

Jessica Lee, MD

Strokes ... crucial symptoms to watch for, when you should seek treatment, and what's helpful during recovery

Q: CAN STROKES BE PREVENTED OR THE RISK MINIMIZED?

▶▶ **Dr. Lee:** Absolutely. Patients can prevent many strokes by being proactive in their primary preventive care. We know that other than age, which we can't control, hypertension is the single greatest modifiable risk factor. People should check their blood pressure regularly. A doctor should follow any readings consistently more than 140/90. Other conditions associated with increased risk are diabetes, high cholesterol, heart disease, and abnormal heart rhythm, to name a few. All are treatable conditions that, when adequately controlled, reduce the chance of stroke. Maintaining a healthy lifestyle is advisable, too.

Q: HOW IMPORTANT IS IT TO RECOGNIZE AND RESPOND QUICKLY TO A STROKE?

▶▶ **Dr. Lee:** It's critical. Because stroke doesn't typically hurt, many people delay seeking treatment, sometimes thinking they've slept wrong or have "overdone it." The most important thing to remember is "time is brain." As physicians, we have only a limited time—three to four and a half hours from the onset of symptoms—to safely give clot-busting drugs. Treatments to extract clots can be performed up to

six to eight hours after symptoms appear. UT Southwestern's University Hospital–St. Paul is a Joint Commission-certified Primary Stroke Center, which means we have all the pieces in place to care for stroke patients quickly and in accordance with current best practices. University Hospital–Zale Lipshy is a neurosciences specialty hospital. Common stroke symptoms are sudden onset of weakness or numbness on one side of the body; difficulty speaking or understanding what's being said to you; sudden loss of vision, double vision, or room-spinning vertigo; trouble with balance or coordination; or a sudden "worst headache of my life."

Q: HAVE THERE BEEN ADVANCEMENTS IN AFTER-STROKE CARE?

▶▶ **Dr. Lee:** We used to think most stroke recovery takes place in the first month to six weeks after stroke. We now know that recovery can continue for years, but the earlier you begin rehabilitative programs the better. At UT Southwestern, we consult therapy specialists from day one, and we're actively involved in clinical research studies. Three studies are looking at transcranial direct current stimulation, which delivers a small electric current to the brain, as a way to enhance motor and speech recovery after a stroke. Preliminary results are very encouraging.

Dr. Lee, Assistant Professor of Neurology and Neurotherapeutics, is Medical Director of the Acute Stroke Unit at UT Southwestern. She earned her medical degree from the University of Mississippi and completed fellowships in vascular neurology and neurosonology at UT Southwestern. To schedule an appointment with Dr. Lee, call 214-645-8300.

