

Your guide to eating well after a stroke

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

This guide is about how your diet can reduce the risk of a stroke. We also look at how your diet may change after having a stroke and what you can do to help manage changes to your diet.

This information is for people who have had a stroke or transient ischemic attack (TIA or mini-stroke) or are at risk of having one.

Other guides you may find useful include:

- **'Cholesterol and stroke'**.
- **'Swallowing problems after a stroke'**.
- **'Taste and smell changes after a stroke'**.
- **'How to reduce your risk of a stroke'**.

You can call our Stroke Support Helpline for printed copies of our guides or visit stroke.org.uk for all our information.

This guide covers:

- How your diet can change after a stroke.
- Managing your diet day-to-day.
- How healthy eating can help reduce your risk of another stroke.
- How to eat a healthier diet.
- Staying hydrated.
- Tips to help you manage your weight.
- Understanding food labels.
- Other ways to have a healthy lifestyle.

How your diet can change after a stroke

If you've had a stroke, your diet may change. This can happen for many reasons. It might be due to certain effects of your stroke, like swallowing problems or changes to your senses of taste and smell. Your thoughts and feelings about food may also change after having a stroke.

A change in your diet after stroke can be difficult to come to terms with. You may feel overwhelmed, sad or even angry.

In this section, we look at some of the new challenges you may be experiencing and how they may impact your diet.

Get individual advice

Not everyone who has a stroke will experience the effects listed. Everyone's experience of stroke is different. Talk to your doctor or dietitian for individual advice if you're having any ongoing problems affecting your diet since having a stroke.

Problems swallowing

Some people have difficulty swallowing (dysphagia) after they've had a stroke. You may only have problems swallowing certain foods or liquids. But for others, it may be very difficult to swallow most foods or liquids, or not possible at all. This can be upsetting and hard to deal with, but there is support available that may help.

If you have problems swallowing after a stroke, your hospital team should refer you to a speech and language therapist. They are specialists who support people with swallowing and communication difficulties. Your GP can also refer you to a speech and language therapist if you need support. A dietitian can also give you support and information on how to increase the calories (energy) and protein in your diet, if you're finding it difficult to eat your usual diet while having problems swallowing.

For more detailed information on swallowing problems, including getting support for changes to eating and drinking and tube feeding, call our Stroke Support Helpline for a copy of our guide, '**Swallowing problems after a stroke**', or visit stroke.org.uk/swallowing

Loss of appetite

If you've had a stroke, you may notice your appetite has changed and you may feel less hungry. This may be caused by the stroke or by other factors, such as feeling depressed, tired, anxious or in pain. Having a reduced appetite, and not eating enough food, may mean that you lose weight.

For most people, your appetite will return to normal in time. But if your appetite remains poor, talk to your doctor or a dietitian. It is important to give your body the food and nutrients it needs to feel well and energised, help with your recovery and avoid you becoming malnourished. See the 'Avoiding weight loss' section on **page 12**.

Change in taste and smell

Some people experience changes to their senses of taste and smell after a stroke.

Taste and smell play an important role in your diet and enjoyment of food. Any changes can have a big impact on your life. You may stop eating some foods you normally enjoy if you have problems with taste or smell.

These changes may only be temporary and could improve as you recover. But for some people, changes to taste and smell may last longer. Medications and tooth or gum infections can also affect your sense of taste or smell.

Talk to your doctor if your taste and smell is different since having a stroke. They may be able to refer you to a dietitian. Our guide, '**Taste and smell changes after a stroke**' has more information.

Other effects of stroke

You may experience some new challenges from other effects of a stroke. These may affect your diet, eating habits and hydration.

You may experience any of the following:

- Balance problems.
- Problems with memory and thinking (cognitive problems).
- Pain.
- Fatigue (tiredness which does not improve with rest).
- Problems with hand-eye coordination.
- Muscle weakness or paralysis (for example, in your leg, arm or hand).

All these things may impact how you shop, cook and eat. You may have to do things differently to how you did them before. This can take a while to get used to and can be difficult to deal with, especially if you've always been independent.

Remember, ask for help if you need it. Talk to your family and friends about the support you need. Your stroke team or GP surgery may be able to refer you to local support services or therapists.

Your feelings towards food

How you feel and think about food may change after you've had a stroke.

For many of us, food plays an important role in our lives. This might include going to restaurants, sharing food with others or cooking. For some people, food can form part of their identity and culture. If your diet or the foods you eat have changed since having a stroke, it can be upsetting and difficult to accept.

If you have swallowing problems, you may have to change how you eat. You may need softer or pureed food to make it safer to swallow. This could affect your enjoyment of food and may be an overwhelming experience.

Many people experience low mood and anxiety after a stroke, including around food and eating. Contact your GP surgery to find out what support is available to you. You may also find it helpful to talk to others who understand what you're going through. You can chat to others who have had a stroke and share experiences on our Online Community at onlinecommunity.stroke.org.uk

Managing your diet day-to-day

It can be difficult to adjust to any effects of a stroke that you may have. Contact your GP if you need more support with any effects. Our Stroke Support Helpline can also help you find sources of support.

Food shopping and planning your meals

After a stroke, day-to-day tasks may not be as easy as they were before. You may find it harder to plan your meals or get to the supermarket.

If you can, write a shopping list before you go to the shops, or ask a friend, family member or carer to help you. This will help you stay focused when you're shopping.

Planning your meals in advance can be helpful. Cooking meals in larger batches and freezing them can save time and money. It also means that you'll have healthy meals available, even on days when you do not feel like cooking or have less energy.

Online grocery shopping may be a good option if you find it difficult to get to a supermarket, get around the store with a trolley or basket, or if busy shops feel overwhelming. With online shopping, you can choose items in your own time and pay to have them delivered to your home at a time that suits you. Family, friends or carers may also be able to help by shopping online for you.

'It's about eating better and healthier. Now my cupboard and fridge don't resemble anything like they did.'

Pamela, stroke survivor

Your guide to eating well after a stroke

Cooking for yourself and your family

Some effects of your stroke may impact the way you cook and prepare food, such as fatigue or weakness in your arm and hand. You may have to change the way you cook and prepare food.

These changes may be difficult to adjust to, especially if you normally enjoy cooking. Kitchen equipment is available for people with disabilities to help with some tasks, such as pouring a kettle, opening a tin or cutting up food. An occupational therapist (OT) can advise you on equipment, kitchen adaptations and strategies to support you with cooking, shopping and feeding yourself. Your GP can refer you to an OT. See our guide, '**Equipment for independent living and mobility**' for more information.

If you're finding it difficult to cook, you could try ordering some pre-prepared meals to your home. You can buy them online and they often arrive frozen, ready to be cooked in a microwave or oven.

Watch our online cooking videos

For more information about cooking and healthy recipe ideas, watch our cooking videos at stroke.org.uk/stroke/manage-risk/eat-healthy-diet/recipe-ideas. They also include some tips for preparing food with one hand.

Food and medication

Some types of medication can be affected by the foods you eat. If you've had a stroke or TIA, you will usually be offered cholesterol-lowering medication called statins, unless there are other medical reasons which means they are not suitable for you. If you take statins, ask your pharmacist or doctor if you need to avoid any certain foods or drinks, for example, grapefruit juice or alcohol. If you have any problems or questions about your medication, speak to your doctor or pharmacist.

If you take the anticoagulant warfarin, speak to your doctor before changing your diet.

See our guide, '**Blood-thinning medication and stroke**', for more information on blood-thinning medications.

How can healthy eating help you reduce your risk of another stroke?

Eating a well-balanced diet can help you feel better and reduce your risk of having another stroke. Eating healthily can also help you to manage:

- High blood pressure.
- Diabetes.
- High cholesterol.
- Your weight.

A well-balanced diet may also help you feel less fatigued (tired) and reduce your risk of having some bladder or bowel problems.

How can you eat a healthier diet after a stroke?

In this section, we look at foods you should include in your diet and foods you should try to reduce.

Where to get support and advice

If you need help with your diet, contact your GP surgery for individual advice. They may be able to refer you to a dietitian. A dietitian can also support you if you need specific dietary changes for other health conditions, such as diabetes or managing your weight. If you have unintentional weight loss or a significant reduction in your appetite after a stroke, speak to your doctor who can refer you to a dietitian for individual advice.



Fruit and vegetables

You should aim to eat at least five portions of a variety of different fruits and vegetables each day. Even eating just one daily portion of fruit or vegetables may help to reduce your risk of stroke, compared with eating none. Every extra portion you eat may help reduce your risk even further.

If you do not normally eat a lot of fruit or vegetables, try gradually increasing the number of portions you eat. You could take a piece of fruit to work, add a salad to your lunch or try making a simple vegetable soup. Even small changes and simple swaps will help.

What are the benefits?

Fruit and vegetables contain a range of vitamins, minerals and fibre. These include antioxidants such as vitamins A, C and E and beta-carotene, which may help to prevent damage to your arteries. You don't need to take supplements to get enough antioxidants, unless advised to by a health professional.

Try to eat a range of foods containing all the vitamins you need, including a variety of different coloured fruit and vegetables.

What is a portion?

One portion of fruit or vegetables weighs about 80g. For example, a portion may include the following:

- An apple or two plums, a handful of berries, or three heaped tablespoons of fruit salad.
- 30g or one heaped tablespoon of dried fruit.
- A small glass of fruit juice or smoothie (150ml) counts as a maximum of one daily portion. This is because it is low in fibre and contains a lot of natural sugars.
- Three heaped tablespoons of raw, cooked or tinned vegetables.
- A small bowl of mixed salad.

Tips for eating more fruit and vegetables

You may find it difficult eating five portions of fruit or vegetables a day. Here are some things you can try which may make it easier, more enjoyable and affordable.

- Choose a colourful variety of fruits and vegetables. This will help you to get a range of vitamins and minerals, including antioxidants. You could try courgettes, mango, berries, broccoli or peppers.
- Tinned fruit and vegetables count towards your five a day and can be cheaper to buy than fresh versions. Choose fruit in natural juice rather than syrup, and vegetables in water with no added salt or sugar.
- Frozen vegetables and fruit are full of the same nutrients and fibre as fresh. They are often cheaper to buy than fresh and you have less food waste. Try adding some frozen berries to porridge or frozen chopped vegetables to a homemade pasta sauce.
- Try replacing crisps and chocolate with healthy snacks. For example, a piece of fruit, raw carrot sticks with some humous or a small handful of unsalted nuts.



Salt

Salt contains sodium which helps to keep your body fluids at the right level. If you have too much salt, the amount of liquid your body stores will increase. This raises your blood pressure.

High blood pressure (hypertension) is the single biggest risk factor for stroke. It can cause the walls of your arteries to harden and narrow and cause a build-up of fatty material. This increases the risk of blood clots forming, which can lead to an ischaemic stroke. High blood pressure also puts a strain on the walls of the arteries inside your brain. This increases your risk of a blood vessel bursting and bleeding into the brain. This is called a haemorrhagic stroke.

Eating too much salt can increase your risk of a stroke by up to 23%. By reducing the amount of salt you eat, you can lower your blood pressure and your risk of stroke. For more information, read our guide, **'High blood pressure and stroke'**.

How much salt do I need?

Adults should eat no more than 6g of salt a day, or about a teaspoon. Remember, there is a large amount of hidden salt in processed and ready-made foods.

A quick way to keep track of your salt intake is by reading the salt or sodium content on the food labels. Salt could be listed as either salt or sodium. Sodium is always a smaller number than salt, so multiply it by 2.5 to get the amount of salt.

- A high amount of salt is more than 1.5g per 100g, or 0.6g sodium.
- A low amount of salt is 0.3g or less per 100g, or 0.1g sodium.

Read more about understanding food labels on **page 12**.

Try making some of the following changes to reduce the amount of salt in your diet.

- When comparing two similar products, try to go for the one with the lowest salt content – small changes can make a big difference.
- Try to avoid adding salt to your food during cooking and at the dinner table.
- Try using herbs, spices, garlic or lemon juice to add flavour instead of salt.
- Make your own sauces, pickles or chutney to control how much salt goes in, as many pre-made versions can be high in salt.
- Choose tinned fish in spring water instead of brine.
- Avoid high salt foods, supermarket ready-made meals, and processed meat such as bacon, ham and sausages. Many other everyday foods can have a high salt content, such as tinned and packet soup, gravy granules, stock cubes and savoury snacks like crisps.
- Some cheeses can have a high salt content, but cheese also provides some healthy nutrients, such as protein and calcium. Check food labels to see if lower-salt versions are available and watch your portion sizes. A standard portion of cheese is 30g (about the size of small matchbox).

'I've been trying to cook without salt. Instead, I add fresh ingredients like garlic, chillies, coriander and chives to flavour my meals.'

Olivia, stroke survivor



Fibre

Including fibre in your diet can help to reduce your risk of stroke. It also helps to keep blood sugar levels stable and helps you manage your weight. It can also help with constipation and keeping your immune system strong.

Adults should aim to eat about 30g of fibre every day. One portion of fibre is about 7g. That is equivalent to a standard portion of wholemeal pasta (70g dry weight) or two slices of wholemeal bread.

You can find fibre in plant-based foods. The amount of fibre in food is often on the label. Sometimes, people may refer to fibre as insoluble and soluble fibre.

- **Soluble fibre** delays the time it takes for you to digest food, making you feel fuller for longer. It can regulate blood sugar levels and help reduce cholesterol. It does this by binding to excess cholesterol and fatty substances in the gut. This stops them from going into your bloodstream. You can find soluble fibre in grains like oats, barley and rye. Fruit, vegetables and beans, pulses and peas (such as lentils, chickpeas or kidney beans) are other good sources of soluble fibre.
- **Insoluble fibre** shortens the time it takes for food to move through the bowel. It can also improve the balance of good bacteria in the gut. To boost your intake, try eating the skin on fruit and vegetables like apples and potatoes. Go for wholegrain varieties of starchy foods like pasta and bread.



Wholegrains

Including wholegrains in your diet can help to prevent type 2 diabetes, heart disease and weight gain. Wholegrains are a good source of B-vitamins and folic acid, as well as both soluble and insoluble fibre.

Wholegrain means all three parts of the grain (skin, germ and seed) are contained within the food. When the skin (outer layer) is removed, the grain becomes 'refined', such as in white flour or white rice. The skin is where most of the fibre, vitamins and minerals are stored. This is why wholegrain foods tend to contain more vitamins and minerals than refined foods.

Try some of the following tips to help get more wholegrains in your diet.

- Start off by adding wholegrains into some of your main meals. Try brown rice instead of white, or wholewheat pasta and wholewheat couscous.
- Look for wholegrain breakfast cereals.
- Choose wholegrain bread, and try bread made with rye and other grains.
- Oats can help lower cholesterol due to a type of soluble fibre called beta-glucan. Oat bran, rye and barley also contain beta-glucan. Having 3g beta-glucan a day can help reduce your cholesterol. Three reduced-salt oatcakes can provide about 1g and a 40g bowl of porridge can provide between 1-2g. Barley or pearl barley added into a stew can also contribute.

If you cannot eat gluten or wheat, try alternative grains such as buckwheat, corn, rice, quinoa and millet.



Sugar

Some foods and drinks contain a lot of added sugar. You may hear these called 'free sugars'. Free sugars are added sugars and sugars found naturally in foods such as honey, syrups, unsweetened fruit or vegetable juices, smoothies and purées.

Eating too much sugar in your diet may mean that you're eating too many calories. This can cause weight gain, which increases your risk of stroke, heart disease and type 2 diabetes. It can also lead to tooth decay.

Foods which often contain added sugar include:

- Fizzy drinks and some squashes – a high intake of sugary drinks has been linked to an increased risk of stroke.
- Biscuits, cakes, jams, sweets and chocolate.
- Ready-made pasta sauces.
- Cereals like muesli, cornflakes and granola.
- Tomato ketchup and baked beans.
- Some foods sold as 'low fat' may contain extra sugar.

Try to limit your sugar intake by eating no more than 30g of added sugar a day. This is about seven teaspoons of sugar. This may sound a lot, but one can of fizzy drink may contain more than eight teaspoons, so try swapping to water or other sugar-free drinks to help limit your sugar intake.



Protein

Protein helps the body repair cells and maintain muscle strength. The NHS Eatwell Guide recommends about 45g of protein a day for an average woman and 55g for an average man, which is around two portions a day. However, if you're aged over 65, you may need more protein than that, to help maintain muscle mass as you age. One portion of protein is roughly about the size of the palm of your hand.

Protein is found in foods like meat, poultry (chicken and turkey), fish, eggs, pulses (such as lentils) and beans. Dairy products, nuts and meat alternatives also include protein.

When thinking about how to include protein in your diet, consider the following:

- Aim to keep your intake of saturated fat low by choosing lean cuts of meat.
- Aim for two servings of fish per week, including oily fish, like mackerel, salmon, sardines or trout.
- Aim to spread your protein intake evenly throughout the day, eating a similar amount for each meal.

Red meat can be a good source of protein and nutrients. However, red meat can also be high in saturated fat, which can raise your cholesterol, a risk factor for stroke. National stroke guidelines recommend limiting your red meat intake, especially fatty cuts and processed meats, which are often high in salt.

If you regularly eat processed meat, it's a good idea to cut down. Eating processed meat, such as sausages or bacon, regularly may increase your risk of stroke by around 17%, compared with eating none.

Beans and pulses are a good alternative source of protein. You could try using them to replace some or all of the meat in dishes like curries and casseroles. They also contain soluble fibre that can help lower your cholesterol.

Beans and pulses also contain vitamins and minerals. Three heaped tablespoons (around 80g) can contribute towards one of your recommended five portions of fruit and vegetables a day.

Nuts are a source of protein as well as healthy fats. But remember they are high in calories, so you only need a small handful.

Dairy products like milk, cheese and yoghurt also provide protein, as well as calcium which is important for strong bones. Look for lower-fat versions, such as skimmed or semi-skimmed milk and plain or low-fat yoghurt with no added sugar, if you are trying to lose weight or manage cholesterol levels.



Fat

We all need a small amount of fat in our diet. It is a valuable source of energy and it helps the body absorb certain nutrients. It can also provide substances called essential fatty acids that the body cannot make itself.

However, too much fat in your diet may mean you're eating too many calories. This can cause weight gain, which can increase your risk of stroke.

Below, we look at the different types of fats and what they do.

Unsaturated fats

Unsaturated fats are mainly found in fish and in plant-based foods, like nuts and seeds or the oils that come from them. Unsaturated fats tend to be oils, not solid fats.

Eating small amounts of unsaturated fats (instead of saturated fats) can help to prevent blocked arteries and blood clots, which can cause strokes.

Saturated fats

Saturated fats are usually solid. They can raise cholesterol in your blood, which can lead to blocked arteries and heart disease.

Saturated fats are mainly found in meat and dairy products. These include fatty red meat, processed meats (like sausages and meat pies), butter, cream and cheese. Palm oil, coconut oil, lard and ghee are also high in saturated fat.

Reducing the amount of saturated fat in your diet will help keep your heart healthy. Try eating more foods that contain healthy fats, such as salmon, sardines and avocado. Swap to small amounts of vegetable oil, such as rapeseed oil, if you're using oil for cooking.

Trans fats

Trans fats are artificial fats mostly found in processed foods like cakes, biscuits, margarine and fast foods. Trans fats can raise the 'bad' cholesterol and reduce the 'good' cholesterol in your blood. This can increase your risk of stroke and heart disease.

Trans fats are made from liquid oils being turned into a solid fat by a process called hydrogenation. They are usually called hydrogenated fats on food labels.

For more information on managing cholesterol, read our '**Cholesterol and stroke**' guide.

Omega 3 and omega 6 fatty acids

Omega 3 and omega 6 fatty acids are types of polyunsaturated fat. These are known as essential fatty acids. They play an important role in the body. It is thought they help to keep artery walls healthy, regulate blood clotting and lower blood pressure.

Omega 3 and omega 6 fatty acids tend to be found in oils from plants, like rapeseed oil and sunflower oil, and in oily fish. They are also found in nuts and seeds, such as walnuts and flax seeds, and soya products.

There is no strong evidence to say for sure if omega 3 and omega 6 fatty acids reduce the risk of stroke. However, research has shown that when you include them in your diet, together they work well at helping you manage 'good' and 'bad' cholesterol. It's best to get them from your diet, as there's no clear evidence that omega 3 supplements can reduce your risk of cardiovascular disease.

What is a Mediterranean-style diet?

You might have heard of a 'Mediterranean-style diet', a term used to describe the balance of foods traditionally eaten in southern European countries such as Italy, Spain and Greece. It typically includes a high intake of fruit, vegetables and wholegrains, regularly eating fish and reducing red meat intake, and using unsaturated fats like olive oil instead of saturated fats like butter. This style of eating has been linked with reduced risk of high blood pressure, high cholesterol and type 2 diabetes. These health conditions increase your risk of stroke.

In the UK, the Eatwell Guide has similar recommendations of the balance of healthy foods you should eat each day. You can find the Eatwell Guide on the NHS website at [nhs.uk/live-well/eat-well](https://www.nhs.uk/live-well/eat-well). There are also tips for eating healthily if you are a vegetarian or vegan.

Staying hydrated

It's important to drink enough and stay hydrated to help with your recovery.

The NHS Eatwell Guide recommends you drink six to eight cups or glasses (about 1.2l to 1.6l) of fluid a day. You may need to drink more, for example, when you're ill, during warm weather or if you're exercising, to avoid becoming dehydrated. Water, low-fat milk and sugar-free drinks, including tea and coffee, all count towards your fluid intake.

You need to drink enough throughout the day. If you do not drink enough, you may become dehydrated, which can make you very ill. Signs of dehydration include having dark yellow wee or feeling thirsty or dizzy.

If you find it hard to remember to drink regularly, you could try using prompts like setting an alarm on your phone or putting a note on your fridge. Try to make drinking regularly part of your daily routine, such as having a drink with each meal and taking a bottle of water with you if you're going out.

If you're having problems swallowing, staying hydrated may be more difficult. Contact your stroke team or GP as they may be able to refer you to a speech and language therapist.

Tips to help you manage your weight

Maintaining a healthy weight is important for your general health. There are things you can do to help you keep your weight under control.

Managing your weight if you're overweight

Being overweight or obese increases your risk of many health conditions, including high cholesterol, stroke and type 2 diabetes.

If you've had a stroke and are overweight or obese, try making gradual changes to your diet and exercise habits. This will help you lose weight and maintain a healthy lifestyle long-term. Contact your GP surgery if you need help or support losing weight.

The NHS website has information about body mass index (BMI), a measurement of healthy weight based on your height. The website also has a tool to calculate your waist-to-height ratio. This can help you understand if you're carrying excess fat around your waist, which is linked to health problems including type 2 diabetes.

The following tips may help you maintain a healthy weight:

- Eat balanced meals with plenty of fruit, vegetables and wholegrains.
- Try to cook your own food if you can, so you can keep fat, sugar and salt low.
- Keep takeaways for occasional treats only.
- Choose low-fat options for milk, cheese, yoghurts, spreads and salad dressings. But remember, some low-fat options are high in sugar – look at the food label if you're not sure.
- Choose lean cuts of meat and trim off visible fat. Replace fatty cuts of red meat with poultry, such as chicken or turkey.
- Steam, grill, bake, poach or simmer, rather than frying your food.

Your guide to eating well after a stroke

- Try to eat only as much as you need. If you consume more calories than your body needs, then the extra energy is usually stored as fat. This will cause you to put on weight.
- Use smaller plates and bowls to help control your portion sizes.
- Alcohol is often high in calories, so try to cut back. See **page 13**.
- Regular physical activity can also help you manage your weight. See **page 13**.

There are also weight-loss medications available on prescription from the NHS for people who meet certain criteria. It's important to talk to your doctor first for individual advice on whether these treatments may be suitable for you.

See **stroke.org.uk** for more information.

Avoiding weight loss

After a stroke, some people may have a smaller appetite, feel differently towards food, or have difficulties like fatigue or swallowing problems. These things can lead to you eating less, which can cause weight loss.

It's important for your general health and recovery that you try to stay a healthy weight. If you're not getting enough nutrients and energy from your diet, you risk becoming malnourished. This is a serious condition which means you may lose weight, feel tired or weak, or get sick more often and take longer to recover from illnesses.

If you're having problems eating, you're losing weight unintentionally or have concerns about changes in your appetite or diet, contact your GP. They may be able to refer you to a dietitian. They will be able to assess you and give you support with nutrition and information about how to avoid weight loss. For example, eating foods which are smaller in portion size and easy to eat, but high in calories.

If you cannot get all the nutrients you need from your diet alone, other options, such as prescribing nutritional supplements, may be recommended.

Understanding food labels

Most pre-packed foods have a nutrition label on the packaging. These labels must include information on energy (calories), protein, carbohydrate, sugars, fat, saturated fat and salt. They may also provide additional information on fibre.

All nutritional information is provided per 100g or 100ml. Sometimes there is information listed per portion of the food.

Many nutritional labels use the 'traffic light' colour coding system of red, amber and green boxes. This tells you at a glance if the food has high, medium or low amounts of fat, saturated fat, sugars and salt. The more green boxes on a label, the healthier the food. Red boxes warn you of high levels of salt, fat or sugar.

Remember, ingredients are usually listed in order, from the largest amounts first to the smallest last. So, the lower down the list of ingredients something is, the less is in the food. If sugar is near the top of the list, it's likely to be a high-sugar food.

Other ways to have a healthy lifestyle

As well as managing your diet and eating well, it's also important to make other lifestyle changes where you can. Here are some other changes you can make to help you lead a healthier lifestyle and reduce your risk of having another stroke.

More information

You can find more detailed information about each of these topics at **stroke.org.uk** or call our Stroke Support Helpline for printed copies.



Being active and exercising

Keeping active can improve your fitness, help you stay a healthy weight and can help lift your mood. Being a healthy weight can help to reduce your risk of stroke and type 2 diabetes, and can lower your cholesterol.

Even a small amount of physical activity can make some difference, for example, pottering in the garden, gentle stretches or walking. Try being active every day and reduce the time that you spend sitting. Take things at your own pace. You can check with your doctor or physiotherapist if you're unsure about starting a new physical activity.

See **stroke.org.uk/getting-active** for more information and exercise videos for stroke survivors.



Reducing alcohol

Cutting down on alcohol can reduce your risk of health conditions, including stroke. It may also help reduce tiredness and improve your mood.

The NHS recommends that adults in the UK drink no more than 14 units of alcohol per week, spread across at least three days, with several alcohol-free days in the week.

That's around six pints of average-strength beer or six medium-sized (175ml) glasses of wine. Contact your GP surgery if you need help cutting down on alcohol or visit **drinkaware.co.uk**



Stopping smoking

Smoking increases your risk of certain health conditions, including stroke. If you smoke, quitting is one of the best things you can do for your health.

You're more likely to quit for good if you use a stop smoking service. Your GP surgery or pharmacist can tell you about stop smoking services in your area, or visit **nhs.uk/better-health** where you can find tools such as the NHS Quit Smoking app.



Managing stress and anxiety

Research shows stress and anxiety can have a negative impact on your diet and weight. For example, if you're very stressed, you may eat more which could lead to weight gain.

It's normal to experience some stress and anxiety from time to time. But if you often feel anxious, stressed or in a low mood, contact your GP who may be able to refer you for some help.



Improving your sleep

Sleep plays an important role in our health. We need enough sleep to feel well and energised. Poor sleep can affect our diet and weight, which can lead to health problems.

Adults typically need between 7 to 9 hours a night. If you're having problems sleeping or struggling with fatigue after a stroke, contact your GP.

Where to get help and information

From the Stroke Association

Stroke Support Helpline

Our Stroke Support Helpline offers information and support for anyone affected by stroke, including family, friends and carers.

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

Read our information

Log onto stroke.org.uk, where you can find easy-to-understand information, videos and an online community to support you. You can also call the Stroke Support Helpline to ask for printed copies of our guides.

Other sources of help and information

Action on Salt

Website: actiononsalt.org.uk

Information about salt and how to reduce how much you eat.

British Dietetic Association

Website: bda.uk.com

Provides factsheets on various aspects of diet and nutrition, including cholesterol.

British Heart Foundation

Website: bhf.org.uk

Telephone: **0300 330 3311**

Information and support for eating a healthy diet, including a tool to find healthy recipes.

NHS Eatwell guide

Website: nhs.uk/live-well/eat-well

Information from the NHS about food, diet and cholesterol.

Your notes

[illegible]

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 Stroke Support 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.

You know more than most just how shocking and confusing having a stroke is. We're here to support you and your family find the strength and determination to get back to life.

Learn more about stroke support: **stroke.org.uk**

© Stroke Association 2025
Version 2. Published: June 2025.
To be reviewed: September 2027.
Item code: **A01F46**

Stroke Association is registered as a charity in England and Wales (No 211015) and in Scotland (SC037789). Also registered in the Isle of Man (No. 945) and Jersey (No. 221), and operating as a charity in Northern Ireland.