



## "I'm too young to have a stroke!"

The morning after it happened, she couldn't recite the alphabet or hold a fork. **Anne E. Sigmon** tells what it's like to experience the unthinkable—and what you can do to lower your risk.

**O**n Wednesday, January 30, 2002, my alarm buzzed at 6:55 A.M., and I pushed the snooze button, hoping to steal a few extra minutes of sleep. But as I was drifting off, reality set in: It was Norma's first day as my new assistant. My home-based public relations firm in Lafayette, California, is casual, but I couldn't greet her wearing a bathrobe.

Reluctantly, I rolled out of bed, turned on the coffee, and headed for the shower, where I mentally reviewed my

to-do list: revise notes for a meeting, finish a press release, work out at six, and call my friend Renata to confirm tomorrow's "girls' night out."

That list was the last coherent thought I would have for more than two months. As I stepped onto the bath mat after my shower, my right hand and arm felt numb. *Strange*, I thought. *My arm fell asleep*. I reached for a towel, but my fingers missed. Grabbing the rack, I managed—barely—to pat myself dry. The deodorant fell to the floor when I tried to unscrew the top. I watched it roll with a peculiar disconnect.

*Something's wrong. Maybe I should call someone*, I thought, as I slipped my weightless right arm into my robe. Jack, my husband, was out of town on business, and I couldn't remember how to reach him or my two grown stepdaughters. A friend's image danced on the periphery of my mind—bouncy blond hair, a serious demeanor.

Her name was just out of reach, behind a foggy curtain.

Downstairs in my home office, my phone database was open on the computer as usual. But though the computer looked familiar, I'd forgotten how to use it.

I stared at the phone. *What's the number for emergency? How many letters or numbers?* I was stumped. All I could do was press zero.

The operator's voice was crisp: "Do you need help?" *My arm seems out of control and I can't figure out what* >

to do, I tried to explain. But my words were unintelligible: “H-H-He-e.”

I panicked, afraid she’d think I was a kid playing with the phone. *Please don’t hang up*, I said, but only gibberish came out. “D-De-He-He-D-D-Don-Ha.”

**“While I knew exactly what I wanted to say, I just couldn’t find the words.”**

To my relief, the operator stayed on the line. “Can you tell me where you are?”

I couldn’t think.

“Is there an envelope nearby with your address?”

Still nothing. *What’s wrong with me?*

“That’s all right, I can trace the call,” the operator said. Then: “The ambulance will be there in a few minutes.”

Time stood still as I clutched the phone, with the operator as my lifeline. Then, two paramedics appeared, asking questions: “Are you dizzy?” “Do you have any pain?” I gestured to compensate for my garbled words. Norma, my assistant, rushed in, panic-stricken. An oxygen mask appeared, then an IV.

“We think you’re having a stroke. We’re taking you to the hospital.” *A stroke. Preposterous! A perfectly healthy 48-year-old doesn’t wake up feeling fine and then have a stroke.*

Twenty minutes later, I was wheeled into the emergency room. A nurse helped me into a faded blue hospital gown and taped a heart monitor to my chest.

“Can you tell me how to reach your husband?” she asked. I pointed to my purse. When she dialed my office, Norma answered. She’d already reached Jack in San Luis Obispo, a five-hour drive away. He’d be at the hospital by late afternoon. Just then,

a no-nonsense neurologist appeared.

“Do you know where you are?” I nodded. She scratched my right arm: nothing. Then my leg: *Ouch!* “That’s a good sign,” she said. “How many fingers?” she asked, holding up two. I raised two fingers on my

good left hand. “Do you understand you’ve had a stroke?” she asked. “You’re improving, but we’re going to do some tests.”

### The struggle to recover

By the time Jack arrived, I’d undergone a battery of tests, including brain scans to determine what had caused my stroke and to pinpoint its location. I met Jack’s hug with a lopsided smile, and he patted my hand. Relief swept over me, and then confusion: I couldn’t remember his name.

The next day, doctors explained that I’d had a moderately severe stroke caused by a blood clot on the left side of my brain. While I knew what I wanted to say, I couldn’t find the words or negotiate the alphabet. Jack tried to help by writing the ABC’s on a board in my room, un-

der the day nurse’s name. Like my two-year-old granddaughter, I struggled to pronounce the letters. When lunch arrived, I confronted another reality: I couldn’t use the silverware. After my third unsuccessful stab at a potato, my fork landed on the floor.

Five days after being carried into the hospital on a stretcher, I was discharged. But my ordeal was far from over. The stroke had wiped sensation out of my right hand and impaired my brain’s language center. Life became a training camp—a race to restore severed connections. I was fortunate to have help: from Jack, my sister Ellen (who flew in from North Carolina), and my friends, as well as from doctors and speech and occupational therapists. But only I could do the work. And I was the one who had to confront my incompetence every day. I felt like the one kid on the playground who can’t jump rope.

Every sentence was a struggle: to remember names, to find ordinary words for ordinary objects or actions. “Want to go out this afternoon?” my sister asked one day.

I did. “Let’s go park—no stop—no shop, yes shop.”

One day, at the drugstore, the pharmacy assistant asked, “Is that Anne with an ‘e’?” I hesitated. “Don’t you know how to spell your own ▶

## The 60-second test that could save a life

Because the brain is deprived of oxygen during a stroke, it’s important to get medical help quickly. In some instances, giving a person a clot-busting drug within three hours of a stroke’s onset can minimize damage. To determine if someone is having a stroke, quickly give her this three-part test used by health professionals to help identify stroke patients. If she can’t respond to any of these simple commands—or if you’re not certain what is wrong—call your emergency number.

1. Ask the person to smile.
2. Have her raise both arms and keep them up.
3. Ask if she can repeat a simple sentence after you, such as “The sky is blue.”

## TOO YOUNG TO HAVE A STROKE

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name?" she asked. Heat crept up my neck: "I just had a stroke." "I'm so sorry," she said, turning crimson red.

There were small victories: the day I tied my shoes in under ten minutes; the evening in late March when I felt comfortable enough with a knife and fork to eat out with friends. But the fine motor skills I needed for typing eluded me. I borrowed an old typing workbook and practiced drills, one key at a time, for an hour a day: jj-kk-ll-space...jj-kk-ll-space.

In early May, three months after my stroke, my speech therapist decided that I should try writing again. "Why don't you pretend to interview people?" she suggested. "Take notes and then write a press release."

That night, I settled on the couch with a yellow pad and a fat, ergonomic pen and watched CNN's *NewsNight with Aaron Brown*. Frantically, I scribbled notes. Later it took me three hours to write a two-page story. I flagged my errors with colored pens: blue for typos (there were 43); green for spelling (28); yellow for omitted or duplicated words (11);

orange for malformed words (only four!). Eighty-six errors out of 500 words. The pages looked like Jackson Pollock paintings. But though I couldn't avoid errors, at least I recognized them. And I could still write!

### Searching for answers

As I improved, I vowed I would find out why I had a stroke. At each doctor's appointment, I asked questions. I also read medical journals and surfed countless Web sites. Slowly, I unearthed the pieces to the puzzle.

Blood tests taken after I left the hospital showed that I had two clotting disorders. One, which typically affects the veins, is a fairly common genetic condition. The second—which causes some miscarriages—is a more serious autoimmune disease with an intimidating name, antiphospholipid antibody syndrome. In addition, I had taken the birth control pill for 20 years and had a history of migraines with aura. Any of these can increase a woman's stroke risk; together, they can be a formula for disaster.

My hematologist pointed out that I'd had subtle signs of a clotting dis-

order before, though no one picked up on them: a miscarriage in my 20s and a false positive on a blood test for venereal disease required for my marriage license. If my doctors had connected the dots, I might have been advised to take a daily low-dose aspirin to reduce my risk. And, needless to say, I would have stopped taking the Pill.

Today, after nearly two years of intensive speech and occupational therapy, my prognosis is promising—though I occasionally get frustrated and cranky. I speak more slowly than I used to, and my right hand is still awkward. Sometimes I forget how to spell certain words—or I try to write "quite literally," for example, and instead it comes out "quitrally." And I'll have to take a powerful blood thinner every day for the rest of my life. Still, while I may never be completely normal, I know how lucky I am. Eight months after my stroke, I had recovered enough to sail China's Yangtze River with Jack, and this spring we went on safari to Botswana. Best of all, I'm writing again—these days with just a few colored marks on each page. ■