

Many younger adults are affected by stroke each year. Although the effects of stroke are the same in different age groups, younger people are likely to have different concerns about their family, their finances, and social and employment issues. This factsheet explains the causes and effects of stroke in younger adults, and outlines the help and support that is available.

Stroke is often thought to only affect older people. Yet every year in the UK, an estimated **150,000 people have a stroke, and a quarter of strokes occur in people aged under 65 years.**

A stroke occurs when the **blood supply to the brain** is disrupted, either because a blood clot causes a **blockage** (ischaemic stroke) or a blood vessel **bursts**, resulting in a bleed within or around the brain (haemorrhagic stroke). Because the brain depends on a constant supply of oxygen-rich blood, this leads to **death or damage to brain cells.**

The **majority** of strokes are **ischaemic**. Only around **20 per cent** of all strokes are **haemorrhagic**, but this type is much **more likely to affect younger adults**, often as a result of a **weakness** in part of the **vascular system**. For instance, a weakness in the wall of an artery – an **aneurysm** – can balloon out and burst, allowing blood to leak into the brain. **Arteriovenous malformations (AVMs)** develop when the structure of the arteries and veins is abnormal and **tangled**. These are **fragile**

and can easily **rupture**, leading to bleeding into the brain. **Untreated high blood pressure** contributes to this, as it weakens the walls of the arteries.

Your **doctor** will try to establish whether your stroke was ischaemic or haemorrhagic. This is important, because the type of stroke you had and its cause may affect the type of **treatment** you need and the **after care** you receive.

## Who is at risk?

**Anyone can have a stroke**, including babies and children. However, in adults the **risk factors** are much the same regardless of age, and include:

**Smoking:** This can affect blood clotting and also narrows the arteries, making it easier for blockages to occur.

**High blood pressure:** Though more common as you get older, this may affect younger people, for instance, if there is a family tendency to high blood pressure.

**Other medical conditions:** For example, **Type 2 diabetes, heart problems** or

**sickle cell disease** increase the risk because they affect the health of the vascular system.

**Ethnic background:** Asian and African-Caribbean people are at greater risk of a stroke. **African-Caribbeans** in particular tend to have a **first stroke** at a **younger age** than people from other ethnic groups. This may be because of a genetic inheritance or family history. Certain conditions such as high blood pressure, diabetes, sickle cell diseases are more common in these ethnic groups.

**Regular heavy drinking:** This can, over time, raise blood pressure and increase your risk of stroke. Binge drinking can also raise blood pressure to dangerously high levels.

**Recreational drugs:** Cocaine, amphetamines and ecstasy increase the risk of stroke, especially in people with AVMs.

**Combined oral contraceptive pills:** The Pill may make the blood more likely to clot, especially in women with other risk factors such as smoking, and may also raise blood pressure.

## What you can do

Although further strokes cannot always be prevented, the **risk** can often be **reduced**. It is important, therefore, to try to determine the **cause** of your stroke. Your **doctor** will be able to **advise** on the best way to reduce your individual risk. For example, if your stroke was due to **high blood pressure**, you may need regular **medication** to control

it. If your stroke was due to a **clot** or **blood-clotting problem**, you may need **medication** to help **thin the blood** and prevent further clots from developing. If you have another condition, such as **diabetes**, it is crucial to keep it well controlled.

Following a **healthy lifestyle** also helps to reduce your risk. This includes giving up **smoking**, losing any excess **weight**, taking **regular exercise** (if possible), reducing your **alcohol intake** and eating a **diet** low in saturated **fat** and **salt** and high in **fruit and vegetables**.

## The effects of stroke

Medically, the effects of **stroke** are the same whether you are **young or old**. However, in the younger person, they are less likely to be complicated by other diseases than they would be in someone who is older.

The **effects** can **vary enormously**, depending on the **area of the brain** that has been damaged and the **extent of the damage**. The most common effects include:

- **Paralysis**, weakness or numbness down one side
- **Communication difficulties** (problems with speech, reading, writing and comprehension)
- Difficulties with **mental processes**, such as learning, concentration and memory
- Other effects include **visual problems, tiredness, incontinence** and **swallowing difficulties**.

For **most**, these will be relatively minor and/or short-term, but some people will be left with more serious, **long-term disabilities**. Even though the physical after-effects of a stroke are usually the same regardless of age, the **practical implications** may result in different family, financial, social and employment concerns.

### Emotional impact

As with other long-term illnesses, it can **take time** for the full implications of a stroke to sink in. For example, you may feel **isolated** by your experience, especially as stroke is not common in younger people. If you need substantial care, you may feel that others have **taken control** of your life, and that you are **relying** on them to make decisions on your behalf.

Anyone who has a stroke may have a range of **emotional reactions**, including **depression**; **grieving** for the loss of their past life; feelings of **frustration** and **anger**; **fear** and **uncertainty** over the future; and **loss of confidence** and **self-esteem**. Please see factsheet 10, *Psychological effects of stroke*, for more information.

### What you can do

You may find it helpful to **talk** to someone who has been through a **similar situation**. In some areas, there are **groups** established specifically for younger stroke people, where you can share your experiences with others who have an understanding of your situation. Both **The Stroke Association** and **Different Strokes** can tell you if there is

a group in your area. (See the **Useful contacts** at the end of this factsheet.)

Don't be discouraged or disheartened by thoughts that you can't do things as well as you could before the stroke. **Start where you are with the skills you have now**. With practice and time, you can build on those skills and often **learn** another way round any problems.

If you cannot continue with exactly the same hobbies or leisure activities as before, **take up new ones**. The advantage of doing something new is that you won't be comparing how "good" you were at something with how you are now. Many people who have a stroke find they are able to **focus** on areas of their life they previously did not have time for, such as getting involved with **community projects** or **further education**.

### Employment

If you were employed, the early weeks following a stroke can be an **uncertain** time. Concern about whether you will be able to continue in your job, or about meeting financial obligations, can add to your worries. It is very **common** to get excessively **tired** after a stroke, even if you have made a good physical recovery. It is important **not to return to full-time work too soon**.

Returning to work, whether full or part time can play an important part in helping you get back to living as **independent** a life as possible. It can also help boost your **confidence** and **self esteem**. However,

returning to work is **not possible for everyone** and alternatives may have to be considered. You may want to consider becoming involved in activities such as **further education** or **volunteering**, which can be equally rewarding and satisfying.

### What you can do

There are a number of possibilities to consider. You could return to **your former employer**, doing your **old job** with some **adjustments** or doing a job more suited to your **current needs**. You could also find a job with a **new employer**, or **retrain** for a different type of work altogether.

Whatever you decide, take advantage of the **support, advice** and **practical help** that is available. See your **occupational therapist**, if you have one, to discuss what changes you might need to make to your work situation. Talk to someone from an organisation, such as the **Shaw Trust**, that specialises in helping people with disabilities and employment. You can also talk to a **Disability Employment Adviser (DEA)**, who is usually based at the local **Jobcentre Plus**. They can offer you help and advice on how to return to work – either to your old job or to a new one – as well as information on **programmes** aimed to help people with disabilities get back to work.

If you are unable to return to work, be sure to get advice on **benefits** – including housing benefit, council tax and mortgage interest – and find out what **financial assistance** you are entitled to. You can do this by checking with your local benefits office, by calling the **Benefits Enquiry Line (BEL)**, which offers free advice and information for

people with disabilities, or through your local **Citizen's Advice Bureau** (details in the local telephone directory).

### Family relationships

A stroke can be a **shock** to everyone and it affects the whole family. It is likely to **change** not only your life, but also that of your **partner** and **children** (if you have them) in many different ways. Your partner and other family members may be faced with **new roles** and **responsibilities**. You may feel **frustrated** if you are no longer able to participate in family life in the same way, while your **partner** or **other family members** may feel **overwhelmed** if they suddenly have to take over the tasks that you used to do.

The stroke may also make it **difficult to plan** for the future. If you have young children, there may be additional **emotional, practical** and **financial considerations**, especially if your partner takes over the role of **carer**.

### What you can do

It may help if you are encouraged to take on **responsibilities within the family** as soon as you are able. It is often easiest to do this in slow, increasingly **graduated steps**, so that you do not take on too much at once. If you are unable to fulfil your former role within the family, work together to find **new roles** and responsibilities that are manageable for you. This can help you regain your **confidence** and **self-esteem**. In the meantime, ask **social services** for help.

**Children** should be given a **clear explanation** of what has happened. It is important that children are **included** in what is going on – both parents should make every effort to continue to pay attention to **their needs and concerns**, as they will be worried too. It may help to get them **involved**, if possible, in taking over some of the day-to-day **responsibilities**. This can help them feel a part of the changed activities and help you **continue working together as a family**. Carer's centres in many areas give advice and support (see **Useful contacts**).

## Sex

Resuming your sex life may be as **important** a part of your recovery as relearning everyday skills such as walking and talking. There are a number of reasons why you may have **difficulties** with sex after stroke, including the **fear** it may cause another (which is very **unlikely**); **physical difficulties**; **emotional problems** resulting from the stroke; **depression**; **side effects of medication**; **lack of confidence** or **lowered self esteem**; and changed **self image**. However, there is no reason why you should not resume **sexual activity** as soon as you feel ready.

Stroke can affect the way you see yourself, and it may take time before you can view yourself as **sexually attractive** again. It may also be difficult for your partner, if they become your **primary carer** and help with personal care and hygiene, to feel sexual about you. They may see you differently – and vice versa – which can put you both off physical intimacy. If this is the case, investigate the possibility of hiring a **professional carer** or getting help

from **social services**, at least for some of the time.

## What you can do

If you feel that your problem is a **result** of your **medication**, discuss this with your **doctor**. Adjusting your medication may help and there are also specific treatments that may be useful. Regardless of the reasons, it is important you **discuss your feelings** with your partner. It **takes time** for both of you to recover from the impact of a stroke and while you want your partner to understand what you are experiencing, you also need to appreciate his or her feelings. There are **relationship counsellors and therapists** who can work with you separately and as a couple.

If you are not in a relationship, it can be more difficult to deal with the issue of sexual problems after stroke. Embarking on a **relationship** is hard enough for anyone, and this can be especially so if a stroke has affected your **confidence** or your image of yourself. As a result, you may feel unable to approach anyone new. **Relationship therapists and counsellors** work with **individuals** too, not just couples. They may be able to help you work out **strategies** to come to terms with some of your difficulties and help you find ways of **discussing** your situation with potential partners.

## Useful contacts

### **The Stroke Association's Service for People of Working Age with Stroke**

(formerly Young Stroke Service)

St Laurence Community Centre

37 Bromley Road

London SE6 2TS

Tel: 020 8697 1636

Email: [fjoseph@stroke.org.uk](mailto:fjoseph@stroke.org.uk)

A London-based scheme for stroke people of working age.

### **Different Strokes**

9 Canon Harnett Court,

Wolverton Mill,

Milton Keynes MK12 5NF

Tel: 0845 130 7172

Email: [info@differentstrokes.co.uk](mailto:info@differentstrokes.co.uk)

Website: [www.differentstrokes.co.uk](http://www.differentstrokes.co.uk)

Run by younger stroke survivors for younger stroke survivors. Provides information and support.

### **British Association for Counselling and Psychotherapy (BACP)**

15 St John's Business Park,

Lutterworth LE17 4HB

Tel: 0870 443 5252

Email: [information@bacp.co.uk](mailto:information@bacp.co.uk)

Website: [www.bacp.co.uk](http://www.bacp.co.uk)

A reference point for anyone seeking information on counselling and psychotherapy in the UK.

### **Carers UK**

20–25 Glasshouse Yard, London EC1A 4JT

Carers Line: 0808 808 7777

Email: [info@carersuk.org](mailto:info@carersuk.org)

Website: [www.carersuk.org](http://www.carersuk.org)

Carers UK is the voice of carers. Provides information on practical, financial and emotional support for carers.

### **Disabled Living Foundation**

380–384 Harrow Road, London W9 2HU

Tel: 0845 130 9177

Email: [info@dlf.org.uk](mailto:info@dlf.org.uk)

Website: [www.dlf.org.uk](http://www.dlf.org.uk)

The Disabled Living Foundation (DLF) is a national charity that provides free, impartial advice about all types of equipment to older and disabled people, their carers and families

### **RADAR**

12 City Forum, 250 City Road,

London EC1V 8AF

Tel: 020 7250 3222

Email: [radar@radar.org.uk](mailto:radar@radar.org.uk)

Website: [www.radar.org.uk](http://www.radar.org.uk)

RADAR is the UK's leading pan-disability charity representing over 10.8 million disabled people in the UK.

### **Relate**

Herbert Gray College, Little Church Street

Rugby, Warwickshire CV21 3AP

Tel: 0845 456 1310

Email: [enquiries@relate.org.uk](mailto:enquiries@relate.org.uk)

Website: [www.relate.org.uk](http://www.relate.org.uk)

Relate offers advice, relationship counselling, sex therapy, workshops, mediation, consultations and support face-to-face, by phone and through their website.

### **Shaw Trust**

Shaw House, Epsom Square

White Horse, Business Park

Trowbridge, Wiltshire BA14 0XJ

Tel: 01225 716 350

Email: [stir@shaw-trust.org.uk](mailto:stir@shaw-trust.org.uk)

Website: [www.shaw-trust.org.uk](http://www.shaw-trust.org.uk)  
Helps people with disabilities gain employment.

**The Princess Royal Trust for Carers**

142 Minories, London EC3N 1LB

Tel: 020 7480 7788

Website: [www.carers.org](http://www.carers.org)

The Trust supports a national network of Carers Centres where carers of all ages (including younger carers) can obtain advice, information and support.

Telephone the national office for details of your nearest centre.

**Benefits enquiry line (BEL): 0800 88 22 00**

Offers advice and information on all social security benefits, local authority benefits and disability-linked organisations

**Disability Service Team**

To see a Disability Employment Advisor phone or call in at your nearest Jobcentre, or you can visit:

[www.employmentservice.gov.uk](http://www.employmentservice.gov.uk)

**Employment Opportunities**

Crystal Gate, 3rd Floor,

28–30 Worship Street

London EC2A 2AH

Tel: 020 7448 5420

Email: [info@eopps.org](mailto:info@eopps.org)

Website: [www.opportunities.org.uk](http://www.opportunities.org.uk)

This charity offers a free service in England, Scotland and Wales to help those with disabilities find suitable employment.

**Disabled Parents Network**

81 Melton Road, West Bridgford,  
Nottingham NG2 8EN

Tel: 0870 241 0450

Email:

[e-help@disabledparentsnetwork.org.uk](mailto:e-help@disabledparentsnetwork.org.uk)

Website:

[www.disabledparentsnetwork.org.uk](http://www.disabledparentsnetwork.org.uk)

Provides information, advice, peer support and contact with other disabled parents throughout the UK.

**For further information, phone the Stroke Helpline on 0845 3033 100, email [info@stroke.org.uk](mailto:info@stroke.org.uk) or visit our website [www.stroke.org.uk](http://www.stroke.org.uk)**