



let's talk about

Post-Stroke Pain

Pain is a common complication after stroke, one that's often under-reported. The occurrence of post-stroke pain varies widely depending on the definition and type of pain, but general symptoms affect up to 30% - 40% of stroke survivors, and up to 72% when musculoskeletal pain is reported (pain affecting your muscles, ligaments, tendons and bones). Symptoms can occur at any point during stroke recovery and may become chronic if not properly diagnosed and treated.

Stroke survivors with post-stroke pain may experience:

- Greater mental and physical decline
- Lower quality of life
- Fatigue
- Depression
- Sleep disorders
- Anxiety
- Suicidal tendencies



Types of post-stroke pain

- **Headaches** occurring post-stroke tend to resemble tension headaches, can be moderate to severe and may become chronic.
- **Central post-stroke pain** is a chronic, painful condition. It is a constant pain caused by injured pain nerve endings in the brain and described as a burning sensation or aching or shooting pains.
- **Contracture** occurs when spasticity in the joints and the arms or legs become stuck or frozen in an abnormal and possibly painful position, resulting in shortening of muscles, tendons or ligaments.
- **Shoulder pain** is a common complication in stroke survivors who develop hemiplegic shoulder pain. There is little or no voluntary movement of the affected upper extremity and it can hurt rehabilitation and, in long term, affect daily activities. Types of shoulder pain can include shoulder subluxation, partial shoulder dislocation or frozen shoulder.

- **Spasticity** is a common condition after stroke. It's like a charley horse that never ends. Symptoms include painful, stiff, rigid muscles, involuntary contractions or muscle spasms, and overactive reflexes.

Diagnosis

Evaluation by your health care professional may include review of your health reports, additional information gathering, almost like an interview, and physical examination. Barriers to pain assessment include:

- Pain is subjective
- Reluctance to disclose symptoms
- Communication issues
- Visual issues or loss of motor skills
- Neglect syndrome

(continued)



Treatment

Combination of treatments may yield best results. Treatment may include:

- **Targeted injections of botulinum toxin** can be used to temporarily loosen stiff muscles.
- **Oral medications** can be prescribed for migraines, tension headaches or constant pain.
- **Motor cortex stimulation** may provide relief for central post-stroke pain for up to 2 years.
- **Surgical treatment** for post-stroke neuralgia can reduce pain by 50 percent or more.
- **Physical therapy** can help stroke survivors relearn simple motor activities such as walking, sitting, standing, lifting or shifting from one type of movement to another.



- **Occupational therapy** can help stroke survivors relearn daily activities such as eating, drinking and swallowing, bathing, dressing, cooking or writing.
- Combined approach including pain medications, therapeutic exercise and counseling can also help you cope with stressors.

HOW CAN I LEARN MORE?

- 1 Call 1-888-4-STROKE (1-888-478-7653) or visit stroke.org to learn more about stroke or find local support groups.
- 2 Sign up for our monthly *Stroke Connection e-news* for stroke survivors and caregivers at StrokeConnection.org.
- 3 Connect with others who have also had an experience with stroke by joining our Support Network at stroke.org/SupportNetwork.

Do you have questions for your doctor or nurse?

Take a few minutes to write down your questions for the next time you see your health care professional.

For example:

Will the pain improve over time?

MY QUESTIONS:

We have many other fact sheets to help you make healthier choices, manage your condition or care for a loved one. Visit stroke.org/LetsTalkAboutStroke to learn more.

Nationally Sponsored by

