Cognitive rehabilitation

There's less consensus about the value of cognitive rehabilitation, which addresses stroke-induced deficits in thinking, learning, attention, and memory. It may involve memory drills, problem-solving practice, and work with puzzles to improve visual-spatial deficits. It may also help by simplifying routines, cutting down distractions, or supplying a visual or written list of steps that go into a task. There is little solid research on the effectiveness of these approaches.

Stimulants such as methylphenidate (Ritalin) or modafinil (Provigil) are sometimes used to improve attention or relieve depression. More often, stroke-related depression is treated with selective serotonin reuptake inhibitors, such as sertraline (Zoloft) or paroxetine (Paxil). Stroke survivors may be depressed because of the impairment caused by the stroke, as a response to having a brain injury, or both. If depression is a problem, find out if a mental health professional is affiliated with your rehabilitation program. Support from friends and family is always important during stroke recovery and rehabilitation, but especially so when the patient is depressed.

Selected resources

American Academy of Physical Medicine and Rehabilitation
312-464-9700
www.aapmr.org

American Speech-Language-Hearing Association
800-638-8255 (toll free)
www.asha.org

American Stroke Association National Center
888-478-7653 (toll free)
www.strokeassociation.org

National Aphasia Association
800-922-4622 (toll free)
www.aphasia.org

Extending the therapeutic window

People recovering from a stroke make their greatest gains in the first three to six months. That's one reason it's essential to advocate—for yourself or a loved one—for early evaluation and rehabilitation. At the same time, research suggests that improvements may occur for many months and even years beyond this window.

Stem cells, growth factors, and other agents that could help in rebuilding injured areas of the brain are being investigated. Such developments are likely to be years away, but many smaller advances that can make a tremendous difference in a stroke survivor's life—such as stronger and better-coordinated hand movements, a more natural walk, or more comprehensible speech—are available today.

IN BRIEF

New way to test triglycerides helps reveal women's heart risk

When clinicians test your blood level of lipids to assess cardiovascular risk, they usually draw the blood after an overnight fast. New research suggests that it may be better to do the test after a meal. Two long-term studies published in the July 18, 2007, *Journal of the American Medical Association* (JAMA) show an association between elevated *non*fasting triglycerides and later cardiovascular problems such as heart attack, stroke, and cardiac death—especially in women.

One study followed almost 14,000 Danish residents for an average of 26 years and found that women with the highest nonfasting triglyceride levels were five times more likely to die from a heart attack or other cardiac event than women with the lowest levels. (Men with the highest levels had only twice the risk of those with the lowest levels.) The second study, conducted by Harvard researchers and involving more than 25,000 women, found that nonfasting triglyceride levels predicted heart attacks and other cardiovascular problems even independently of other risk factors, including smoking, blood pressure, cholesterol, and markers of insulin resistance. Fasting triglyceride levels showed little independent association with cardiovascular events.

According to current guidelines, blood for a lipid profile—which measures total cholesterol, "bad" LDL cholesterol, "good" HDL cholesterol, and triglycerides—should be taken after eight to 12 hours without food or drink (except water). However, aside from being away from food overnight, people aren't normally in a fasting state.

The function of triglycerides is to help move and store fat. After a meal, blood levels rise, and the triglycerides are processed into triglyceride-rich lipoproteins (TRL). One kind of TRL, called remnant lipoproteins, is small enough to lodge in the lining of artery walls, and researchers speculate that these molecules can accumulate and promote atherosclerosis (narrowing of the arteries). Triglycerides that remain elevated after a meal may reflect metabolic problems that raise the risk of cardiovascular ills.

Triglycerides haven't gotten as much attention as cholesterol, partly because the associated cardiovascular risk often diminishes when other factors are taken into account. But there has long been evidence that at least for certain groups, especially postmenopausal women, triglycerides are an independent cardiovascular risk factor. The studies in *JAMA* aren't conclusive, but they clearly suggest the need for more research to clarify the role of postprandial (after a meal) triglycerides in assessing cardiovascular risk.

For now, the most important point is that high triglycerides, like other unfavorable lipid levels, should be treated aggressively through lifestyle changes and possibly with medication. According to the American Heart Association's guidelines on preventing heart disease and stroke, healthy women should aim to keep total fasting cholesterol below 200 milligrams per deciliter (mg/dL); HDL cholesterol above 50 mg/dL; LDL cholesterol below 100 mg/dL; and triglycerides below 150 mg/dL. For a list of ways to improve triglyceride levels, visit www.health.harvard.edu/women.

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