



STROKE WATCH



SNSA Charity Gala 2015: An Evening That Struck A Chord

By Joel Chua, SNSA Manager



The spotlight on stroke awareness shone much brighter on 28 June 2015. The occasion was the Singapore National Stroke Association's (SNSA) annual charity gala, 'Striking a Chord for Stroke Awareness' which was held at The Esplanade Recital Studio.

The event began with a memorable surprise. The Guest of Honour, Mr. S. R. Nathan, was not expected to address the gathering of survivors, caregivers, healthcare professionals, and supporters of the association. But after receiving tokens of appreciation, the former President of Singapore who himself had a stroke in April 2015, was perhaps touched by the enthusiastic

welcome he had received and unexpectedly requested the microphone. In a heartwarming speech filled with personal anecdotes of his experience as a medical social worker in his early days, Mr. Nathan also encouraged more to be done to help raise awareness of stroke, and support of stroke survivors in Singapore.

Many in the audience were glad to see Mr. Nathan recovering well from his stroke and approached him during the intermission to personally thank him for his encouragement and to wish him well.



Thanks to Mr. Nathan's support, many mainstream media outlets of different languages, including newspapers, magazines, and radio stations reported on SNSA's charity gala and interviewed several members. Because of the wide media coverage, many more Singaporeans learnt about the importance of stroke risk factors, post-stroke management and how life after stroke can continue to be meaningful and productive for survivors.



After Mr. Nathan's speech, the audience was treated to an enthralling musical tribute to stroke survivors and their caregivers. The outstanding soprano Tanya Sen belted out famous songs from popular musicals, each with a message that would have resonated with those whose lives had been affected by stroke. The pieces included Broadway hits such as 'Can't Help Loving That Man', 'Memory', and 'They Can't Take That Away From Me'.

Accompanied by the equally talented pianist Sharon Ham, the audience was visibly moved by some of the more poignant numbers, and was not shy to express

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their delight with Tanya's impressive vocal abilities – the conclusion of every song was greeted by rapturous and heartfelt applause. After the final song, due to the overwhelming response, Tanya and Sharon returned to the stage and treated the audience to a thoroughly breathtaking encore performance of 'Think of Me' from the musical 'The Phantom of the Opera'.

Apart from generous donations that individual supporters had made to the association, the gala was also made possible by the extraordinary kindness of major donors Boehringer Ingelheim, the Tote Board and Singapore Pools, JC Trust, Dr. Tang Kok Foo, and Bayer. Many volunteers and friends of SNSA who pitched in with their time and energy also contributed to the success of the event.

At the end of the evening, the audience was not only left spellbound by the exceptional musical experience, but also inspired by the strong bonds of friendship and mutual support amongst the community of stroke survivors, caregivers and healthcare professionals in SNSA.

新加坡防止中风协会慈善晚会2015年 “一个扣人心弦之夜”

新加坡防止中风协会经理与会员 – Joel Chua

对认识中风的聚光灯在2015年6月28日晚显得更光明灿烂。这个活动是新加坡防止中风协会 (SNSA) 在海滨广场举行的一次“一个扣人心弦之夜”常年慈善晚会。

最令人难忘的则是晚会开幕的那一刻 – 大会贵宾纳丹先生 (新加坡共和国的前任总统), 原本是没为在场的中风幸存者和他们的照顾者, 医务专业人士和协会支持者做任何的致词, 但在接受感谢时, 这位曾在2015年4月中风的新加坡前总统, 或许是受到热情欢迎的感动, 意外要求了麦克风。在热情洋溢的言辞中充满了他作为一个早期在医务社会工作者的个人轶事趣闻和经验。纳丹先生还鼓励大家, 能一起做更多事来提高在新加坡做人们对中风和支持中风幸存者的认识。很多观众都高兴地看到纳丹先生从中风中康复, 在幕间休息时亲自感谢和鼓励他并希望他一切顺利。由于纳丹先生的支持, 很多不同语言的主流媒体, 包括报纸、杂志、电视台报道了防中风协会的慈善晚会, 采访了多位中风幸存者。

由于媒体的广泛报道, 有更多新加坡人了解防止中风的重要性及中风的危险因素, 中风后的管理以及如何在中风后可以继续过着有意义和效果的生活。纳丹先生致词后的娱乐观众节目是一个对中风幸存者和他们的照顾者表示敬意的扣人心弦音乐剧。出色的女高音歌唱家Tanya Sen唱出音乐剧中受欢迎的著名歌曲, 每次都带有一个会引起那些生活受到了影响的中风幸存者共鸣的信息。这些作品包括百老汇点击次数高的如“不禁爱上那个男人” (Can't Help Loving That Man)、 “回忆” (Memory)、 以及“他们无法把这拿走” (They Can't Take That Away From Me)。

由同样才华横溢的钢琴范碧月 (Sharon Ham) 伴奏下, 动人的演奏使观众为之动容, 并不避讳地表达自己的喜悦与每首歌曲令人印象深刻的声乐能力的恬雅女士 (Tanya Sen) 的每首歌曲结束后迎来了热情和衷心的感谢。曲终之后, 由于反应热烈, 恬雅 (Tanya) 和碧月 (Sharon) 重返舞台, 并演唱观众的“想起我” (Think of Me) 的音乐剧“歌剧院的幽灵” (Phantom of the Opera) 作为一个彻底的令人惊叹的“安可” (encore)。

除了个人支持者, 协会的成员慷慨捐助外, 主要捐助者如勃林格殷格翰 (Boehringer Ingelheim), 新加坡赛马博彩管理局 (Tote Board (Singapore Totalisator Board)), JC Trust, 邓国富医生 (Dr Tang Kok Foo), 以及拜耳集团 (Bayer) 的鼎力支持和许多新加坡防止中风协会的志愿者和朋友投入时间和精力是促进活动的成功。在晚会结束后, 观众不仅留下深刻的音乐剧体验, 同时也启发了友谊和相互支持社会上的中风患者, 医护人员和在新加坡防中风协会的医疗保健专业人士。

Long Term Effects of Stroke

By Dr. Geoffrey Sithamparapillai Samuel, SNSA Executive Committee Member



Over the past three years, I have been privileged to follow up on patients who have suffered a stroke. Some issues are brought up quite frequently and I would like to take the time to discuss three of them: low mood and depression; muscle tightness (also called “spasticity”) and post-stroke pain syndromes.

1. Low mood and depression

Many people experience low mood and loss of self-esteem after a stroke. From being fully independent and capable of taking care of ourselves, we suddenly find that we need help with simple tasks such as opening a bottle of jam or taking a short walk to buy food.

Let us not avoid the fact – a stroke can be sudden and devastating. Recovery goes beyond just the improvement in walking function and ability to dress, groom and feed ourselves and go to the toilet. People have brought up to me that they “do not feel whole/complete”, “am afraid of being a burden to the family” and “am very afraid of getting a second stroke”. These are very real concerns and it is only natural to have these feelings. How do we deal with them?

Firstly, I feel the people who handle their recovery best are the ones who can quickly accept the fact that a loss of function has happened and then take control of their own recovery. Regular activity and exercise helps. I strongly recommend starting a physiotherapy programme (whether based in a hospital or in a centre near your home). The goal is to learn exercises that you can do by yourself or with minimal help and make a plan on how to progress over time. While the initial rate of recovery of function is fastest within the first 6 months after a stroke, many of my patients report that they still continue to improve (although more slowly) up to 2 to 3 years after the event of the stroke. This has also been documented in the medical literature.

Being unafraid to accept help from family and friends and to maintain a good social circle help very much too. I believe that people are social creatures by nature and we greatly need the company of others. Some people feel shy or “ashamed” to come out and meet their friends, but we need to know that our value to our friends or family goes far beyond whether we can walk or do things by ourselves. It is true that close family members will experience more stress when taking care of loved ones who have suffered a stroke. We need to have open and frank conversations with our loved ones about this too – we need to acknowledge their difficulties and discuss with them on how we may help them to handle their own stress.

Lastly, we need to take the medications that have been prescribed and go for regular health checks (including blood tests). The risk of another stroke is always going to be higher than someone who has never had a stroke before, but we can minimise this risk with regular exercise and the control of underlying health problems such as high blood pressure and high cholesterol. Oh, and please stop smoking too if you have not already done so.

2. Muscle tightness (spasticity)

Spasticity results from a lack of control from the nerves in the brain that have been injured after a stroke. Some people will experience uncontrollable “tightening” and over-reactivity of the muscles. Some of you may have noticed this too when you try to stretch out the weaker hand or leg and there is difficulty fully extending or uncontrollable shaking of the ankle upon flexing upwards (this is called clonus).

If spasticity progresses, some people may have pain or difficulty wearing clothes or cleaning of the affected arm or leg. Severe conditions also result in a limited range of motion of the joints.

Spasticity can be easily treated, especially if dealt with early. The most basic and necessary thing to do is to stretch regularly and extend the weaker arm or leg for at least two sessions per day with stretching exercises for about 10 minutes. If the tightness and pain is still an issue, there are medications and muscular injections that may be helpful.

3. Post-stroke pain syndromes

Some people also develop severe pain after a stroke. There can be many causes – sometimes it can be due to damage to the ligaments and muscles due to abnormal posture and movements of the joints on the weaker side; sometimes there can be overuse injury of the joints of the stronger side; more rarely it may be because of abnormal nerve sensation, especially if a part of the brain known as the “thalamus” is affected by the stroke (this type of pain is frequently reported as feeling like “burning” or “stabbing” pain).

It is important not to dismiss the pain and to get a proper assessment of the cause so that the right treatment can be given. The goal of treatment would be to relieve the pain so as to allow maximum participation in exercise and daily tasks.

Conclusion

Many stroke survivors may be affected by the above discussed issues months to years after the stroke has occurred. I hope that by highlighting them, we will be able to acknowledge and deal with them, so as to be able to do our daily activities more easily and have an improved satisfaction with life. All the best!

L.I.F.E. After Stroke Programme

By Rohaida Rahmat, SNSA Executive Committee Member



When someone experiences a stroke, it affects their lives and everyone else who cares about them. However, it is still possible to make the most out of life after a stroke. The L.I.F.E. After Stroke programme emerged with that in mind – to help stroke survivors and caregivers reintegrate back into their lives.

L.I.F.E. (Learn, Interact, Flourish, Engage) was originally intended to be a 12-week pilot trial. It was deemed successful and has since been incorporated as a monthly event in collaboration with NTUC Health.

Now, stroke survivors and caregivers gather once a month for exciting sessions of exercise and educational talks. The group activities are planned and coordinated by enthusiastic volunteers, and range from art therapy, Chair Yoga and even Bollywood dancing!

Apart from group exercises, L.I.F.E. After Stroke also includes sharing sessions by the stroke survivors. They discussed about common difficulties and struggles that they face in life as stroke survivors and the solutions they came up with to overcome these challenges. Over the course of the programme, friendly banters and friendships developed amongst the participants.

The L.I.F.E. After Stroke programme is held every first Saturday of the month at NTUC Health Silver Circle (Serangoon Central). To find out more and register, please contact Silver Circle (Serangoon) at 6289 8581 or email daycare@ntuhealth.sg.

We welcome you to join in the fun and be part of our community!



Overwhelming response for Bollywood Dancing in July 2015



Extreme Left: 'SEA-Games' obstacle course in June 2015 (Caregiver, Mrs. Wong, supporting her husband, Mr. Wong, while she took over his trusty motorised scooter, as he walked the entire stretch with physiotherapist / volunteer, Huimin, to his next obstacle station.)

Left: Having fun with Chair Yoga at the L.I.F.E. After Stroke Programme!

Conversations with a Pharmacist: Complying with Your Medication

By Melissa Wu, pharmacist at Singapore General Hospital

Here is a simple story...

Mdm. ABC is a 62-year old female who had high blood pressure only previously. About a year ago, her company doctor gave her a prescription for a blood pressure medication but she felt that she would just be more careful about what she eats and try to exercise more. One morning she wakes up and finds herself unable to move the left side of her body. Her husband immediately rushes her to the hospital where she is diagnosed with an ischemic stroke. With the help of the medical team and therapists, Mdm. ABC is able to regain enough functional ability to walk with the assistance of a cane. She is ready to be discharged from the hospital and this is where I meet her.

I am a pharmacist and it is my job to make sure patients understand their medications.

After a stroke, patients are often given multiple new medications. It may be necessary to stop some of their old medications. Often, patients like Mdm. ABC will ask me:

“Why do I suddenly need so many medications?”

My answer is: these medications will help to prevent another stroke from occurring. The risk of a second stroke is high after the first stroke and the consequences of a second stroke can be more severe. Hence, patients will often be on long-term medications such as:

1. Blood thinning medications
2. Medications to lower cholesterol
3. Medications to lower blood pressure

Together with lifestyle changes like quitting smoking and consistently taking a healthy balanced diet, taking prescribed medications daily as directed by your doctor and pharmacist will help to reduce the risk of another stroke.

“What do I need to know about my medication?”

The first step to being compliant to medications is to understand your medication. We recommend that patients and caregivers know the following points about the medication they are taking:

1. Name and strength of medication (e.g. aspirin 100 mg)
2. Reason for taking this medication (e.g. blood thinner, prevent stroke)
3. How do I take this medication (e.g. once a day, after breakfast, every day)
4. What are some common side effects I should watch out for (e.g. gastric discomfort).

Patients and caregivers can even keep track of the amount of supply they have at home. That way, it can save money if there is enough at home and you decide not to collect the full supply at the pharmacy every time. Furthermore, it can ensure that you do not run out of medications before your next visit.

A tip from the pharmacist: An up-to-date medication list (including any supplements/vitamins) is very helpful during your visit to your doctor or pharmacist.

An example of a medication list can be as simple as:

Drug: Nifedipine LA
Dose: (30 mg)
Indication: 1 tab every morning
Remarks: For high blood pressure
* Swallow whole, do not crush *
Balance: From XYZ Polyclinic 60 tabs

“What should I ask my doctor/ pharmacist about my medications?”

For all health conditions, not only stroke, medication changes can occur every time a patient sees a doctor at the clinic. Some key questions you can ask your doctor or pharmacist before going home are:

1. Have my medications changed since my last visit?
2. What is this medication for?
3. Does this medication have any side effects I need to watch out for?

Like Mdm. ABC, knowing your condition and the medications you are taking will empower you to better overcome the challenges faced after having a stroke. It increases your safety because you will not take your medications wrongly. Knowing your medications well can save you money and time. It makes life easier for you, your family and caregivers. Ask your pharmacist whenever you have questions about medications. We are always more than willing to help. 😊



TCM Management of Stroke

By Adjunct Professor Hong Hai, at Nanyang Technological University and Director of Renhai Clinic



The management of post-stroke patients is one of the promising areas for greater collaboration between Western medicine and Traditional Chinese Medicine (TCM). In this article, we briefly explain the underlying causes of stroke from both the Western biomedical and TCM perspectives and suggest various ways of using TCM for the care of stroke patients.

As we age, our arteries narrow and the likelihood of suffering from a stroke increases. Of the two major kinds of strokes, the ischemic stroke and the haemorrhagic stroke, the former is by far the more common, being precipitated by sudden impeded blood flow in an artery of the brain. This could be caused by clotting at the artery (thrombosis), or a detached clot from another location — usually the heart or the carotid artery — that lodges itself within the artery (embolism), cutting off oxygen supply to part of the brain. A haemorrhagic stroke results from rupture of an artery wall, leading to cerebral haemorrhage, and is commonly correlated with degenerative disease of the arteries and hypertension. Western medicine attributes strokes to a combination of risk factors, which may include hypertension, smoking, excessive cholesterol (LDL) levels, and diabetes. Heart arrhythmia in the form of atrial fibrillation can also produce clots that travel to the brain to cause an ischemic stroke.

TCM views that the underlying conditions predisposing a person to strokes involve the “endogenous wind” (*neifeng* 内风) pathogen; hence the Chinese term for stroke is *zhong feng* 中风, or “attack by wind”. Endogenous wind may arise from one or more of several factors, which include (a) weakness of yin and blood giving rise to liver heat and wind; (b) overwork and strain stirring up liver wind; (c) inappropriate diet that creates warm phlegm in the spleen, generating endogenous wind; (d) emotional stress particularly anger triggering fire and the production of harmful wind. A large number of TCM syndrome combinations are associated with strokes, depending on the nature of the stroke and the stage of progression, whether at the onset, in the immediate aftermath, or during the longer term debilitated phase of the patient¹. At the onset and immediate aftermath stage, hyperactivity of liver-*yang*, phlegm with wind, and stirring of liver wind (*ganfeng neidong* 肝风内动) are the common syndromes; at the later recovery stages, phlegm and blood stasis are often present, and the patient may suffer from severe *qi* deficiency and weakness of the liver and kidney.

The Chinese formulation *Tianma Gouteng Yin* (天麻钩藤饮) with variations to suit the patient is most often used in the early stages after a stroke whilst tonics with ingredients added for resolving blood stasis such as *Buyang Huanwu Tang* (补阳还五汤) are administered in the recovery stages. Thus, treatment of these TCM syndromes associated with strokes follows the principle of customising therapy to the syndrome and the constitution of the patient. Treatment usually combines herbal prescriptions, acupuncture and *tuina*, and is continually varied as the internal state of the patient changes and new syndromes are exhibited. TCM theory explains that acupuncture helps the rehabilitation process by enhancing flow of *qi* and blood in the body, leading to better recovery of motor skills and overall physical functioning by inducing beneficial changes in the blood flow to the brain. Exercises like *qigong* and *taijiquan*, for patients with sufficient mobility, are believed to enhance recovery from post-stroke disabilities. Social interaction within *qigong* groups may also help to improve patient morale and nurture the positive emotions that facilitate recovery.

TCM Interpretation of Stroke

Western medical explanations for stroke revolve around vascular impediments to blood flow and the contribution of diet, lifestyle and hypertension to precipitating cerebral thrombosis or embolism. TCM explanations centre on the TCM *gan* (liver) where endogenous wind may form as a result of deficiencies and imbalances in the body. These differing explanations are not necessarily incompatible; instead they represent alternative models for prevention and therapy.

Hypertension plays a central role as the dominant risk factor in Western medical explanations for stroke. The causes of hypertension are complex: risk factors like diabetes, high dietary salt intake and emotional stress are well established but many cases of hypertension are idiopathic and a significant proportion of patients with the condition do not respond readily to drug treatment. The TCM syndrome of hyperactivity of liver-*yang*, which can lead to endogenous wind, has some resemblance to hypertension although wider in scope. It can be brought about by stress and emotional factors, but also by blood, *yin* and/or *qi* deficiencies, and the presence of phlegm. In this respect, TCM theory presents a wider menu of preventive measures for stroke that revolve around diet, emotional management, exercises to improve *qi* and blood levels/ flows.

Chinese treatments directly address the prevailing syndromes at each stage of the evolution of the illness. In the early aftermath of a stroke, there is an emphasis on calming endogenous wind. In the later stages, the focus is on resolving phlegm and blood stasis, while in the rehabilitation and recovery phase, the emphasis shifts to tonics for *qi*, blood and the *yin* of the liver and kidney. Chinese exercises work on improving blood and *qi* circulation, postural robustness and joint mobility, less on building muscular strength.

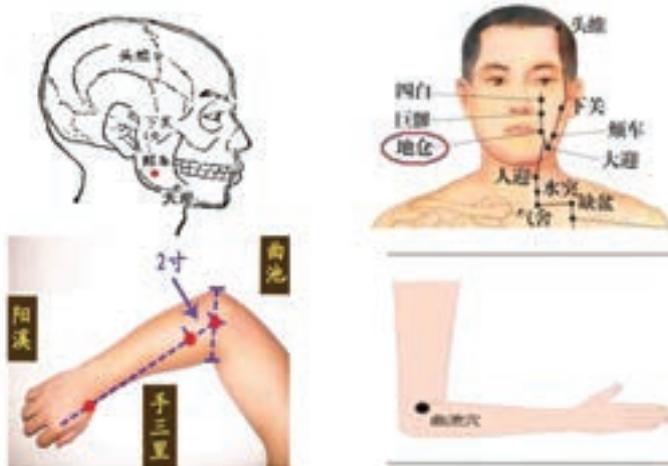
Prevention and Rehabilitation

The most important factor for prevention of strokes is control of blood pressure. This is helped by regular exercise and a healthy diet, which can also slow down the narrowing of arteries with age.

For controlling blood pressure, the patient’s diet should be low in sodium salts and fats. Nutritionists also recommend beet juice, spinach, lettuce, cabbage, carrots, bananas, raisins, potatoes, raisins and melons. From the TCM perspective, you can add black fungus, hawthorn (山楂), and bitter melon to the list. Chinese herbs like astragalus (*huangqi* 黄芪) and ginseng help to strengthen *qi* which assists in improving blood circulation, and herbs that remove blood stasis like *chuanxiong* 川芎, *honghua* 红花 (safflower) and *tianqi* (notoginseng) are believed to help prevent further plaque formation and the hardening of the arteries. Herbs to calm the liver and expel liver wind include *tianma* 天麻, *gouteng* 钩藤 and *shijueming* 石决明; the first two herbs are used as the main ingredients in the classical formulation *tianma gouteng yin* 天麻钩藤饮 for treating hypertension and managing the initial period after a stroke.

Post-stroke rehabilitation plays a crucial role in the recovery phase of a stroke patient. A regimen of physiotherapy and counseling sessions helps the patient to improve mobility, speech and self-confidence. In addition to Western medical methods, TCM interventions can play a useful complementary role. Some clinical trials suggest that acupuncture helps the rehabilitation process by enhancing flow of *qi* and blood in the body, leading to better recovery of motor skills and overall physical functioning by inducing beneficial changes in the blood flow to the brain.

Clockwise: jiache, dicang, quchi, shousanli



Some common points used in post-stroke acupuncture treatment are listed below and shown in the accompanying pictures.

Face and mouth paralysis:

taichong 太冲, *hegu* 合谷, *dicang* 地仓, *jiache* 颊车

Upper limb paralysis:

shousanli 手三里, *quchi* 曲池, *hegu* 合谷

Lower limb paralysis:

zusanli 足三里, *yanglingquan* 阳陵泉

Improving blood circulation:

sanyinjiao 三阴交, *xuehai* 血海

In place of acupuncture, acupressure using finger pressure on acupuncture points may be used in the home by the patients themselves or by caregivers.

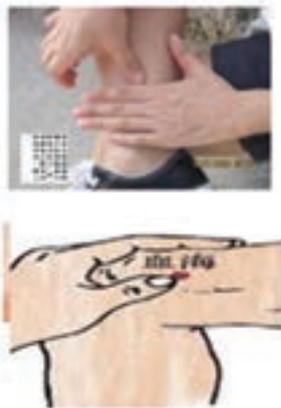
Stroke patients in the recovery phase usually have qi deficiency, which could further retard blood flow. Apart from acupuncture, herbal formulations such as *buyang huanwu tang* 补阳还五汤, with *huangqi* as the principal herb, are often used to replenish qi and promote the blood flow. Clinical studies suggest that this decoction can improve microcirculation that benefits stroke recovery. The practice of *qigong* and *taijiquan*, for patients with sufficient mobility, is believed to encourage recovery from post-stroke disabilities. Social interaction within *qigong* groups may also help to improve patient morale and nurture the positive emotions that are so essential to recovery from serious illnesses.

The management of cardiovascular disease is of prime importance to all countries, rich or poor. An active lifestyle, balanced diets and healthy emotions are essential ingredients for promoting cardiovascular health. Western medicine and TCM can work together to achieve better results.

(This article is derived from the author's "Principles of Chinese Medicine: A Modern Interpretation [Imperial College Press 2015]"; "Acupressure and Herbal Supplements in Post-Stroke Care", a talk to SNSA, May 2015; and "TCM and Cardiovascular Health Part 2 – Hypertension and Strokes" by Hong Hai and Karen Wee, Prime magazine, April 2013.)

Disclaimer: Please consult your doctor before taking traditional Chinese medicine, as some herbs may interact adversely with your regular medication.

Points for improving blood circulation (sanyinjiao and xuehai)



Acupoints

Clockwise from left: *hegu*, *yanglingquan*, *taichong*, *zusanli*



¹TCM terms like "wind", "yin", "fire" and "syndrome" used in this article are explained in introductory textbooks on Chinese medicine. A biomedical interpretation of these terms may be found in the author's "Principles of Chinese Medicine: A Modern Interpretation" (Imperial College Press 2015).

Upcoming Events @ SNSA

3 October, 7 November, 5 December 2015

- LIFE After Stroke

October 2015

- Talks and Events in Conjunction with the National Library Board

For enquiries, please contact us at **6222 9514** or contact@snsa.org.sg

Please visit us at <http://www.snsa.org.sg/activities/event-calendar> for updates on our events.

Q & A Column

Hi. Hope you have enjoyed reading the StrokeWatch newsletter all these years.

We are starting a new Q & A column for the next newsletter, where anyone can pose a question regarding stroke, stroke recovery and rehabilitation...anything that concerns you! We have a panel of medical professionals, allied health professionals, stroke survivors and caregivers who are able to answer your

questions. Send your questions via email: contact@snsa.org.sg or snailmail (Singapore National Stroke Association, 8 Eu Tong Sen Street, #14-99, The Central, Singapore 059818) by 1st December 2015... and we will get back to you shortly.

Regards,
Nur Hafizah Mohd Amin
Editor, StrokeWatch

Photo Gallery



SNSA group photo at Heartstrings Walk 2015



'We-fie' with Minister Mr. Tan Chuan-Jin & Deputy Prime Minister Mr. Teo Chee Hean at Heartstrings Walk 2015!



SNSA members meeting Prime Minister Lee Hsien Loong at the Heartstrings Walk 2015



SNSA members with former President of Singapore, Mr. S. R. Nathan at SNSA Charity Gala 2015



A family affair for SNSA members at SNSA Charity Gala 2015



Getting in touch with yourself with Art at a Stroke Club session



Reducing stress and anxiety with Mindfulness therapy at the L.I.F.E After Stroke programme



Conversations with the Pharmacist about medication at a Stroke Club session



Rolling good times with Lawn Bowling at the L.I.F.E After Stroke programme!