan, which is not as detailed as an MRI scan, was negative. Later, I learnt this isn’t unusual, as the area involved doesn’t appear abnormal for the first few hours after the onset of stroke. Also, the affected area may be too small, or in a part of the brain that the scan doesn’t image well.

Finally, all tests completed, I met with the neurologist. Dr Antonakis was a big bear of a man, with white hair and bushy eyebrows, who immediately inspired confidence. With a flourish, he used his biro to scratch each of my legs to find out whether I had any feeling in them. He

then took on a serious air and solemnly pronounced that I’d had a stroke. At last, someone had said the word!

I was wheeled up to the three-bedded ward, which was going to be my home for the next seven days. I was to share the room with a huge mountain of a woman, whose two strapping sons kept a bedside vigil. As I came in, she pointed at her stomach and made a slicing motion across her throat. I took that to mean things were not good.

After 48 hours, and endless injections, I slowly began to get better. By now, another scan had showed a tiny clot had caused my stroke, but I was hugely cheered by being able to walk unaided, and the feeling that was creeping back first into my fingers, then my arm. After the third day, I could make a fist and, when I squeezed my husband’s hand, I almost cried. I had no idea what drugs I’d been given, as nobody spoke English, but I found out later that the two huge injections into my stomach were heparin (blood-thinning medication). Once I realised that I might fully recover, I started my own physiotherapy – forcing myself to remove tops of jars, wringing out my flannel, anything to help strengthen my left hand.

Dr Antonakis was impressed and said I must have been very fit before the stroke to recover so quickly. He believed it had been caused by intense stress I had been under before the holiday.

However, the nurse who accompanied me on the flight home (courtesy of our insurers) suggested it could have been caused by the extreme heat, since the blood becomes stickier in hot climates. That, combined with drinking more alcohol and perhaps not enough water, can also cause the blood to thicken.

After seven days, all I had to remind me of the stroke was a slight numbness in my thumb, which still remains with me today. On my return home, I went to see my GP. I had so many questions. Why had I had the blood clot that caused the stroke? Would it happen again? I was fit and healthy, apparently in the lowest risk category for a stroke. I did yoga twice a week, exercised regularly, haven’t smoked for ten years, and have very low blood pressure.

I eventually sought the advice of a stroke expert, Professor Anthony Rudd, who is consultant stroke physician at St Thomas’ in London. He said a contributing factor could be high cholesterol (mine was slightly raised at 6.3) or an irregular heartbeat, called atrial fibrillation (AF). “As women get older, they’re more at risk of AF, which makes them six times more at risk of a stroke,” says Professor Rudd. In many cases, this irregular heartbeat can be felt, but it can also be symptomless, so in due course I shall

I was fit and healthy and apparently in the low risk stroke category

have a 24-hour ECG, where electrodes are attached to your chest and linked to a tape recorder to monitor your heartbeat over a period.

Since getting home, I have been engulfed by an overwhelming fatigue during the day, which is apparently quite normal and may last for up to two years. Professor Rudd said, “People often feel fine in hospital, then they get home and find they can barely muster the energy to load the dishwasher. The trick is to get as physically fit as possible and, eventually, the energy will return.”

I’m grateful my stroke wasn’t more serious but, no matter how hard I try, at the slightest twinge I find myself reliving the terror of that morning in Corfu. I may never know why I had a stroke, and have to believe it won’t happen again. I now try to take things a bit slower and recognise that I’m no longer Superwoman!

CUT YOUR RISK

CHECK BLOOD PRESSURE More than 60% of strokes occur due to high blood pressure, so one of the most important things you can do is have it checked regularly. Ideally, it should be lower than 140 over 85.

ADOPT A HEALTHY LIFESTYLE

Eating healthily, keeping weight down, exercising and cutting out smoking or drinking alcohol can all help to minimise stroke risk.

BE AWARE OF FAMILY HISTORY

Certain risk factors, such as a family history of stroke or being diabetic, can’t be changed. But, controlling diabetes well and living a healthy lifestyle can make a difference.

Recognise the signs

Professor Helen Rodgers of Manchester Royal Infirmary says a stroke is a “brain attack” and should be seen as an emergency.

+ Know the symptoms A stroke tends to happen very quickly, and any sudden onset of weakness, tingling or numbness affecting the face, arm or leg on one side of the body can be signs of a stroke. Slurred speech or difficulty finding words can also be a symptom.

+ Don’t delay If you think you have had a stroke and are able, ring 999 immediately. Clot-busting drugs are given intravenously, but are only effective if given within three hours of having a stroke, which is why it’s vital to go straight to hospital as soon as you can, if you or someone else has had a stroke.

+ Helping someone having a stroke Let them know you are there, and call 999 immediately. Their swallowing may be affected, so don’t give them anything to eat or drink until they have been assessed by the paramedics. For more information, see *The Stroke Association*; stroke.org.uk or differentstrokes.co.uk, a charity for younger stroke survivors. **w&h**

WOMEN AND STROKE: THE FACTS

+ Strokes account for 13 per cent of female deaths in the UK, and women are one and a half times more likely to die from stroke than men, according to The Stroke Association.

+ Ischaemic strokes account for 85 per cent of stroke cases, while the rest are caused by a burst blood vessel in the brain.

+ Women between the ages of 45 and 54 have a significantly higher

risk of having a stroke than men in the same age group.

+ As women reach the menopause, cholesterol and blood pressure tend to rise, as does the risk of stroke.

+ Suffering a transient ischaemic attack, sometimes known as a mini stroke, can be a precursor to a more serious full-blown stroke.

+ Atrial fibrillation, a type of irregular heartbeat, can increase risk.