

Women and stroke

Stroke Helpline: 0303 3033 100
or email: helpline@stroke.org.uk



Read this online

This guide looks at some of the issues affecting women of all ages after a stroke. If you are transgender or non-binary, some of this information might be relevant to you too.

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A stroke is usually sudden and comes as a big shock, and most people look for answers about how and why it happened. When you're diagnosed with a stroke or transient ischaemic attack (TIA), doctors carry out checks and tests to find out what caused it, and give treatment to reduce the risk of another stroke.

A stroke can happen to anyone at any age, but it's often thought of as happening more in men. Men do have slightly more strokes, but stroke is one of the four leading causes of death in women in the UK. Women tend to have strokes at a later age than men, and nearly half of all strokes (45%) in women happen past the age of 80.

Why did it happen?

It's not always possible to give the exact reason for a stroke, but many people have some risk factors such as high blood pressure or diabetes. However, not everyone has clear risk factors. Part of the emotional impact of a stroke can be from worrying about why it happened and if it will happen again.

It might help to know that the risk of another stroke goes down over time. You will be offered any treatment and advice you need to help reduce your risk. For many people this means taking long-term blood-thinning medication.

See later in this guide for more about the impact of blood-thinning medication on menstruation, and your choices for contraception and hormone replacement therapy after a stroke.

Risk factors for stroke in women

Women and men share many of the same risk factors for stroke, such as health conditions like high blood pressure, high cholesterol, diabetes and atrial fibrillation (irregular heartbeat). Some lifestyle factors such as smoking and inactivity can raise your risk. But there are some things that are specific to women.

We have listed the main risk factors below, and you can also find out about menopause and stroke on the next page.

Contraception (the pill)

Using the combined oral contraceptive pill (combi pill) is linked to a small increase in risk of stroke and blood clots for some people.

When you are being prescribed contraception, you should be checked for any risk factors like having a history of blood clots or stroke, having high blood pressure, being a smoker, or being very overweight. You should be given advice about your options and what is safe for you.

It's the oestrogen in the pill that can cause blood clots or stroke, but the combi pill in use today has a much smaller amount of oestrogen than older types of pill. Strokes in younger people are rare, and the overall risk from using the pill is very low. But if someone has a stroke while on the pill, they will probably be advised to stop using it.

For information about contraception choices after a stroke, see later in this guide.

Pregnancy and stroke

Stroke is rare among pregnant women, but pregnancy and childbirth do increase your risk of a stroke. During pregnancy, regular blood pressure checks can spot the signs of pre-eclampsia, which is a condition that can increase the risk of a stroke.

Having a stroke during pregnancy or soon after birth might mean that you and your family are struggling with multiple health concerns at a difficult time. The effects of a stroke like one-sided weakness, fatigue and emotional changes can make it harder to look after your baby.

You should get support from the local health visitor service, which is there to support parents with babies and children up to five years of age. They can offer individual advice, and help you find local support networks.

Support and information are available online, including:

- The Tommy's pregnancy hub [tommys.org/pregnancy-information](https://www.tommys.org/pregnancy-information).
- Bliss supports parents of premature babies [bliss.org.uk](https://www.bliss.org.uk).
- Disability, Pregnancy & Parenthood has publications on sale including guides to one-handed parenting and nappy-changing with a disability [disabledparent.org.uk](https://www.disabledparent.org.uk).

Migraine

Migraine affects more women than men, and although it is not a direct cause of stroke, it's linked with a slightly increased risk of blood clots if you have migraine with aura. Although the added risk is small, it means you might not be able to use the pill or some types of HRT. You can find more information about migraine and stroke on our website [stroke.org.uk/migraine](https://www.stroke.org.uk/migraine).

Lupus and SLE

Lupus is an autoimmune condition affecting the skin and joints, causing pain, fatigue and sometimes kidney damage. The severe form is called systemic lupus erythematosus (SLE). SLE mainly affects women below the age of 50, and is more common in people of African, Caribbean or South Asian origins. If you have SLE, you should be monitored and given treatment to manage your condition. Lupus UK offers information and resources [lupusuk.org.uk](https://www.lupusuk.org.uk).



What is a stroke?

A stroke happens when the blood supply to part of the brain is cut off, killing brain cells. Damage to the brain can affect how the body works. It can also affect how you think and feel.

There are two main types of stroke. Ischaemic stroke is due to a blocked blood vessel in the brain. It is often referred to as a clot, and around 85% of strokes are ischaemic. A haemorrhagic stroke is due to bleeding in or around the brain, and is often called a bleed. About 15% of strokes are haemorrhagic.

Cavernous sinus thrombosis

Cavernous sinus thrombosis is a rare type of stroke that is more common in women including pregnant women, or people using contraceptives with oestrogen. It happens when blood clots form within the skull, blocking blood draining out of the brain.

The main symptom is often a headache, but you can also have signs of stroke such as confusion, seizures and weakness down one side. Symptoms might come on more gradually than a typical stroke. But you should get medical help as soon as possible.

Menopause and stroke

In the years running up to the menopause, women can start to have more risk factors for stroke such as diabetes, high blood pressure and weight gain. It's thought that oestrogen protects your heart and blood vessels, helping to reduce the risk of a stroke while you're still menstruating. After menopause, the risk of a stroke starts to rise. This is also true if you had an early menopause, or have medical treatment or surgery that stops oestrogen production.

Not enough is known about the menopause to change medical advice for women, but we do know that you can help to reduce your risk of another stroke by following medical treatment and having a healthy lifestyle.

Staying healthy in the menopause

If you are going through the menopause after a stroke, you might need some advice about some of the things you can try to stay healthy and reduce your risk of another stroke. Being active and having a healthy diet can help you manage conditions like high blood pressure, diabetes and weight gain. Being active can also help maintain bone health, as well as improving fatigue and low mood.

- If you're not sure where to start, ask your GP or stroke nurse for advice about what you should focus on first.
- It can be hard to find the time and energy for lifestyle changes, especially if you have caring responsibilities or a disability. Ask your GP or contact your local council to find out what help is available to disabled people and carers locally.

Look out for information about health and wellbeing later in this guide. You can also find information about getting active after stroke, and online fitness classes and videos for stroke survivors at stroke.org.uk/getting-active.

Treating menopausal symptoms after a stroke

One of the main treatments for symptoms like hot flushes (also known as vasomotor symptoms) is hormone replacement therapy (HRT). After a stroke you may not be able to take HRT tablets, but other forms like patches, gels or vaginal cream might be possible. Using HRT also depends on other health conditions you may have, and the medications you use.

Speak to your GP to find out what is available to you. You may be able to get a referral to a specialist.

Periods

A stroke might make it hard to use period products. Having a weak hand or arm, balance problems or being in a wheelchair can affect your ability to use tampons or pads. If you have memory problems, it can be hard to remember or plan when to change and dispose of period products.

If you are struggling to manage with standard period products, speak to your stroke nurse or ask your GP to refer to you an occupational therapist.

Period product options

You might be able to find a type of period product that works for you.

- Some of the well-known types include tampons with and without an applicator, and sanitary pads.
- Period underwear is now available from many high street and online retailers, and can be washed in the machine. It's possible to buy period pants with side clasps, which you can change while seated without removing your trousers or tights. You can get them in a full range of underwear styles for female and male body shapes, including sleep shorts, briefs and thongs as well as swimsuits. They are very reliable, and you can often wear them for up to 12 hours. Some types are also suitable if you have incontinence.
- Period cups and discs go inside the vagina and collect blood for up to 12 hours. They are effective, but might be difficult if you have a weak arm or hand.

Blood-thinning medication

If you have had a stroke or blood clots, you may need to take blood-thinning medication. This is usually a long-term treatment, and it's important to take the medicines as prescribed to help you stay healthy.

Visit stroke.org.uk/blood-thinning to find out more.

Heavy periods due to blood-thinning medication

Blood-thinning medication can sometimes cause heavy periods or vaginal bleeding between periods. If this happens to you, tell your GP.

Heavy periods can lead to low iron levels in your blood (anaemia). This needs to be treated with medication and sometimes blood transfusions. If your bleeding suddenly becomes much heavier, get medical help as soon as possible.

How can heavy periods be managed?

Using an intrauterine system (IUS or coil) can help to reduce the bleeding. After the first few months of taking the blood-thinning medication, you might be able to go onto a slightly lower dose, as long as the doctor thinks your risk of a clot or stroke is under control. Don't stop taking the medication or reduce your dose without speaking to your GP, or you may be at risk of a stroke. Your GP or pharmacist can discuss the options with you.

Blood-thinning medication and pregnancy

You can't take most types of anticoagulant (blood-thinning) tablets while you're pregnant. So if you are pregnant or planning to have a baby, speak to your GP or midwife about this as soon as possible.

Bladder and bowel problems

Problems controlling your bladder and bowels are quite common after a stroke, but they often improve in the first few weeks after a stroke. Some people will have longer term problems including leaking wee or poo, or having constipation.

This can seem embarrassing, but there may be some practical solutions on offer. These can include eating more fibre, drinking more fluids, doing pelvic floor exercises and using incontinence underwear to help you get on with everyday life.

To get individual advice, contact your stroke nurse or GP.

Visit stroke.org.uk/bladder-and-bowel for more information and practical tips.

Gender transition

If your gender identity is different to the sex you were assigned at birth, you might have some questions about treatment and staying well after a stroke. Your stroke nurse or GP should be able to give you individual advice about your stroke, and help you find advice and support.

It can be harder for people who are transgender or non-binary to access healthcare. If you feel you are not getting the right treatment, you can contact the local Patient Advice and Liaison Service (PALS) which can offer you help with resolving healthcare problems or making a complaint. You do not need a Gender Recognition Certificate to make a complaint about discrimination.

If you're experiencing low mood or anxiety or think you may be depressed, seek help. Our website has more information about emotional effects of stroke stroke.org.uk/emotions and MIND has resources about LGBTIQ+ mental health mind.org.uk.

Hormone treatments and stroke

Not much research is available on the risks of stroke for people who are transgender and non-binary. It's important to look after your health and attend any screening checks like the over-40s health check in England. If you need support with your physical and mental health after a stroke, speak to your stroke nurse or GP.

- If you were assigned male at birth and were using oestrogen treatment before your stroke, you will probably be told to stop. You may be able to get specialist advice through an NHS gender dysphoria clinic.
- If you were assigned female at birth, you might need advice about contraception, heavy periods and menopause treatment options. This guide gives some practical tips and information.



Emotional effects of stroke

The emotional impact of a stroke can be huge. It can also affect your family and friends. Many people tell us they feel a sense of grief and loss at the change in their lives. It's normal to feel anger, shock and sadness after a stroke. You might also feel anxious or low, or have trouble sleeping.

- Talking about your feelings can help your friends and family understand what you're going through.
- Sharing your experiences with other stroke survivors in a stroke club or group can help. Visit stroke.org.uk/support for details of clubs near you.
- You can also meet others in our free 24-hour online forum mystrokeguide.com.

If you feel very low or anxious and it doesn't seem to be getting better, contact your GP.

Visit our website stroke.org.uk/emotional-changes for information and practical tips about the range of emotional and mental health effects of stroke.



Relationships and sex

Stroke can change your life in many ways. You might feel you have lost some of your independence or that your close relationships have been affected. It's very common to feel that a stroke has changed your relationship and sex life with a partner.

Sex and relationship problems can happen to anyone of any sexual orientation or gender. If your partner is caring for you, this can affect the way you see each other. You might also feel differently about yourself and your body after a stroke. Having a communication problem can make it harder to talk about things and express your needs.

Some of the physical effects of stroke can change your sex life, such as bladder and bowel problems, fatigue and muscle weakness. Sex is very unlikely to cause another stroke, but you can ask your stroke nurse or GP for advice if you are worried.

If you're single it could change how you feel about dating. A stroke can affect your confidence and self-esteem, which can also make it harder to talk to people. However, many people establish happy, healthy relationships after a stroke.

Getting support with relationships and sex

It can be hard to talk about, but it's a good idea to seek help for problems with relationships and sex. You should be asked about sex and relationships when you have a post-stroke review. Contact your stroke nurse or GP to find out what help is available.

We have more information about relationships and practical tips about sex after a stroke at stroke.org.uk/sex-and-relationships.

Getting help with abusive relationships

If you feel that your partner or carer has become controlling or abusive, you can get information and advice online or by phone from organisations such as Refuge (support for women) or Stonewall (support for LGBTQ+ people).

Contraception after a stroke

Having a stroke often means that you're advised not to use the combi pill because it contains oestrogen, which is linked to a risk of blood clots.

If you are on blood-thinning medication you might be advised to stop using the pill. Some other medications can affect how the pill works, including some epilepsy medications and antibiotic drugs.

It's important to get the contraception that works for you. It can help with your wellbeing and relationships. And avoiding unplanned pregnancy is important because blood-thinning medication may harm an unborn baby.

You might be offered different contraception options depending on your risk factors. Progestogen-only contraceptives can be used by some people after a stroke. The intrauterine device (IUD) and intrauterine system (IUS), sometimes known as a coil, may also be an option. Other options include male and female condoms, cervical cap or diaphragm, and vasectomy.

If your periods are extra heavy due to blood thinning medications, some types of contraception such as an IUS can help to control this.

To find out what your options are, contact your GP or your local sexual health clinic. They may be able to refer you for specialist advice.

Trans men and non-binary people can search for information about contraception options at onlinedoctor.lloydspharmacy.com.

For more information about sex and relationships after a stroke visit stroke.org.uk/sex-and-relationships.



Being a carer after a stroke

Nearly two thirds (63%) of carers have a disability or health problem themselves, and women are more likely to be doing unpaid caring work and housework. As a carer, you may have responsibilities such as supporting a partner, older relatives and children. After a stroke, you might have fatigue or a limb weakness and other practical difficulties with caring, including financial problems.

For information and practical tips about support for carers visit stroke.org.uk/caring.

Register as a carer with your GP

You can register as a carer with your GP. This can give you access to some support such as checkups, mental health support and information about local services.

Carer's assessment

Ask for a carer's assessment by contacting your GP or local council. If the person you are caring for is also caring for you, they can have an assessment too. You can both have a care needs assessment. The council can recommend services and help, and may provide some funding depending on your income.

Make an emergency plan

Carers' organisations suggest creating a plan in case you have to go to hospital or have another emergency. Some councils have an emergency 'carer card' scheme which alerts family or professionals that you have had an emergency and they need to contact the person you care for. You can get ideas for emergency planning at carersuk.org/planning-for-emergencies.

Look for peer support

It can help to meet others who share your experience. There are stroke clubs and groups in person and online which you can find at stroke.org.uk, and many local areas have carers' groups.

The Stroke Association has a free online stroke forum at mystrokeguide.com where you can talk to other stroke survivors 24/7.

Support for parents

Different Strokes, the charity supporting younger stroke survivors, has a free family resource pack

differentstrokes.co.uk/family-support.

They offer support groups and services.

Contact their information line **0345 130 7172** or find them on Facebook.

Gingerbread has resources for single parents with disabilities with tips on finding emotional and practical support, and an online forum for single parents gingerbread.org.uk/information/disability.



Work and finances

A stroke can have an impact on your income and finances. We have information online and in print about the financial support and benefits available if you are on a low income or unable to work stroke.org.uk/benefits-and-financial-assistance.

We also have information about getting back to work after stroke, with practical tips about your rights and career changes stroke.org.uk/work.



Your health and wellbeing after a stroke

In this section we give some ideas for improving your overall health and making healthy lifestyle choices. You can find more information and practical tips at stroke.org.uk/reduce-my-risk.

To find out more about your individual risk of stroke, ask your pharmacist or stroke nurse for advice.

Be as active as you can

Moving around more and being as active as you can day-to-day will make a big difference to your health and wellbeing. You don't have to join an organized fitness activity like the gym. Walking, dancing, housework, gardening and swimming all get your body moving and help strengthen your heart and lungs. Start slowly and build up the amount you move bit by bit.

Being physically active has all sorts of benefits, including lowering blood pressure, reducing cholesterol and controlling blood sugar. On top of that it can make you feel good and help you deal with emotional problems.

Eat a healthy diet

Adding more vegetables and fruit to your diet can help you manage blood sugar levels and high blood pressure. Eating more fresh and home-made food can cut your salt intake, and reduce your blood pressure. Cutting down on saturated (hard) fats in your diet and eating small amounts of unsaturated fats (such as vegetable oils) will help you to lower cholesterol levels.

Stay a healthy weight

Having a good diet and being active can help you stay a healthy weight, which reduces your risk of a stroke. If you need to lose some weight, many people find it's helpful to have some support such as joining a club or using a weight-loss app. If you need advice, speak to your local pharmacist or GP about help available locally.

Quit smoking

Stopping smoking could be one of the best things you can do for your health.

You don't have to do it alone. Help is available for giving up, including nicotine replacement products on prescription and the Stoptober app. Talk to your GP or pharmacist to find out about local stop-smoking services. There might be a local face-to-face support service you can access.

Stick to alcohol limits

Regularly drinking too much alcohol raises your risk of a stroke. If you feel you are drinking too much, look for some advice on cutting down.

The UK safe limit for alcohol is 14 units a week. That's the same as about seven medium sized glasses of wine, or about six pints of beer. It's the same limit for men and women.

There are resources online at drinkaware.co.uk and your GP or pharmacist can advise you about help available locally.

Where to get help and information

From the Stroke Association

Helpline

Our Helpline offers information and support for anyone affected by a stroke. This includes friends and carers.

Call us on **0303 3033 100**, from a textphone **18001 0303 3033 100**
Email helpline@stroke.org.uk.

Read our information

Get more information about stroke online at stroke.org.uk, or call the Helpline to ask for printed copies of our guides.

My Stroke Guide

The Stroke Association's online tool My Stroke Guide gives you free access to trusted advice, information and support 24/7. My Stroke Guide connects you to our online community, to find out how others manage their recovery.

Log on to mystrokeguide.com today.

Other sources of help and information

All organisations listed are UK-wide unless otherwise stated.

Carers UK

Website: carersuk.org
Helpline: **0808 808 7777**
Information and advice for carers.

Diabetes UK

Website: diabetes.org.uk
Diabetes Careline: **0345 123 2399**
Email: Helpline@diabetes.org.uk
Helpline in Scotland: **0141 212 8710**
Email: helpline.scotland@diabetes.org.uk
Information and support for all people with diabetes.

Different Strokes

Website: differentstrokes.co.uk
Information Line: **0345 130 7072**
Help for younger stroke survivors and their families

The Migraine Trust

Website: migrainetrust.org
Leading patient support and research charity for migraine. Can provide details of specialist migraine clinics.

Women's Health Concern (WHC)

Website: womens-health-concern.org
A charity aiming to provide unbiased, accurate health information about the menopause and other aspects of sexual health. Runs a telephone helpline and email enquiry service provided by a team of nurses. Publishes a range of factsheets and leaflets on women's health issues.

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.

Accessible formats

Visit our website if you need this information in audio, large print or braille.

Always get individual advice

This guide contains general information about stroke. But if you have a problem, you should get individual advice from a professional such as a GP or pharmacist. Our Helpline can also help you find support. We work very hard to give you the latest facts, but some things change. We don't control the information provided by other organisations or websites.

© Stroke Association 2022
Version 4. Published November 2022
To be reviewed: September 2024
Item code: **A01F38**

Every five minutes, stroke destroys lives. We need your support to help rebuild them. Donate or find out more at stroke.org.uk.

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