Our Mission
The primary mission of the RTH Stroke Foundation is to prevent stroke. We do this in two ways:

- Conducting community education seminars and screenings
- Providing stroke survivors and their families with education and support

Our Vision
We are driven to eradicate strokes as much as is humanly possible and to improve the quality of life of stroke survivors by doing all we can to mitigate the after-effects of strokes.

What is a stroke?
Stroke is the 5th leading cause of death and the #1 cause of adult disability in the United States today, and approximately 800,000 people in the US suffer a stroke each year and another 400,000 suffer a transient ischemic attack (TIA). Stroke is also an enormous financial burden on the United States, as Americans paid about $74 billion in 2010 for stroke related medical costs and disability.

There are two types of stroke: ischemic and hemorrhagic. A hemorrhagic stroke happens when there is bleeding in the brain. The most common cause of a hemorrhagic stroke is high blood pressure, which can affect the blood vessels in the brain.

An ischemic stroke happens when a clot in the artery blocks blood flow to the brain. The clot can form over time from a build-up of fatty plaque, which causes narrowing of the arteries, or from a clot forming in the heart or a distant artery and traveling up to the brain. When either type of stroke happens, the brain cannot get the oxygen and nutrients it needs to survive.

Continued on page 4
Roxanna Todd Hodges is the founder of our Foundation. Roxanna passed away peacefully in 2011. If she would have known the warning signs and the risk factors, of stroke, things may have been very different for her. Roxanna suffered 3 major strokes, her understanding of the critical need for Stroke “brain attack” awareness and treatment advances led her to establish the Roxanna Todd Hodges Foundation. Her wish was to inform the public on Stroke Awareness. Today, the RTH Stroke Foundation provides free prevention screenings and seminars to local area hospitals, senior centers, and churches. Her last words spoken were: “Strike out Stroke”
**OUR SUPPORT GROUPS**

**South Orange County Stroke Support Group**
*Laguna Hills*
Held: 2nd & 4th Monday of each month
1:30pm - 3:00pm
RTH Foundation
23382 Mill Creek Dr.
Suite 130
Laguna Hills, CA 92653

**North Orange County Stroke Support Group**
*St. Jude Medical Center*
Held: 1st & 3rd Monday of each month
1:30pm - 3:00pm
Community Services
130 W. Bastanchury Rd.
Fullerton, CA 92835

**KECK Medicine of USC Stroke Support Group**
Held: 2nd Thursday of each month
1:30pm – 3:00pm
Keck Hospital
1500 San Pablo St.
3 North, Acute Room (3261A)
Los Angeles, CA 90033
*Please RSVP to:
Melody Sharifi at
(323) 442-0049 or
Melody.Sharifi@med.usc.edu
Refreshments served, Parking validated!

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**NEW Support Group at Los Alamitos Hospital***
Held: 1st & 3rd Friday of each month
1:00pm-2:30pm
*1st Friday - English speaking  *3rd Friday - Spanish speaking
Los Alamitos Medical Plaza
3851 Katella Ave., Education Room 1st Floor
Los Alamitos, CA 90720

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**Stroke Survivor Recovery Program**

**Our Goal**
Helping to support any stroke survivor along with their family, friends, and caregivers is the goal of the Stroke Survivor Recovery Program.

We are here to provide resources to help in the aide of stroke recovery for stroke survivors. The RTH Stroke Foundation’s SSRP team can help determine what care is best.

We are proud to offer you the services of a fully Licensed Vocational Nurse, Tiffany Hylland whose expertise is centered on post-stroke care. Our staff is committed to caring for each individual and their families during their transitional period. Our nurse is available to answer all your questions by phone, office visit or a personal visit to your home.

*If you or your loved one is in need of assistance following a stroke, please call the RTH Stroke Foundation at: 888-794-9466*
STROKE RISK FACTORS

There are many risk factors for stroke, some of which can be modified and others that cannot. Those that cannot be altered include age, family history, race, and sex. The risk of stroke doubles for each decade over 55, and women tend to have more strokes than men. Your stroke risk is higher if you have a first degree relative (mother, father, brother, sister) that has had a stroke, and there are many inherited conditions, such as those that lead to damage of the wall of blood vessels to those that predispose to the formation of blood clots, that can also increase your risk of stroke. While we can treat the effects of these factors, there is nothing we can do to modify the risk factors themselves.

However, there are also many risk factors that we can change. The most important risk factor to control is hypertension. 55-65% of men and 55-75% of women over 55 have hypertension, and studies indicate that the risk of stroke due to hypertension is 8 times that of those without hypertension. It has been estimated that you can reduce your risk of stroke by about 33% when you effectively treat hypertension. One study estimated that we could reduce the number of strokes by over 360,000 by effectively controlling hypertension. Another important modifiable risk factor is cigarette smoking. The risk of ischemic stroke is doubled for smokers, and tripled for certain types of brain hemorrhages. Studies show that your risk is cut in half after one year of smoking cessation, and approximately back to that of a non-smoker after 5 years. Another important and common risk factor is a heart rhythm irregularity, especially atrial fibrillation. Patients with atrial fibrillation have a 2.5-4 fold increase in stroke risk, but that risk can be reduced by 64% with appropriate treatment, including the use of anticoagulant medications such as Coumadin. Elevated lipid levels and poorly controlled diabetes also contribute to the risk of stroke, but aggressive control of these diseases can also help reduce your risk of stroke. There are other modifiable risk factors, such as carotid artery narrowing, obesity, and alcohol use that, when addressed, can also reduce your risk of stroke.

It is extremely important to know your risk factors and to work with your doctors to aggressively treat them. In addition to medications, your doctor can also work with you to change your diet and guide other lifestyle changes, including exercise, to help you reduce your risk of stroke. One study stated that 80% of strokes can be prevented, but you need good communication with your health care provider and aggressive treatment of your risk factors.

Dr. Matt Tenser, Interventionalist, KECK Medical Center of USC

RISK FACTORS I CAN CHANGE

What risk factors can I change or treat?

- **High blood pressure.** This is the single most important risk factor for stroke because it’s the No. 1 cause of stroke. Know your blood pressure and have it checked at least once every two years. Normal blood pressure is below 120/80. If it’s consistently 140/90 or above, it’s too high. Talk to your doctor about how to manage it.

- **Tobacco use.** Tobacco use damages blood vessels. This can lead to blockages within those blood vessels, causing a stroke. Don’t smoke and avoid second-hand smoke.

- **Diabetes.** Having diabetes increases your risk of stroke because it can cause disease of blood vessels in the brain. Work with your doctor to manage diabetes.

- **High cholesterol.** High cholesterol increases the risk of blocked arteries. If an artery leading to the brain becomes blocked, a stroke can result.

- **Physical inactivity and obesity.** Being inactive, obese, or both, can increase your risk of cardiovascular disease.

- **Carotid or other artery disease.** The carotid arteries in your neck supply most of the blood to your brain. A carotid artery damaged by a fatty buildup of plaque inside the artery wall may become blocked by a blood clot. This causes a stroke.

- **Transient ischemic attacks (TIAs).** Recognizing and treating TIAs can reduce the risk of a major stroke. TIAs produce stroke-like symptoms but most have no lasting effects. Know the warning signs of a TIA and seek emergency medical treatment immediately.

- **Atrial fibrillation (AFib) or other heart disease.** In AFib the heart’s upper chambers quiver (like a bowl of gelatin) rather than beating in an organized, rhythmic way. This causes the blood to pool and clot, increasing the risk of stroke. AFib increases risk of stroke five times. People with other types of heart disease have a higher risk of stroke, too.

- **Certain blood disorders.** A high red blood cell count makes clots more likely, raising the risk of stroke. Sickle cell anemia increases stroke risk because the “sickled” cells stick to blood vessel walls and may block arteries.

- **Excessive alcohol intake.** Drinking an average of more than one drink per day for women or more than two drinks a day for men can raise blood pressure. Binge drinking can lead to stroke.

- **Illegal drug use.** Intravenous drug use carries a high stroke risk. Cocaine use also has been linked to stroke. Illegal drugs commonly cause hemorrhagic strokes.

American Heart & Stroke Association