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Stroke
association

A complete guide to

Cognitive problems after stroke



A stroke can affect the way your brain understands, organises and stores information. This is known as cognition.

This guide explains the different ways a stroke can affect your cognition, the kinds of problems this can cause and what you can do about them.

It's aimed at people who have had a stroke but there is information for family and friends as well.

We have information on all aspects of stroke.

If you have a question that is not answered in this guide visit **stroke.org.uk** or call our Stroke Helpline on **0303 3033 100**.

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Why has my cognition been affected?

Every second you receive a huge amount of information from the world around you, which your brain has to understand, organise and keep. This is called **cognition**.

If your cognition is affected, then you could find it difficult to concentrate or remember certain things. You may also find it difficult to work out how to do something or know how to respond to what's going on around you. This is what people mean when they talk about **cognitive problems or cognitive impairment**.

Cognitive problems happen because of damage to your brain. Different parts of your brain control different things. If the part of your brain that controls your cognition is damaged by your stroke, then this can affect your ability to do certain things.

Cognitive problems are very common after a stroke and most people will have some difficulties.

Noticing cognitive problems

It can be difficult to notice cognitive problems when you're in hospital. On the stroke unit there's always a lot going on and you tend to get a lot of help with everyday things (nurses will remind you when to take your medication or help you find your way around, for example).

Because of this many people don't notice that they have problems until they return home. Even then, you may not notice until you go back to work or start to do more demanding activities again, such as driving.

When you're in hospital your stroke team should complete an assessment with you to find out if you have any cognitive problems. However, these cognitive assessments will only pick up on severe problems. More detailed assessments are needed to find less obvious problems, but these are used less often.



What kinds of problems can this cause?

Problems with concentration Memory problems

Your brain receives huge amounts of information every second. In order for you to concentrate, it needs to **decide what information to focus on** and what information to ignore. Most people find that their concentration is affected after a stroke, especially in the early stages.

Problems with concentration can affect you in lots of different ways, as we rely on it for all of our other thinking processes – if you're unable to take in information, then you're not going to be able to remember it later or know how to respond to it.

Other effects of stroke can make your concentration worse too. Tiredness, pain or emotional problems like depression can all affect your ability to take information in and stay focused.

Signs of concentration problems

If you're having problems with your concentration you may not be able to:

- **filter out what's going on around you**, so it may be difficult to chat to someone if you're in a noisy room or find what you're looking for in the supermarket
- **stay focused on a single task**, like reading a book or watching a television programme
- **move from one task to another** very easily, so if you're interrupted, you may find it difficult to return to whatever you were doing before
- **do more than one thing at once**, so you may find it difficult to chat to someone and make a cup of tea at the same time
- **process things very quickly**, so you may find it hard to follow people who talk very quickly or it may take you longer to do things than it used to.

We store all kinds of information in our memory. We also remember things for different lengths of time, which is why we have a **short-term** and a **long-term memory**.

Your short-term memory is like a temporary storehouse for information. It allows you to remember things just long enough for you to use them. When you read a telephone number, for example, you use your short-term memory to remember it for the few seconds it takes you to dial. Some people also call this your working memory. If you need to remember something for longer than this, it moves to your long-term memory.

Many people have problems with their memory after a stroke, especially in the first weeks and months. However, they may not always be down to a problem with your memory itself.

Most memory problems are actually **caused by problems with concentration**, because if you're unable to focus on what you're being told, you're not going to be able to remember it later. So if you're having problems with your memory, you should think about ways to improve your concentration as well.

Signs of memory problems

If your **short-term memory** has been affected, you may find it difficult to remember:

- what someone just said to you
- what you were about to do.

If it's your **long-term memory** then you may find it difficult to remember:

- important dates or when you've got an appointment
- where you've put something
- someone's name or what they told you last time you met.

Problems with planning and problem-solving (executive function)

As well as being able to take in and store information, our brain performs a whole range of other thinking processes. Doctors and therapists call this **executive function**.

Executive function isn't just about planning and problem-solving, it also includes all the things that allow us to organise, make decisions and know when we need to do something. It also involves the way we monitor what's going on around us and adjust what we think and do in response to it.

Signs of problems with executive function

If a stroke affects your executive function, you may not be able to:

- **work out how to do certain things** – this could be a task that seems quite simple like changing the channel on the TV remote control, or it could be more complicated, like making a meal
- **plan how to complete a task** – you may not be able to think of all the steps that are needed to do something, such as making a cup of tea, or put the steps in the correct order
- **begin or finish a task on your own** – you may not realise that you need to do something, like get dressed, until someone tells you, or you may need someone to prompt you throughout a task to help you to complete it
- **solve problems on your own** – you may not be able to work out what to do if something goes wrong
- **respond to people in the right way** – you may not be able to recognise other people's facial expressions or body language and change what you're saying or doing in response to them

Problems noticing things on one side (spatial neglect)

A stroke can damage your brain so that it no longer receives information from one side of your body. If this happens, you may not be aware of anything on one side, usually the side where you've lost movement (your affected side). This is called **neglect or inattention**.

These kinds of problems will be very obvious to the people around you, but you may not notice that anything is wrong. This is because your brain doesn't know that something is missing. So you won't know that you've missed half of the food on your plate until someone else brings your attention to it.

Signs of spatial neglect

If you have neglect, you may:

- miss things that are placed on your affected side
- ignore people or bump into things without realising that they are there
- not dress one side of your body or shave one side of your face
- not eat food on one side of your plate
- not read one side of a book or page
- have problems finding your way around because you may not notice doors or landmarks on one side.



Problems moving or controlling your body (apraxia)

Every time we move, our brain has to plan what it wants our body to do and make sure we do it in the right order. A stroke can affect your ability to do this, making it difficult to move parts of your body in the way you want to. This is called **apraxia**, although some people call it dyspraxia.

If you have apraxia you'll find it difficult to move when you're asked to, even though you understand exactly what you're being asked to do and know how to do it. This is because apraxia is a problem with planning movements – so even though you can't wave properly to someone when they ask you to, you may wave without any problem when they go to leave, because you're doing it without thinking.

Apraxia is quite common after a stroke and it can take some time to improve. It can also be difficult to notice it. Very often people assume that their problem is physical. However, a doctor or therapist should be able to pick up on apraxia through the assessments they do with you.

Signs of apraxia

If you have apraxia, you may:

- hesitate before doing things or seem to do them very slowly
- do things with the wrong amount of force, so you may bang your mug on the table when you go to put it down
- move in the wrong way, like waving your hand forwards and backwards to say goodbye, rather than side to side.

Problems with movement and finding your way around (visual perception)

We use information from our eyes to determine the size, shape and position of the objects we see. Our brain uses this to work out how far away they are from us and where they are in relation to other things. This is called visual or spatial perception.

Signs of visual perception problems

If a stroke affects your visual perception you may not be able to:

- **judge depths or distances**, so you may not know how close you are to something, or when a cup is almost full, or how high a step is. This can make getting around difficult, especially when you go up and down stairs or through doorways
- **tell the difference between foreground and background**, so you may not be able to spot a white plate on a white table, for example, or see the item you're looking for in a cluttered drawer
- **interact with objects very easily**, like putting a lid back on a jar or putting food on a fork and then into your mouth.
- **follow terms like 'in front of' or 'inside'**, so if someone tells you that the sugar is behind the teabags, you may not know where you need to look.



Confusion and denial (anosognosia)

Sometimes after a stroke, people are not able to recognise the effect that it has on them. So you may not know that you've lost movement in your arm or leg, for example. This is called **anosognosia**.

If you experience this kind of confusion, it's more likely to be with movement or visual problems, although it can apply to other problems too. People who have neglect are more likely to experience anosognosia.

Anosognosia can be quite distressing, because you may not understand why you're in hospital or why people think you can't do things for yourself. We don't really understand why it happens, but it can be quite common, especially in the very early stages after stroke. It can also come and go, so you may not experience it all the time. However, it will get better and only lasts a few days or weeks in most cases. Only a small number of people continue to experience anosognosia months after their stroke.

Signs of anosognosia

If you have anosognosia you may:

- not notice or show much concern about the effects of your stroke
- be aware of some problems but not others, so you may be aware that you have communication or vision problems, but not know that you can't move one side of your body
- be aware of problems but not know what they mean, so you may try to walk, even if you know that you can't move your leg
- think that your affected limbs don't belong to you
- not accept that you have any problems at all, even when someone shows you that you do.



Problems recognising things (agnosia)

There are two stages to recognising something. The first stage uses the information you get from your senses about the way it looks, feels and sounds, to develop a picture of what it is. The second stage compares this to the information in your memory so that you can remember what it's called and what it does. A stroke can affect both of these stages.

If your stroke affects how your brain processes the information you receive about an object, then this is **apperceptive agnosia**. If it affects the way you remember information about objects, this is **associative agnosia**.

Agnosia may only affect you in very specific ways. Some people, for example, find that although they can't recognise an actual object, they can recognise a picture of it. Some people have agnosia for colour or faces (this is known as **prosopagnosia**) however, this tends to be very rare.

Signs of agnosia

Apperceptive agnosia can affect any sense. So you may **lose the ability to recognise objects** by touch, sound or sight. It usually affects just one sense, so although you may not be able to recognise an object by looking at it, you may be able to by touching it.

Problems recognising an object by sight are most common. It's not that you can't see the object at all – if someone asks you to describe the object they're holding, you'll be able to tell them about some of its features. So you'll know that it's white, or that it's got a handle, for example. But you won't be able to recognise that it's a cup. However, if you're asked what a cup is, you'll know exactly what it looks like and what it's for.

If you have associative agnosia, you'll have a full picture of the object you're looking at, but you **won't be able to remember what it's called**. So you'll often use the wrong name. Even if you're told the correct name, you may not be able to explain what it's used for.



Will it get better?

Cognitive problems are usually **worst during the first few months** after a stroke, but they can and do get better.

They're likely to **improve very quickly** over the first three months, as this is when your brain is at its most active, trying to repair itself. It's still possible for problems to improve after this, but you may find that it takes longer. Recovery tends to slow down, especially after six months.

Even if your cognitive problems never go away completely, they should not get any worse and do get easier to live with.

Having cognitive problems does not mean that you have dementia. Many people worry about this, but dementia gets worse and worse over time, whereas cognitive problems after stroke often get better.

Our *Complete guide to vascular dementia* can tell you more. Go to stroke.org.uk/publications to find it

Are there treatments that can help?

Although there has been research into treatments for cognitive problems, so far it hasn't shown that people get any long-term benefit from it. Certain therapies may help, but more research needs to be done before doctors can recommend them for general use. Because of this, treatments that aim to improve or 'fix' cognitive problems are not available from the NHS.

Instead, the treatment you are likely to be offered will focus on ways to cope with your cognitive problems, rather than 'fix' them. Things that help you to do this are known as **compensation or coping strategies**.

Research continues to look into ways of treating cognitive problems, so there may be a clinical trial that you can take part in. You can find details of research trials that are currently taking place on the UK Clinical Trials Gateway website. Visit www.ukctg.nihr.ac.uk

An **occupational therapist** can help you learn coping strategies. This may involve using aids (such as writing in a diary or using labels and reminders) that can help you manage. Or it may involve learning other techniques that can help you.

If your problems are quite specific or severe, you may be referred to a **clinical neuropsychologist**. This is a doctor who specialises in the way the brain works. They often work with people who have had a brain injury or stroke. A clinical neuropsychologist can carry out a detailed assessment to understand the type of problems that you're having and find the best ways to manage them.

There may be a clinical neuropsychologist in your stroke team, or you may be referred to one elsewhere. Clinical neuropsychologists are often based within a **memory clinic** or service, so it's possible that you may be referred to one of these. Memory clinics are services that have been set up all over the UK to help people with dementia, but they do treat people with other conditions too.

Whether you receive treatment or not, your problems should continue to be monitored to make sure that you get the support you need for them. Even if you don't need support straight away, you may once you've been discharged from hospital, so your doctor and stroke team should make sure that you get it.

Cognitive assessments

It's likely that you'll need to complete a cognitive assessment. This will tell you more about the problems you're having and why they're happening.

Some people can find these assessments off-putting. They are usually done by a doctor or an occupational therapist (or sometimes a psychologist) and involve a lot of questions, which can make you feel like you're taking an exam. You may be asked to answer really easy questions or do things that are very simple, which can make you wonder what the point is.

Still, it's important that you do them, as the results of the assessment will help your stroke team decide the best way to help you.

What can I do about cognitive problems?

1

Get some help

If you think you may be experiencing some of the problems we've described, the first thing to do is to **speak to your doctor**. They will make sure that there isn't anything else that could be causing the problems, such as an infection or your medication.

It's easy for people, including doctors, to forget that there are effects of stroke you can't see. So **don't wait to be asked** about them. If you're finding it hard, tell someone. Make it clear how they're affecting you and ask what support you can get.

2

Don't be too hard on yourself

Having cognitive problems after a stroke is nothing you can control or need to feel bad about. A stroke is a major injury to your brain, so it's going to take time for it to recover.

You just need to be patient with yourself. You're not stupid, even though you may feel that way. **Allow yourself more time** to get things done and don't expect too much of yourself – you wouldn't blame someone who had broken their leg for not being able to run, would you?

"I've had to learn not to beat myself up about not being able to remember."

Mary

3

Get enough rest

You're likely to get extremely tired after your stroke, which can make it even harder to concentrate or remember things. Plan your day so that you **balance being busy with taking breaks** and resting. You're not going to be able to take life at the same pace as you did before, at least not to begin with. Take naps when you need to and make sure you get plenty of sleep at night. It will help you to focus if you do.

"Balance being busy with taking adequate rest. My brain is definitely slower when I'm tired or run down."

Jo

Returning to work

Cognitive problems can take a long time to improve, so if you go back to work too soon you could find it a lot more difficult than if you went back a little later. Your occupational therapist can give you advice about the best time to go back to work and can also talk to your employer about how they can support you when you do.

3

Look into aids and equipment

There are aids and equipment that you may find helpful, especially for problems with memory. Your **occupational therapist** will be able to suggest some to you. There are also **Disabled Living Centres** all over the UK, where you can get advice on aids and equipment. Most of them have products on show, so that you can try them out before you buy them. You can also go to the **Disabled Living Foundation** for impartial advice about aids and equipment. See page 19 for details.

4

Find ways to relax

Your mind needs to rest just as much as your body. Even small things like going for a short walk, listening to music or having a quiet moment to yourself in another room can help to calm your mind. Some people find **mindfulness or meditation** really helpful. Relaxing can be difficult if you have a busy home life, but it's important that you find a way to rest your mind when you get tired or frustrated.

“One of the biggest things I learned was mindfulness meditation. It made a huge difference on calming my mind before using it.”

Cath

6

Tell people what's going on

Cognitive problems are nothing to be embarrassed about, so **be up front with people** about them. We all feel awkward when we don't know what to do, so explaining to someone what they can do to help (speaking slowly or writing things down, for example) will make it easier on you both. It will also stop them getting offended if you don't remember something from your last conversation, or think that you're bored if you get distracted.

“Be open with people. I just tell people that I struggle with memory and making quick responses sometimes. I've never had a bad response.”

Jo

7

Talk to someone who understands

Cognitive problems can affect your confidence and how you feel about yourself. Talking about it can really help. Many people find **support groups** useful, because you can talk about problems with people who are going through the same thing.

These kinds of groups aren't for everyone, so if they're not for you, try talking to a friend or family member instead – whoever you feel comfortable confiding in when you're finding it tough.

What can I do about my concentration?

Just do one thing at a time

- If you're making something to eat, don't try to use the phone at the same time. Even talking to someone in the same room can be tricky. Focus on completely finishing a task before moving on to another.
- If someone's giving you information, ask them to keep it simple. If it helps, get them to write it down.

Remove distractions

- If you need to concentrate on something, ask yourself if there's anything that may distract you. Turn off the TV and radio or move to a quiet room and ask other people in the house not to disturb you for a little while.
- Try to remove clutter, so you won't have any visual distractions either. If you just keep the kettle, cups, teabags and sugar on the kitchen counter, this may help when you come to make a cup of tea.

Make things easier for yourself

- It may help to write a 'to-do' list the night before and decide which tasks are the most important. That way, if you find yourself having a bad day, you'll know what to focus on and what can be left until another time.
- When you're talking to people, try to repeat things that they tell you in your own words. This may help you to follow the conversation and feel confident that you've understood.

"I watched EastEnders on TV to understand what the story was about. I chose that because there were no commercials or music half way through, both of which my brain couldn't cope with."

Frances

Know your limits

- Remember that you're not going to be able to concentrate for long periods. So keep your activities to half an hour, or however long you can manage. If an activity is going to take longer than this, take a break and come back to it later. You'll probably be able to focus on it a lot better if you do.
- If you know you're going to be doing something that requires concentration (if you're going to an appointment or expecting a visitor, for example) then plan to have a rest immediately before.
- If you find it hard to follow a whole TV programme, think about what you're watching. News, sports, or cookery programmes will probably be easier to keep up with than dramas or documentaries, which rely on you watching the whole thing.

Phones can do all sorts these days. Even the most basic smartphones have alarms, calendars, address books and cameras that can help you keep notes and set up alerts and reminders.

What can I do about my memory?

Write things down

- Use calendars or diaries to keep track of appointments and important dates. You can also use them to record things that happened that day.
- Make a note of small tasks as you do them, so that you know if you've fed the cat or phoned someone.
- Write short notes after you've spoken with someone. If you do this after a therapy session, doctor's appointment, or even a chat with a friend, you can go back and remind yourself of what you talked about the next time you see them.

Use prompts

- Set your phone or a cooking timer to remind you when you need to take your medication.
- Leave things like your keys or wallet near the front door, so that you'll see them when you go out.
- Add pictures of people next to their details in your contact book, to help you remember who they are.
- A pill or dosette box can help you to organise the medication you need to take each day, so you can easily see whether you've taken it or not. Most pharmacists will sort your medication into special packs for you now, so you know what you need to take each day.

"I carry a notepad and write down everything important I've done or been told so I don't forget."

Elizabeth

Put reminders where you won't miss them

- Leave notes in noticeable places – buy a pen that you can use to write on your bathroom mirror or set up a white board somewhere obvious.
- You could put up signs in the kitchen to remind you to turn the cooker off, or one on the back of the door to remind you to lock it when you go out.

Keep things in the same place

- Labels on cupboards and drawers will help you know where things go. They don't have to be written labels, you could use pictures instead. It may help to keep your glasses on a chain around your neck, to stop you from losing them.

If writing is difficult...

- You could make voice recordings, using a dictaphone or an app on your smartphone.
- Or use pictures – you can take photos on most phones these days.
- If you find writing difficult, then ask people to help you. Ask them to write down the main points of your conversation for you, so that you can take it away to read over afterwards.

Plan your day

- Keep to a routine and do certain tasks, like taking your medication or locking your doors, at the same time every day.
- Write a 'to do' list for the next day before you go to bed. That way you'll know what you have to do as soon as you get up. You could make it part of your routine to sit down with a member of your family or your carer and do this at the end of every day.
- Tiredness and stress will make it more difficult for you to concentrate and take in information, which will mean you'll struggle to remember it later. So make sure you plan time to rest throughout the day as well.

Try mental techniques

- Verbal prompts can help too. Some people use acronyms or sayings to help them remember things. One lady told us she thinks of "**SLAC**" when she leaves the house, so she knows she needs to **S**et the alarm, **L**ock the door **A**nd **C**lose the gate.
- Or try using mental pictures, so if you need to remember an address, like Clifton Road, picture a road leading up to a cliff.
- Focusing on a particular feature can help you remember people – so you may remember that your consultant is the doctor with a moustache rather than the one with the glasses.
- Some people find repeating information can help them to remember it. So when you've been told something new, you could get someone to ask you a few seconds later if you remember it, and then again a few seconds after that, and so on. Once you've remembered it for a short period, it may be more likely to stick.

Can memory games help?

There are number of games and exercises (most of them computer-based), which aim to improve your memory. However, it's difficult to say for certain whether these really help.

Research has shown that some memory exercises can help people to improve, but they **need a therapist** to work through the tasks with you to make sure that you're doing them in the right way. Even then, the improvements people see don't tend to last very long and are difficult to apply to tasks that aren't part of the training.

Many people play memory games at home and do find them helpful. However, they **may not always be testing your memory** in the way that you think they are. When you're playing on your own, it's very easy to use guess work or trial and error to get to the correct answer, rather than your memory. It's something we all do and you probably won't realise that you're doing it. But that's why most experts would say you need a trained professional to work through memory exercises with you, to make sure you're doing them correctly.

"Leave extra time to do things, it might sound obvious but if you're in a hurry to get to an appointment the stress can make memory recall and communication worse."

Joanie

What can I do about my planning and problem-solving?

Practise, practise, practise

- Planning and problem-solving can be improved, but only with lots and lots of practice. Your occupational therapist or clinical neuropsychologist can help you decide what activities to focus on, as it will be different for everyone.
- Once you've mastered one task, like making a sandwich, you'll move on to more difficult ones, like cooking a meal.

Keep to a routine

- Dressing yourself in the same way every day will make it easier for you to relearn the steps and spot when you miss one.
- Developing a weekly routine can also help – if you know that Tuesday is washing day or Wednesday is shopping day it will prompt you to do these things.

Use prompts and reminders

- Write out instructions or checklists for you to follow when you do something.
- Stick up notes around the house to remind you of things that you may not think of on your own, like brushing your teeth.
- You could use brightly coloured stickers on the microwave or remote control to remind you which buttons to press.
- Prompts don't have to be written – use pictures or recordings instead. Some people make up songs or acronyms to help them remember how to do things.

Talk it through

- It can help to talk through a task with someone before you do it, so that you can think of and sort all the steps in your head before you do it.
- Also think about what could go wrong, so that you know what you need to do in case it happens.

“The best people to do things with are the kids. They don't judge and can break down the tasks because they are still learning themselves. I practised planning by baking fairy cakes.”

Cath

What can I do about other cognitive problems?

Usually if you have problems like neglect, apraxia or agnosia they will be picked up by your doctors or therapists whilst you're in hospital or by your community team when you're back at home.

If they haven't been, and you start to notice that you may be having problems, then **go back to your doctor** to get them properly diagnosed and assessed.

If these problems are making day-to-day life difficult for you, then you need to be referred to an occupational therapist. They will work with you to find ways to help you cope with them. They will also be able to suggest aids and equipment that can help you.

Where can I get help and support?

If you're concerned about cognitive problems, then you need to speak to your **doctor** or your **occupational therapist**.

How we can help

Our **Stroke Helpline** can give you information and support on any issue you or your family may be facing after stroke. Whatever the problem, we're here to help.

We have **coordinators** in some areas of the UK, who can meet with you and your family and give you information, practical advice and emotional support. We also run **stroke groups** across the UK. Even if we don't run one in your area, we can tell you about others that do.

Our online tool **EquipStroke** can help you find aids or equipment that could help you with cognitive problems. Take a look at **stroke.org.uk/equip-stroke**

Or you can talk to other people affected by stroke on our online forum TalkStroke or on our Facebook page. Visit **stroke.org.uk/talkstroke** or **facebook.com/TheStrokeAssociation**

To find out how we can help, just get in touch:

- call our Stroke Helpline on **0303 3033 100**
- email **info@stroke.org.uk**
- visit **stroke.org.uk**
- write to us at Stroke Information Service, Life After Stroke Centre, Church Lane, Bromsgrove, Worcestershire B61 8RA.

Other organisations that can help

Below are some other organisations in the UK that may be able to help. Contact our Stroke Helpline if you'd like to know about others in your area.

Headway is a charity for people who have had a brain injury. They can provide lots of information, advice and support about cognitive problems.

Website: www.headway.org.uk
Helpline: 0808 800 2244
(Mon–Fri, 9am–5pm)
Email: helpline@headway.org.uk

The **Disabled Living Foundation** can give you impartial advice and information to help you live independently with cognitive problems. They don't sell aids and equipment but they can suggest where to buy them from. They also have a factsheet on memory problems and aids that can help.

Website: www.dlf.org.uk
Helpline: 0300 999 0004
(Mon–Fri, 10am–4pm)
Email: helpline@dlf.org.uk

The **Alzheimer's Society** can provide information about dementia and living with memory problems.

Website: www.alzheimers.org.uk
National dementia helpline: 0300 222 1122
(Mon–Wed 9am–8pm, Thu–Fri 9am–5pm, Sat–Sun 10am–4pm)
Email: enquiries@alzheimers.org.uk



Tips for family and friends



It can be difficult to know how to help someone with cognitive problems, so here are some tips to help you.



Be patient

None of us like to repeat ourselves or feel that we're not being listened to. But you need to remember this isn't something a stroke survivor can control very easily. So let your friend or family member **do things in their own time**. If there's something that's frustrating you, explain the problem calmly and focus on what you can both do to make it better.



Don't make things too complicated

If your friend or family member is finding it hard to concentrate or remember things, then you need to help them by giving information in the right way:

- break tasks down into individual steps
- give **simple instructions, one at a time**, rather than a list of things to do
- **get to the point** – don't expect them to keep up with a twenty-minute update about your day. Just start with the headlines.



Be encouraging

Practise exercises with your friend or family member and think of ways to make them fun. Cooking a meal can be a good way to practise planning and problem-solving, for example. If progress is slow it can be easy to think that things will never get better, so help them by **celebrating all their successes**, however small.



Don't do everything for them

It's normal to want to do as much as possible for someone you love, but it will be better for your friend or family member, if you **help them to do things on their own** rather than do it all for them. So if they ask you what day it is, suggest they look at the paper to find out. Removing clutter and just putting out the things they need may help them to do things on their own – so if you lay their clothes out, they may be able to dress themselves, or make a sandwich if you've put everything they need to do it in a clear space.



Help them get support

Cognitive problems are often missed by doctors and sometimes it can be difficult to get them taken seriously. However, you need to trust that you know your family member or friend better than they do, so don't be afraid to **keep pushing to get the support you need**. If you don't think you're getting the right support from your doctor or stroke team, then call our Stroke Helpline.

About our information

We want to provide the best information for people affected by stroke.

That's why we ask stroke survivors and their families, as well as medical experts, to help us put our publications together.

How did we do?

To tell us what you think of this guide, or to request a list of the sources we used to create it, email us at **feedback@stroke.org.uk**



We are the Stroke Association

We believe in life after stroke. That's why we support stroke survivors to make the best recovery they can. It's why we campaign for better stroke care. And it's why we fund research to develop new treatments and ways of preventing stroke.

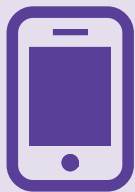
We're here for you. If you'd like to know more, please get in touch.

Stroke Helpline: 0303 3033 100

Website: stroke.org.uk

Email: info@stroke.org.uk

From a textphone: 18001 0303 3033 100



Text STROKE 5 to 70300 to donate £5. It only takes a couple of seconds to make a BIG difference. For more information visit stroke.org.uk/savelives

Texts cost your donation amount plus one message at your standard network charity rate. The Stroke Association will receive 100% of your gift. Always ask the bill payer's permission. For questions about donating by text call 0330 6600 425.

Together we can conquer stroke

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Version 1

Published: April 2015

Next review: April 2018.

Item code: **A01F07CG**

