For many stroke survivors, loss of appetite is a common problem. Even when appetite isn’t affected, other challenges can make getting the proper nutrition seem like a chore. But a healthy diet is an important part of recovery, and it helps reduce the risk of another stroke.

Challenges to the Survivor

Many factors can make eating profoundly difficult for a stroke survivor. Some survivors experience a reduced sense of taste or smell — or both. For others, short-term memory loss can cause the survivor to forget to chew or swallow. For others, paralysis or other physical effects of stroke can reduce their ability to handle eating utensils.

Survivors who live alone may find getting to the store, buying food and preparing it to be more effort than they can manage. Such conditions as right or left hemiplegia can take away the ability to prepare food and eat with both hands, creating more obstacles to good dietary habits. Survivors in these cases must learn one-handed techniques for food preparation and eating.

One common condition affecting survivors is dysphagia, difficulty swallowing. (See “Clarifying Dysphagia” on page 14.) In stroke survivors, dysphagia typically results from an inability to start the swallowing reflex, from weakened or damaged muscles. The condition can create challenges for survivors as they try to maintain a healthy diet and weight range.

Food Frustrations

Along with physical difficulties, emotional problems can diminish a survivor’s appetite. Depression can cause a survivor to lose interest in many daily activities, including eating (see sidebar on page 31). For others, the frustrations of trying to get and prepare food while dealing with stroke-related physical limitations can contribute to a sense of helplessness. Survivors may also be frustrated or saddened when someone has to help them eat.

With both physical and emotional issues to contend with, survivors sometimes need help in recovering their appetite and maintaining good eating habits. Indeed, malnutrition and dehydration are potential problems for survivors who don’t make the necessary adjustments. A 1996 Canadian study found that 49 percent of stroke survivors entering inpatient...

Eating Smart After a Stroke

A low-fat, low-salt, low-cholesterol diet can play a key role in preventing a recurrent stroke, and controlling weight is also an important factor in restoring and maintaining health. Here are a few other steps in the right direction toward a healthy diet for stroke survivors:

• Count carbs. Carbohydrates provide a tremendous source of glucose, which your brain needs. With this in mind, avoid low-carb diets as a way to lose weight. A nutritionist can recommend an appropriate eating plan especially if you have other diseases, such as diabetes.

• Make friends with fruits, vegetables and grains. Meat and dairy products can be high in saturated fats, which can increase stroke risk. Choose lean meat, chicken, fish, and nonfat dairy products.

• Consider what you can eat and enjoy it. Rather than focusing on what you’ve had to give up, focus on the good things you can eat — and all you’re gaining in terms of your health by eating them.
rehabilitation clinics were malnourished upon admission. Malnutrition symptoms are often specific to the particular disorder, but the symptoms generally include dizziness, fatigue, weight loss and a decreased response from the body’s immune system. If you notice any of these symptoms, contact your healthcare provider. Malnutrition can be treated effectively.

Planning for an Appetite

The good news is that with some planning and possibly a few adjustments, keeping a healthy appetite and eating a healthy diet can be compatible goals for stroke survivors.

Here are some easy measures you can take to make eating a pleasure again:

• Choose healthy foods with stronger flavors, such as broiled fish and citrus fruits. Also, spices add flavor to food and serve as a good substitute for salt.

• Choose softer, easier-to-chew foods, such as whole-grain hot cereals, bananas, soups and yogurt.

• Choose colorful, visually appealing foods, such as salmon, carrots and spinach.

• Cut tougher foods into small pieces to make them easier to chew.

• If you wear dentures, it’s important to make sure the dentures fit comfortably and firmly. Denture discomfort can discourage good eating habits.

• If physical impairment of your arms or hands is a problem, consider specially adapted eating utensils, such as flatware with thicker, easier-to-grasp handles and rocker knives that permit cutting with one hand. Check a Web directory such as www.homemods.org, www.atnet.org/atd/ or www.uchsc.edu/ atp/adaptive_home/kitchen.htm, for information on adaptive products.

• If you’re noticing difficulty in swallowing, talk to your doctor. Dysphagia can be treated.

    Of course, it’s always a good idea to talk to your healthcare team to make sure you’re getting the nutrition you need.

    Caregivers should observe survivors who have dysphagia while they eat in case choking or other problems occur. Observing survivors as they eat will also help the caregiver become aware of specific issues a survivor may be having with eating and swallowing. Some ways caregivers can promote good eating habits include:

    • Sharing meals with the survivor at regular times each day
    • Setting a leisurely pace for the meal
    • Serving meals that the survivor wants
    • Encouraging healthy snacks or even multiple small “meals” through the day
    • Reducing distractions around the dinner table

Depression is very common among stroke survivors, and it’s a serious matter that can affect every aspect of recovery — including the willingness to maintain healthy eating habits. The challenges that some stroke survivors face in adapting to new techniques and utensils for preparing and eating food may make depression worse. In that sense, the challenges could become a double-edged sword.

Part of the challenge with depression is diagnosis. Depressive symptoms are sometimes misinterpreted as an emotional reaction to the effects of a stroke, rather than a separate condition that needs to be treated. This means the condition should be diagnosed as soon as possible if a survivor is demonstrating any symptoms of depression, such as:

• A persistent sad, anxious or empty mood
• Feelings of hopelessness, guilt, worthlessness or helplessness
• Loss of interest in hobbies and activities that the survivor used to enjoy
• Fatigue or a loss of energy
• Problems with concentration, memory and decision-making
• Insomnia, awakening early in the morning or oversleeping
• Changes in appetite or weight
• Restlessness or irritability
• Thoughts of death or suicide, or suicide attempts

Depression can be treated effectively through anti-depressant medication, psychological counseling and group therapy. If you suspect depression in yourself or the survivor you’re caring for, contact your doctor.