Stroke Recovery News

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This salt alternative could help reduce blood pressure. So why are so few people using it?

Xiaoyue Xu (Luna), Alta Schutte, Bruce Neal, The Conversation

One in three Australian adults has high blood pressure (hypertension). Excess salt (sodium) increases the risk of high blood pressure so everyone with hypertension is advised to reduce salt in their diet.

But despite decades of strong recommendations we have failed to get Australians to cut their intake. It's hard for people to change the way they cook, season their food differently, pick low-salt foods off the supermarket shelves and accept a less salty taste.

Now there is a simple and effective solution: potassium-enriched salt. It can be used just like regular salt and most people don't notice any important difference in taste.

Switching to potassium-enriched salt is feasible in a way that cutting salt intake is not. Our new research concludes clinical guidelines for hypertension should give patients clear recommendations to switch.

What is potassium-enriched salt?

Potassium-enriched salts replace some of the sodium chloride that makes up regular salt with potassium chloride. They're also called low-sodium salt, potassium salt, heart salt, mineral salt, or sodium-reduced salt.
Potassium chloride looks the same as sodium chloride and tastes very similar.

Potassium-enriched salt works to lower blood pressure not only because it reduces sodium intake but also because it increases potassium intake. Insufficient potassium, which mostly comes from fruit and vegetables, is another big cause of high blood pressure.

What is the evidence?

We have strong evidence from a randomised trial of 20,995 people that switching to potassium-enriched salt lowers blood pressure and reduces the risks of stroke, heart attacks and early death. The participants had a history of stroke or were 60 years of age or older and had high blood pressure.

STROKE RECOVERY ASSOCIATION NSW

1300 650 594

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Salt Alternative cont.

An overview of 21 other studies suggests much of the world's population could benefit from potassium-enriched salt.

The World Health Organisation's 2023 global report on hypertension highlighted potassium-enriched salt as an "affordable strategy" to reduce blood pressure and prevent cardiovascular events such as strokes.

What should clinical guidelines say?

We teamed up with researchers from the United States, Australia, Japan, South Africa and India to review 32 clinical guidelines for managing high blood pressure across the world. Our findings are published today in the American Heart Association's journal, Hypertension.

We found current guidelines don't give clear and consistent advice on using potassium-enriched salt.
While many guidelines recommend increasing dietary potassium intake, and all refer to reducing sodium intake, only two guidelines – the Chinese and European – recommend using potassium-enriched salt.
To help guidelines reflect the latest evidence, we suggested specific wording which could be adopted in Australia and around the world:

> ***Strong recommendation for patients with hypertension*** *– Potassium-enriched salt with a composition of approximately 75% sodium chloride and 25% potassium chloride should be recommended to all patients with hypertension, unless they have advanced kidney disease, are using a potassium supplement, are using a potassium sparing diuretic or have another contra-indication.*
>
> ***Conditional recommendation for the general population*** *– If you have to add salt to foods, potassium-enriched salt with a composition of approximately 75% sodium chloride and 25% potassium chloride can be recommended for use by the general population in settings where there is a low likelihood that people with advanced kidney disease (stage 4-5) will be undiagnosed by the health system and contraindications to use can be printed on product packaging.*

Why do so few people use it?

Most people are unaware of how much salt they eat or the health issues it can cause. Few people know a simple switch to potassium-enriched salt can help lower blood pressure and reduce the risk of a stroke and heart disease.

Limited availability is another challenge. Several Australian retailers stock potassium-enriched salt but there is usually only one brand available, and it is often on the bottom shelf or in a special food aisle.
Potassium-enriched salts also cost more than regular salt, though it's still low cost compared to most other foods, and not as expensive as many fancy salts now available.

A 2021 review found potassium-enriched salts were marketed in only 47 countries and those were mostly high-income countries. Prices ranged from the same as regular salt to almost 15 times greater.
Even though generally more expensive, potassium-enriched salt has the potential to be highly cost effective for disease prevention.

Salt Alternative cont.

Preventing harm

A frequently raised concern about using potassium-enriched salt is the risk of high blood potassium levels (hyperkalemia) in the approximately 2% of the population with serious kidney disease.
People with serious kidney disease are already advised to avoid regular salt and to avoid foods high in potassium.

No harm from potassium-enriched salt has been recorded in any trial done to date, but all studies were done in a clinical setting with specific guidance for people with kidney disease.

Our current priority is to get people being managed for hypertension to use potassium-enriched salt because health-care providers can advise against its use in people at risk of hyperkalemia.

In some countries, potassium-enriched salt is recommended to the entire community because the potential benefits are so large. A modelling study showed almost half a million strokes and heart attacks would be averted every year in China if the population switched to potassium-enriched salt.

What will happen next?

In 2022, the health minister launched the National Hypertension Taskforce, which aims to improve blood pressure control rates from 32% to 70% by 2030 in Australia.

Potassium-enriched salt can play a key role in achieving this. We are working with the taskforce to update Australian hypertension management guidelines, and to promote the new guidelines to health professionals.

In parallel, we need potassium-enriched salt to be more accessible. We are engaging stakeholders to increase the availability of these products nationwide.

The world has already changed its salt supply once: from regular salt to iodised salt. Iodisation efforts began in the 1920s and took the best part of 100 years to achieve traction.

Salt iodisation is a key public health achievement of the last century preventing goitre (a condition where your thyroid gland grows larger) and enhancing educational outcomes for millions of the poorest children in the world, as iodine is essential for normal growth and brain development.

The next switch to iodised and potassium-enriched salt offers at least the same potential for global health gains. But we need to make it happen in a fraction of the time.

Driving After Stroke

Driving is an important part of many people's lives. When a person is no longer able to drive, it can greatly affect the individual's life. Work, social activities and daily movement in the community can all be affected. Often, people who have had a Stroke wish to resume driving. It is an important step in re-establishing independence in daily activities.

Driving is a complex task requiring the integration of visual, mental and physical capacities. After a Stroke, one's ability to drive safely can be impaired. Physical weakness, altered sensation, reduced speed in responding to information, problems with memory and concentration, damage to vision, reduced reaction time, difficulties with reading, and other consequences of a Stroke will affect driving ability.

Many people will be able to safely return to driving following a Stroke. However, considering the seriousness of the decision to resume driving, an assessment may be required to make sure the person who had a Stroke is able to drive safely. Someone who would be putting themselves or other road-users at risk if they continued to drive, will not be able to resume driving. According to the Austroads Draft Guidelines (May 2021), you should not drive for at least 1 month after a Stroke, and returning to driving depends upon your doctor's assessment. This is to allow time to recover from the Stroke and for your condition to stabilise. Some people may require a longer period and specialist assessment before they resume driving. Others may require further driving training and to undertake a further driving assessment test with the relevant government authority prior to being reissued with their license.

What you should do before resuming driving

When you feel you are ready to resume driving you should:

- Consult your rehabilitation specialist or local doctor and be guided by their advice. A medical report for driving needs to be completed and sent to the Roads and Maritime Services at your local Service NSW office.
- When making the assessment, the doctor will consider the stability of your condition and any likelihood of reoccurrence
- Inform the RMS (Roads & Maritime Services) of your medical condition.
- Inform your insurance company of your medical condition to ensure that you are adequately covered in case of an accident.
- You may require a review by an eye specialist to assess any visual damage resulting from the Stroke.

If you have any problems in function following the Stroke, it is recommended that you undergo an assessment by an occupational therapist trained in driver assessment and rehabilitation. A clinical examination by your doctor may not detect subtle problems which could affect your ability to drive. The driving assessment is not free but will include an off-road assessment and an on-road driving assessment. Following the assessment, a report is written giving recommendations as to your fitness to drive and a rehabilitation plan for driving, if appropriate.

Rehabilitation

If the assessor recommends rehabilitation, this may include:

- Advice about appropriate vehicle modifications.
- A program of lessons to enable you to develop driving skills and regain confidence in driving.
- Referral to other health professionals (e.g. ophthalmologist, psychologist).

Cancellation of your license

Cancellation or suspension of your license may occur if the deficits caused by your Stroke make driving dangerous for you and or other road users. This can be reviewed if your function improves. If you are not satisfied with the outcome of your assessment, you have the right to seek a second opinion and you can appeal to the local court. If you wish to have a driving assessment, please contact OT Australia NSW to obtain a list of service providers.

Acknowledgements:
Australian Brain Foundation (Victoria) Ltd. Pamphlet for driving after a Stroke. Neurocare Australia.
AUSTROADS (Draft Guidelines 2021) 3rd Edition. Assessing fitness to drive: Guidelines and Standards for Health Professionals in Australia. Austroads INC: Sydney.

Driving cont.

Using Electric Vehicles (EV) after Stroke

Across Australia, there are currently over 445,000 people who are living with the effects of a Stroke. Experiencing a Stroke is a life changing event, and you'll likely have to adapt to new ways of doing many different things. Particularly if you're eager to maintain your independence, one area you may have to address is your car and the way you drive. Getting back on the road can be a daunting prospect, and you'll want to ensure you've taken every possible precaution to make sure that you can continue to get around safely.

By now you'll be familiar with the eco benefits that come with driving an electric vehicle (EV). They have gained popularity in recent years as a green vehicle alternative, as the world tries to reduce the effect of climate change. But did you know that they can also offer plenty of additional benefits for drivers who have experienced a Stroke? In this article, the potential impacts that Stroke can have on your driving ability and the potential advantages that an EV could offer you are discussed.

How can a Stroke affect driving ability?

As with any medical issue, there is likely to be varying levels of severity between Stroke survivors, meaning people will be affected in different ways. However, there are a few typical effects of Stroke that can impact a person's ability to get back behind the wheel. One of the most prevalent is pain and weakness in arms and/or legs, which can make driving a standard car more uncomfortable.

Eyesight is also often affected by a Stroke, and people may experience double or blurred vision. They might also find that their cognitive abilities have been negatively impacted, which can affect many different aspects of their ability to drive safely. These include making quick decisions, navigation and concentration.

As such, it's crucial that you take the time to understand how the effects of a Stroke may influence your driving, allowing you to make informed decisions around how to best keep yourself and other road users safe.

Benefits of an EV post-Stroke

There are many different features that come as standard in the majority of electric vehicles that can each offer their own advantages to drivers who have experienced a Stroke. Here are some of the assistive features that can create a smoother, more comfortable driving experience:

- Automatic gears - Particularly for drivers who commonly experience pain in their arm(s), having automatic gears as standard will make it easier to get behind the wheel, particularly over prolonged journeys.
- Having one less thing to worry about (changing gears) can give drivers more freedom to concentrate on other aspects of driving, such as speed control or their position on the road.
- Spacious interior - With internal combustion engines being replaced by electric motors, EVs are typically far more spacious, allowing for a more comfortable ride for both the driver and their passengers. A Stroke can affect mobility, making it difficult to get in and out of a car. As such, the additional space inside an EV could help to make this process easier, and improve comfort throughout your journey.
- Compatible with assistive modifications - After doing some research, you may find that the safest way to get back behind the wheel is by making use of some assistive technologies. There are many different modifications that can be made to EVs to support drivers, such as hand controls and steering aids. Check out all of the available options and you'll be sure to have the reassurance that you're fully equipped to drive safely once again.

Accessible adaptions for EVs

EVs are capable of being fitted with a number of adaptations to make them more accessible to drivers. Here are some of the best options that can be added to your vehicle:

- Hand controls - Introducing something like a push or pull device to help with accelerating and braking can be useful for drivers who aren't able to freely use the lower half of their body.
- Pedal modifications - If you still want to use pedals as they are traditionally intended, you can extend them to reach up to your feet. This makes driving more comfortable and simple for those who cannot reach them at the standard distance.
- Electronic accelerators - For those who aren't able to freely use pedals when driving, but also lack the strength to use a push and pull lever, there are a series of electronic accelerators available. Each of these will come with a hand-operated brake device. These can be placed throughout different areas of your vehicle:
  - Trigger accelerator – pull this forward to accelerate and push away to brake.
  - Over ring accelerator – placed on the steering wheel, pushing down to accelerate.
  - Under ring accelerator – put behind the wheel, with speed controlled by you pulling it towards the wheel.
  - Ghost ring accelerator – fitted behind the wheel, with a driver controlling speed by moving it from side-to-side.

This article was developed and provided by Auto Traders (https://www.autotrader.co.uk/cars/electric/ev-drivers-with-disabilities/)

Notice of Annual General Meeting 2024

Notice of Meeting

The 2024 Annual General Meeting of the Stroke Recovery Association NSW will be held on

FRIDAY 1 NOVEMBER 2024

at Woonona - Bulli RSL

(455-459 Princes Hwy, Woonona NSW, 2517).

Commencing at

10:30 am for a morning tea,

followed by an 11:00 am start.

At the conclusion of the meeting, a light luncheon will be served.

RSVP to the Association on 1300 650 594 or admin@strokensw.org.au by **18th October 2024.**

Further details about the meeting and voting will be sent out to all members mid-September 2024.

STROKE AWARENESS WEEK EVENTS

2ND - 8TH SEPTEMBER 2024

MONDAY
2

LAUNCH MORNING TEA

Time: 11.00am
Where: Zoom

TUESDAY
3

SYDNEY BRIDGE CENTRE (NSW BRIDGE ASSOCIATION)- STROKE AWARENESS CHARITY DAY

Time: 5.00pm
Where: Level 1/162 Goulburn St, Surry Hills

WEDNESDAY
4

CREATING CONNECTIONS STROKE CONFERENCE

Time: 9.30 am - 3.30 pm
Where: Club Burwood RSL (96 Shaftsbury Rd, Burwood)

THURSDAY
5

LAKE MACQUARIE OVER 55'S HUB

Time: 10.00 am - 12.30 pm
Where: The Land Care and sustainability Living Centre (80 Toronto Road, Booragul)

FRIDAY
6

STROKE WALK

Time: 11.00 am - 2.00 pm
Where: Royal Rehab Private Ryde (235 Morrison Rd, Putney)

STROKE RECOVERY ASSOCIATION NSW

CREATING CONNECTIONS STROKE CONFERENCE

Sydney Local Health District & the Stroke Recovery Association are delighted to invite Stroke survivors, carers, families & health professionals to attend the annual Creating Connections Stroke Conference.

Date: Wednesday 4th September 2024

Time: 9.30am - 3.30pm

Location: Club Burwood RSL (96 Shaftesbury Road, Burwood)

Cost: $15 per member or student

$30 for health professionals and non-members

RSVP: admin@strokensw.org.au or call 1300 650 594

THE CONFERENCE WILL BE LIVESTREAMED FREE OF CHARGE. TO REGISTER FOR THE LIVESTREAM SCAN THE QR CODE.

SCAN

Creating Connections Stroke Conference

WEDNESDAY 4TH SEPTEMBER 2024

Club Burwood RSL (96 Shaftesbury Road, Burwood)

10.00 am	**Welcome and Introduction** *John Garbutt, President, Stroke Recovery Association*
10.15 am	**Assisted Dying – what are the new laws and what are the implications in Stroke** *Kylie Tastula, Nurse Practitioner, RPA*
11.00 am	**Are your Affairs in Order – Wills, Power of Attorney and Guardianship** *Laurel Robinson, Lawyer, Sydney Inner West Stroke Recovery Club*
11.45 am	**The Power of Singing** *Stroke Choir Performances (Pre-recorded)*
12.00 pm	**LUNCH**
1.00 pm	**Building Positive Relationships Post Stroke Panel Discussion** *Various Stroke Survivors and Carers*
1.45 pm	**Sexuality After Stroke** *Sandra Lever, Graythwaite Rehabilitation Centre*
2.20 pm	**Physical Fitness and Falls Prevention** *Bosiljka Vukovic, Royal Rehab*
2.55 pm	**Mental Fitness Post Stroke** *Lara Fernandez, Royal Rehab*
3.30 pm	**Thank you and close** *Michelle Sharkey OAM, Chief Executive Officer, Stroke Recovery Association.*

JOIN THE LIVESTREAM ONLINE BY SCANNING THE QR CODE TO REGISTER

To attend **in person** or for more information, contact the Stroke Recovery Association NSW on **1300 650 594** or **admin@strokensw.org.au**

Research Opportunity

Measuring Arm and Hand Improvements: What Matters Most to Stroke Survivors?

What is it?

The researcher are seeking feedback and opinions from stroke survivors and their families on the way clinicians and researchers measure arm and hand recovery and improvements after stroke. The research study aims to identify appropriate outcome measures used with adults after stroke to determine how best to measure improvements in the hand and arm that are meaningful to inform rehabilitation and also acceptable and helpful to stroke survivors.

What involvement is required?

Participants (stroke survivors and their families) will be asked to complete an online survey. The survey will take approximately 10 minutes to complete.

The online survey about what arm measures matter is open for consumers and families to identify key priorities.

For more information or to get involved please contact Dr Lauren Christie on **8382 2403** or **lauren.christie@svha.org.au**

The feasibility and therapeutic utility of a 12-week telehealth delivered environmental enrichment program for young stroke survivors experiencing cognitive impairment.

What is it?

This research project, which is part of the Systematic Profiling in Neurological Conditions (SPIN) Research Program, aims to evaluate the feasibility and therapeutic effects of environmental enrichment compared to lifestyle guidance, on cognition, activities of daily living and quality of life in young stroke survivors (aged 18-65) at least three months post stroke.

What involvement is required?

You will be randomly assigned to receive an intervention of either environmental enrichment or lifestyle guidance. Both interventions will run for twelve weeks. If you are randomised to the lifestyle guidance group you will receive guidance on physical activity, sleep health, eating healthy and cognitively enhancing activities.

If you are randomised to the environmental enrichment program, you will be provided with a specialised environmental enrichment program designed to improve your health, particularly your cognition, activities of daily living and quality of life.

If you have any questions or for more information about this project, please contact: Dr Travis Cruickshank on **6304 3416** or **t.cruickshank@ecu.edu.au** or Mr Mitchell Turner on **6304 3416** or **mitchel.turner@ecu.edu.au**

Research Opportunity

Exploring how clinicians delivering community-based rehabilitation exercise programs assess individuals with neurological conditions.

UTS UNIVERSITY OF TECHNOLOGY SYDNEY

What is it?

Continuous rehabilitation and access to exercise programs after discharge from acute or subacute hospital rehabilitation are crucial for prolonged function and health after a neurological condition. However, many people are ineligible for further rehabilitation or are discharged to outpatient rehabilitation with little options. Community-based programs allow patients to continue to achieve functional and health benefits from exercise and are easier to access than hospital-based outpatient programs. As patients quickly loose therapeutic support, this is a potential avenue to continue to work towards achieving their goals.

What is involved?

If you decide to participate, you will be asked to join a focus group discussion. Each group discussion will consist of 5 to 8 clinicians. The focus group discussion will be held via Zoom and will be video recorded. The focus group discussion may take up to 1.5 hours.

Who can participate?

You have been invited to participate in this study because you are a clinician working with people with neurological conditions at a community-based rehabilitation or exercise centre. Your contact details were obtained from your clinic manager/leader.

If you have questions or to get involved with the research please contact Dr Camila Quel De Oliveria, at **camila.queldeoliveira@uts.edu.au**

Patient preferences in the delivery of constraint-induced movement therapy (CIMT) programs for upper limb recovery after Stroke

NSW GOVERNMENT Health South Western Sydney Local Health District

What is it?

Constraint Induced Movement Therapy (CIMT) is an effective treatment for arm recovery following Stroke and is a strongly recommended intervention in the Australian National Stroke Guidelines, routine delivery remains poor. There has been limited research exploring the acceptability of CIMT from a Stroke survivor's perspective. We will investigate patient preferences for arm rehabilitation post Stroke using a discrete choice experiment. The findings from the study will then be able to inform the development of models of upper limb rehabilitation that meet patient preferences and maximise opportunities for uptake and adherence.

What involvement is required by each participant?

Each participant will complete an online survey which takes about 30 minutes. They will be asked about their Stroke and experience in arm therapy as well as some general questions. They will then be asked to choose between different types of hypothetical arm therapy programs.

Who can get involved?

- Experienced a Stroke in the last 10 years
- Had some change in function to your arm from your Stroke

For more information please contact: Dr Lauren Christie on **lauren.christie@svha.org.au** or **8382 4023**

STROKE RECOVERY ASSOCIATION NSW

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MEMORIAL DONATIONS

The passing of a family member, friend or loved one is a very sad and stressful time. Sometimes, symbolic gestures and actions provide great comfort to those who are grieving.

It is with gratitude that the Stroke Recovery Association receives donations in memoriam. These donations, which assist us to continue our valuable work, are a wonderful remembrance of the person who has passed away. All donations received by the Association are tax deductible and can be forwarded to our postal address above. Acknowledgement will be sent to the family of the deceased.

The Association is happy to provide memorial donation pamphlets, which can be made available at a funeral service, with pre-paid addressed envelopes. Thank you for your support.

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