7 Ways Women with Diabetes Can Prevent a Stroke

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Each year, 425,000 women in the U.S. have a stroke, a "brain attack" that occurs when a blood vessel that carries oxygen and nutrients to the brain is either blocked by a clot or bursts, which obstructs blood flow to the brain. Women outnumber men in the stroke department. According to the American Heart Association (AHA), 55,000 more women have a stroke than men each year and roughly 26,000 more women die from it.

In addition to gender, diabetes creates the vascular conditions ripe for stroke by making your arteries more likely to form artery-clogging plaque. Consequently, “women with diabetes have about four times the risk of stroke than women without diabetes,” says Cheryl Bushnell, M.D., associate professor of neurology at Wakeforest Baptist Medical Center in Winston-Salem, North Carolina and a co-author of the American Heart Association’s 2011 updated guidelines for the prevention of cardiovascular disease in women. Prevention is key. Here are seven ways you can reduce your risk of stroke to help you stay healthier and get the help you need should stroke strike.

SOURCES:
3 - Interview: Cheryl Bushnell, M.D., Associate professor of neurology, Wakeforest Baptist Medical Center.

1. Know your numbers.
You're probably already tracking your blood glucose. Ideally, your HbA1C should be less than 7 percent. But if you haven't had a check-up in a while, schedule one to get more facts: What's your blood pressure, total cholesterol, LDL "bad" cholesterol, HDL "good" cholesterol, triglycerides level, body mass index (BMI) and waist circumference?

How to do your numbers compare to the ideal?

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"Whether you have diabetes or not, high blood pressure is a major risk factor for stroke," says Aleksandra Pikula, M.D., assistant professor of neurology at Boston University School of Medicine and an investigator with the Framingham Heart Study. Your blood pressure is considered high when it's 140/90 or more; 120/80 or less is ideal.

According to the AHA, optimal total cholesterol is less than 200; optimal LDL is less than 100. If you've already had a stroke, your doctor may want to try to get your LDLs even lower, less than 70, with medication. Ideally, your HDL should be greater than 50 and your triglycerides, which are fat in the blood that are affected by insulin, should be less than 150. Finally, your body mass index should be less than 25 and your waist circumference should be less than 35 inches.

If your blood pressure is greater than 120/80, losing weight, exercising more, limiting alcohol, cutting down on sodium, and eating a diet rich in fruits, vegetables, and low-fat dairy products may help reduce it. If your blood pressure is 140/90 or more no matter what you do, your doctor may prescribe medication to lower it.

To keep close tabs on your numbers, "get a copy from your doctor of your lab" urges Dr. Bushnell. When you know where you stand, you're more likely to stay on your prevention program.

Be sure to talk with your healthcare provider about your ideal A1C, blood pressure, cholesterol, and BMI goals.

SOURCES:
3 - Interview: Aleksandra Pikula MD, assistant professor of neurology, Boston University School of Medicine, Investigator, The Framingham Heart Study.
4 - Interview: Cheryl Bushnell, M.D., Associate professor of neurology, Wakeforest Baptist Medical Center.

2. Stop smoking.
Smoking is a huge risk factor for stroke because it increases blood pressure and the tendency for blood to clot, both of which can set the stage. Women with diabetes who smoke and take oral contraceptives put themselves at even greater risk for stroke.
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To increase your chances of kicking the habit for good, talk to your doctor about smoking cessation aids that can reduce nicotine withdrawal, such as nicotine gum, patches, inhalers, lozenges, and sprays and nonnicotine medications such as Zyban or Wellbutrin (bupropion), or Chantix (varenicline).

"Using any one of these FDA-approved therapies for smoking cessation can double or triple your chances of success," says Douglas Jorenby, Ph.D., Director of Clinical Services at the Center for Tobacco Research and Intervention in Madison, Wisconsin. Get professional help too. Meet with a smoking-cessation counselor, join an online stop-smoking program, such as the American Cancer Society's Great American Smokeout or call the national tobacco quit line (800-784-8669) which is staffed with tobacco cessation specialists.

SOURCES:
1 - Interview, Douglas Jorenby, Ph.D., director of clinical services, University of Wisconsin, Center for Tobacco Research and Intervention.
2 - Interview, Lori Mosca, MD, MPH, PhD, director, New York-Presbyterian Hospital Preventive Cardiology Program, New York-Presbyterian Hospital/Columbia University Medical Center.

3. Exercise your options.
Exercise helps keep blood vessels healthy and ward off weight gain. Obesity is a major risk factor for all cardiovascular diseases, including stroke. To downsize your stroke risk, the AHA recommends getting at least 150 minutes each week of moderately intense exercise, such as brisk walking or 75 minutes of vigorous exercise, such as running, or a combination of the two. Before starting a new exercise regimen, run it by your healthcare provider first to make sure you can exercise safely. Interested in stepping it up? If you’re cleared to do so by your healthcare provider, go for it. If you feeling like walking briskly for 300 minutes or running for 150 minutes each week, it’s even better for your cardiovascular system. "With exercise, there’s a dose effect," says Dr. Bushnell. For a well-rounded fitness routine, work out with weights at least twice a week and focus on all major muscle groups (legs, hips, back, abdomen, chest, shoulders, and arms).

SOURCES:
1 - Interview: Cheryl Bushnell, M.D., Associate professor of neurology, Wakeforest Baptist Medical Center.

4. Eat to beat stroke.
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You're probably already watching your diet if you have diabetes. Keep up the good work. A healthy diet can also reduce your risk of stroke because what's good for diabetes control is also beneficial for the blood vessels that feed your brain and for your brain itself. So call it a food fight and stroke-proof your diet. In addition to limiting sweets and alcohol:

1. Make fruits, vegetables and whole grain and high-fiber foods like bran cereal, beans and berries the basis of your meals. Low-carb vegetables (such as broccoli and asparagus) should make up half of your plate. Include protein (such as chicken and fish), low carb fruits, whole grains, beans, and nuts to balance out your meals.

2. Eat fish twice a week, preferably fatty fish such as salmon. Fatty fish provides omega-3 fats, which help prevent stroke by decreasing blood clots, erratic heart rhythm, inflammation and triglycerides, while raising HDL cholesterol.

3. Limit salt to less than one teaspoon a day by limiting processed food, which is where the majority of the sodium comes from in the American diet. Instead, try using flavorful seasonings to enhance the taste of your favorite dish.

4. Cut out trans fats and limit butter, vegetable shortening, and lard in cooking. Suggestion: Choose lean meats and skinless poultry, keeping servings to about the size of your palm. How you prepare meals can also affect your cholesterol and blood pressure levels. Avoid fried foods. Opt for baked, boiled, broiled, grilled, barbecued, steamed, or sautéed foods. And watch portion sizes to control calories.

5. Talk to your doctor about drug therapy.
If you have diabetes as well as high blood pressure and high cholesterol (a common triad), your doctor may recommend blood pressure and cholesterol lowering drugs and aspirin therapy in addition to your medication regimen for diabetes control or any other conditions you may have. It can be overwhelming. According to the AHA, it's estimated that only 7 percent of people with cardiovascular disease take their medication as prescribed. Still, don't skip your medication no matter how good you feel. "I can't tell you how often I see patients who've had a stroke because they've stopped taking their medications for just two months," Dr. Bushnell says. It's a devastating consequence. Taking your medication correctly is more than a matter of being organized, though a pill box can help if you're on multiple drugs. "It's also about being motivated to want to thrive," says Margaret Moore, co-director of the Institute of Coaching at McLean Hospital in Boston and co-author of Organize Your Mind, Organize Your Life (Harlequin, 2012). To stoke your self-discipline, dig deep and focus on the bigger picture about why your health matters. Do you want to take care of yourself so you'll more likely be around to watch your grandkids grow up? So that you'll have more time to travel?

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So that you won't age as fast? "Vanity works for me," Moore says. If, on the other hand, affording medication is the issue, talk to your doctor. She is likely to know how you can get medication for free or at a discount. Programs are available. She may also be able to suggest medications that can be taken just once a day or recommend alternative drugs that are less expensive.

SOURCES:
1 - Interview: Cheryl Bushnell, M.D., Associate professor of neurology, Wakeforest Baptist Medical Center.
2 - Interview, Margaret Moore, CEO, Wellcoaches Corporation.

6. Don't ignore troubling symptoms.
A common one in women, especially those over 65, is atrial fibrillation -- an irregular rhythm that causes one of the heart's chambers not to beat properly. A clot can develop because of abnormal blood flow, causing a stroke. If you notice that your heart develops the tendency to occasionally beat rapidly then slow down, see your doctor. You might also experience other symptoms such as lightheadedness or difficulty breathing. A stroke from atrial fibrillation is preventable; blood-thinning drugs, such as aspirin or warfarin can help.

SOURCE:
1 - Interview, Lori Mosca, MD, MPH, PhD, director, New York-Presbyterian Hospital Preventive Cardiology Program, New York-Presbyterian Hospital/Columbia University Medical Center.

7. Know the signs and symptoms of stroke.
A stroke is a medical emergency. Brain cells starved of oxygen die and don't regenerate. Time lost is brain lost and can increase the chances of a poor outcome, so use this mnemonic to remember stroke symptoms and to act FAST:
F: Face
1. Sudden numbness or weakness of the face, especially on one side.
2. Sudden, severe unexplained headache.
3. Sudden trouble seeing in one or both eyes
A: Arm & Leg
1. Sudden numbness or weakness of the arm or leg, especially on one side.
2. Sudden trouble walking, dizziness, loss of balance, or coordination.
S: Speech
1. Sudden confusion, trouble speaking, or understanding.
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**T: Time**
1. Time is critical. If you think you or someone else is having a stroke, call 9-1-1. "These symptoms should persist for five minutes or more," says Dr. Bushnell. If they do, that's when you need to call 9-1-1. "Don't go back to sleep, hoping your symptoms will go away," she cautions. If you get to the hospital quickly, you're a candidate for clot-busting drugs and other techniques that can open up blood vessels, improving your chances for a full recovery.

**SOURCES:**
1 - Interview: Lori Mosca, MD, MPH, PhD, director, New York-Presbyterian Hospital Preventive Cardiology Program, New York-Presbyterian Hospital/Columbia University Medical Center.
3 - National Stroke Association.

Reviewed by Jason C. Baker, MD. 8/12. ‡