

HEALTH MANAGEMENT INSIGHTS

Stroke

A stroke is a serious medical condition which results from the blood supply to part of the brain being cut off. It is life-threatening and must be treated urgently.

Brain cells begin to die as the oxygen supply is restricted, and this can affect how the body works — as well as how stroke sufferers think and feel.

Stroke can cause long-lasting problems and the sooner someone is seen, the less damage they are likely to experience.

One-in-four strokes in the UK happen to people of working age, but — with the right support and guidance — many people successfully return to work.

Key takeaways

- > Stroke is a serious medical condition which needs immediate treatment
- > It is caused by a restriction of blood supply to the brain
- > Ischaemic strokes and haemorrhagic strokes are the two main types experienced
- > A transient ischaemic attack (also known as a TIA or “mini stroke”) has similar, but shorter-lasting symptoms
- > Immediate treatment will involve medication and possibly surgery
- > Rehabilitation can cover psychological, cognitive, movement, communication and visual issues, among others
- > If you suspect that you or someone else is having a stroke, phone 999 immediately and ask for an ambulance
- > Many people can return to work after a stroke, but may require support and adjustments in the workplace in order to do so
- > An employee who has suffered from a stroke is likely to fall under the remit of equality/disability legislation
- > Access to Work can be a useful resource
- > A phased return on a gradual basis can support a return to work
- > A Safety risk assessment is recommended prior to any return to work, particularly for safety critical duties such as driving, working at height, operating machinery or lone work.
- > Occupational health can offer bespoke expert advice for individual cases

Symptoms and causes

Any part of the brain can be affected by a stroke, but the three main symptoms when one happens are:


- > One side of the face sagging, perhaps not being able to smile
- > Being unable to raise both arms, with one feeling weak or numb
- > Speech may be slurred or garbled, or person may be unable to talk

It's also possible that one complete side of the body may be paralysed, vision may be lost or become blurred, and sickness, dizziness or confusion may be experienced.

Other potential symptoms include difficulty swallowing, problems with balance, sudden and severe headache and loss of consciousness.

The symptoms of a transient ischaemic attack (TIA) or "mini stroke" are the same, but shorter lasting. Urgent attention is still essential.

The two main types of strokes are called ischaemic strokes and haemorrhagic strokes. They affect the brain differently and can be caused by different factors.

A photograph showing the lower bodies and arms of two people walking. The person on the left is wearing a purple long-sleeved top and grey leggings, and the person on the right is wearing a white short-sleeved top and dark leggings. Both are holding silver walking sticks. The background is a blurred blue and orange surface, possibly a gym or outdoor track.

Ischaemic strokes are the most common and are caused by a blood clot blocking the flow of blood and oxygen to the brain.

These clots tend to form where arteries have been narrowed or blocked over time by fatty deposits. Risk factors include smoking, high cholesterol, high blood pressure, diabetes, obesity and excessive drinking.

Haemorrhagic strokes are less common and happen when a blood vessel bursts and bleeds into and around the brain.

The main cause is high blood pressure, and risk factors include being overweight, smoking, drinking, lack of exercise and stress.

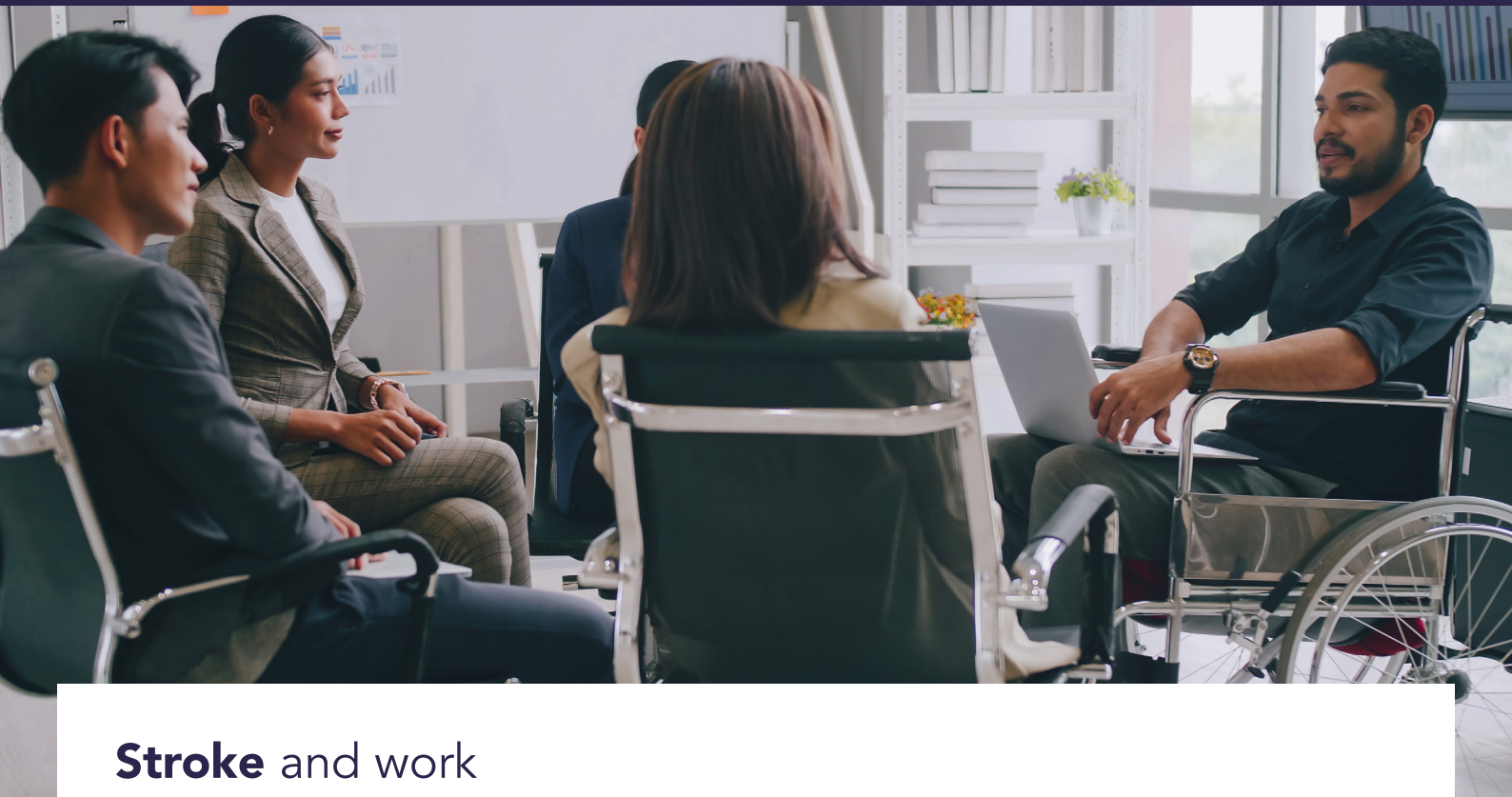
Treatment and recovery

Immediate treatment depends on the type of stroke suffered, and therefore whether it has been caused by a blood clot or a bleed on the brain.

Medicine is likely to be administered and, in some cases, an emergency operation is performed.

Some people recover swiftly, but others need long-term support to get back to living independently.

Support may be required from mental health staff, cognitive experts, physiotherapists, occupational therapists, speech and language therapists and from eye specialists.



Stroke and work

If your employee is absent after a stroke, stay in touch and plan together for their return if/when appropriate.

Ask them what would help them with their return and note their needs may change over time. Also, be sensitive to their right to privacy.

No two strokes are the same. Some people will have visible disabilities (such as problems walking), while others may have less-visible difficulties (such as problems with concentration).

Familiarise yourself with your organisation's policies for long-term illness and absence.

Fatigue is very common after a stroke and most people find a phased return — gradually building up their working hours — helps them get used to working again.

Let your employee work at a comfortable pace and take regular breaks during their workday.

Whether they can return to their previous hours depends on their individual needs, and on the support available.

Potentially helpful workplace adjustments include:

- > Changing duties and targets
- > Adapting processes
- > Arranging work shadowing or 'buddying up' with a colleague.
- > Adapting equipment or making other changes to the work environment
- > Working from a different location or from home
- > Changing working hours and working patterns

Issues your employee may experience include communication problems, cognitive difficulties, concentration or short-term memory problems.

Emotional changes are also common after a stroke, and you might consider providing access to counselling.

A safety risk assessment should be conducted for any duties they undertake, particularly safety critical duties such as operating machinery or driving.



The Government-funded Access to Work scheme can offer support with an initial workplace assessment and recommendations for additional support — such as adapted equipment, a one-to-one coach to building memory strategies or a support worker to assist with basic manual tasks. The scheme can also help with transport to work.

Occupational health can provide bespoke specialist advice to support an employee's return to work, and advice on recommended restrictions or adjustments to duties in the short, medium and long term.

Contact us to find out more



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healthmanagement.co.uk



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Useful resources

[NHS: Stroke](#)

[Stroke Association](#)

[Stroke Association: Guide for employers](#)

[Access to Work](#)