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Unrecognized Risk

By Mary Ann Roser

38-year-old Austinite Robert Reyes is one of a growing number of young stroke patients who often don't know the risks or the signs. It's not just an affliction that strikes the elderly.

Robert Reyes was living like many single 30-somethings in Austin: Working long hours and playing just as hard. Dying at age 37 was not on his agenda.

Yet there he was, eating and watching TV at his apartment last April when he felt a sudden pain in his head and a tingling in his left side. His 4 p.m. shift as a manager at the Alamo Drafthouse Ritz would start in an hour, and he needed to get ready. His co-workers knew he was a hypochondriac, he says with a sly smile, so he wasn't going to call in sick when he might feel fine after a shower.

"I was walking funny when I got out of the shower," said Robert, now 38. "I called my brother and said, 'Hey, I need your help. I think there's something wrong with my brain.'"

Indeed, there was. Robert was having a [hemorrhagic stroke](#)—when a weakened vessel ruptures, causing blood to leak in the brain. He wouldn't learn until later how close he came to dying. Nor would he imagine how drastically his life would change or that others would rally to help him, calling him inspirational and citing him as the catalyst for underscoring the Drafthouse's commitment to help workers felled by serious illness.

Strokes are the [fifth leading cause of death](#) in America, killing 130,000 people a year. Although they are far more common in the elderly, stroke rates are rising among adolescents and young adults, according to a 2011 study in the journal *Neurology*. The study found that hospitalizations for [ischemic stroke](#), which occurs in 87 percent of stroke patients

and happens when blood flow to the brain is blocked, rose more than 30 percent in children and younger adults between 1995 and 2008.

Although strokes in younger people often are caused by a tear on the inside wall of an artery or some other rare condition, experts think the rising rates are related to poor diet, high cholesterol and unchecked high blood pressure—all of which can be prevented.

[Hispanics have strokes at younger ages](#) than whites and have more risk factors, including obesity, according to Centers for Disease Control and Prevention.

But few public health messages warn young people about stroke, even though they engage in risky behaviors that can contribute to strokes, including smoking and using drugs. That lack of awareness is a reason some young people delay getting help. They don't realize a stroke could happen to them or that waiting could be fatal, experts said.

“The thought of a stroke has never occurred to any patient I have ever seen under age 45, until after it's happened,” said Dr. Ford Vox, a physical medicine and rehabilitation physician who helps young adults at the [Shepherd Center](#) in Atlanta, a leading rehabilitation hospital for patients with brain and spine injuries.

A high blood pressure reading should prompt a person to monitor his or her pressure regularly, he said.

Women on birth control pills need to be wary of clots, which can cause a stroke, said Dr. Jefferson Miley, vascular and interventional neurologist at the [Seton Brain and Spine Institute](#). Illicit drugs, such as cocaine and Ecstasy, raise heart rates and blood pressure.

Up to 80 percent of [strokes are preventable](#), according to the National Stroke Association.

“Unfortunately, some young people have high blood pressure but won't discover they have it until they have a stroke,” Miley said. “It's one of those things no one talks about.”

Stroke was one of the last things on Robert's mind.

Not so invincible

“I had this feeling of being invincible,” Robert said. “Nothing could take me down. Prior to this, I was able to get away with a lot. ... I thought it would be 40 years before I paid for any of the stuff that I had done.”

The bill came due much sooner.

“I was leading kind of a reckless life,” he said. “I think there are lots of reasons to go out and have drinks with your friends, and I found every single one of those reasons, every single day.”

In addition to partying too much, he smoked and wasn't sleeping well, he said. His blood pressure was high — a key warning sign. His former primary care doctor had put him on medication, but as Robert felt better and resolved to drink less and eat better, the doctor took him off early last year, Robert said.

Three months later, on April 10, he had the stroke. He made the frightening call to his brother, Ric Reyes, and then dialed 911.

Although the symptoms had started just 20 minutes earlier, Robert's speech already was slurred, Ric said. He dashed from his desk at Austin Community College where he works as an administrative assistant and fought traffic between downtown and Robert's North Central Austin apartment. Two ambulances already were there, and Robert was in one of them.

He was nauseated and had vomited.

“When they said stroke, it was more than just surprising,” Ric, 33, said. “It was devastating. I never thought someone that was young could have a stroke. In my head, people who had strokes were much older and very unhealthy.”

Ric added that he was grateful for his brother's hypochondria. Had Robert waited on him for a ride to the hospital, he might not have survived.

‘His chance was 40%’

Young people are less likely to dial 911, thinking that if they just wait, the symptoms will go away, said Dr. Monica Verduzco-Gutierrez, clinical co-director of TIRR Memorial Hermann Outpatient Clinic in Houston.

“This is a big public health issue, and we need to make more awareness to young adults,” she said.

The mantra with stroke is “time is brain.” For every minute a stroke is untreated, neurons are destroyed. And Robert's stroke was the more serious kind. His speech and vision deteriorated in the ER, along with his ability to move his left side.

“These types of patients don't survive,” said Dr. Robert Lee, medical director of stroke and rehabilitation recovery at St. David's Rehabilitation Hospital. “His chance was 40 percent.”

Doctors immediately started medications to bring down Robert's soaring blood pressure.

Eight days later, Robert was transferred to the rehabilitation hospital where he spent a month, continuing the grueling process of relearning to talk and walk. He also was struggling with mental confusion and double vision.

After he was discharged, he would spend three more months as an outpatient at the rehab hospital, going three times a week, as much as his health insurance plan through the Draffhouse would allow.

Ric moved across the street and became Robert's primary caregiver, using a sick leave policy in which generous ACC employees shift accumulated sick days to co-workers in need. Their parents, who live in Kyle, filled in, Ric said.

"I knew as soon as he had a stroke, I knew I wasn't going to leave his side," Ric said. He became certified in first aid.

Robert did his part, too. He changed his life and took steps to prevent another stroke, a higher risk for people who have already had one.

"I don't drink any more," Robert said. "I don't even drink coffee. And I don't eat red meat any more. All of these are big changes for me."

He's lost 20 pounds and is at the gym early, sometimes by 4 a.m.

Ric stopped drinking in solidarity and to improve his own health. The brothers sometimes work out together.

Relearning to walk

Younger people who survive a stroke generally have a better prognosis than their elders, Lee said, but they are more stunned by how long recovery takes — months, or sometimes years. They also undergo more intensive rehab because many have jobs and families, with many more years of bread winning ahead of them.

Last year, St. David's started the [Active Adult Stroke Rehab Program](#) because of the rising number of younger stroke patients. Such programs are springing up around the country, said Vox, in Atlanta. Unfortunately, he said, some health insurers haven't caught on that rehab requires more than short bursts of time, especially for younger adults.

Those programs help young adults in their recovery because they see others like them, he said.

Although Robert graduated from the outpatient program in late summer, he still stops by the hospital to visit his therapy team and encourage other patients.

“My therapists and doctors worked so hard to keep me alive and give me the right stepping stones for my future. I feel like I need to show them some sort of respect,” he said.

He added that he felt overwhelming gratitude. “This whole situation has taught me real patience,” he said.

Bob Whitford, a senior occupational therapist at St. David’s Rehabilitation Hospital, worked with Robert on the skills he needed to dress himself, move about and perform basic tasks. Whitford lost an arm in childhood and understands the frustration people like Robert feel when their body no longer works the way it once did.

He retrofitted an adult tricycle so Robert could start riding again. It had been Robert’s habit to bike to work.

“He needed some kind of an emotional carrot,” Whitford said. “He said, ‘I didn’t think I could do this.’ It was a springboard for trying other things. ... A lot of people are afraid of failure, but Robert is open to trying new things. I just set the foundation for him.”

Robert went back to the Drafthouse part time in late September but wasn’t ready to return as a manager at the Ritz. Instead, Drafthouse founder and CEO Tim League asked Robert — who has been with the Drafthouse since it had just one cinema — to write copy for the website.

He paid Robert his salary while he was out.

“It wasn’t necessarily policy beforehand, but it felt like the right thing to do,” League said. “We had a few situations over the years where people have had health issues, and it doesn’t feel right not to support that person during difficult times.”

League said the door is open for Robert to return to management.

“I saw him in the hospital and he could barely move, but he was super upbeat. That’s a huge inspiration to everybody at the Drafthouse for being so aggressively positive in the face of a challenge that I can’t even imagine.”

A new outlook

Robert said he has been buoyed by the generosity of League and his co-workers, family and friends, who built a ramp for his apartment when he was using a wheelchair.

“Because they were so willing to do that, it made me more willing to lend a hand when someone else is in need,” he said. “Prior to this it was more me, me. Now it’s how can I help?”

His physical therapist at the hospital, Victoria Daacon, said she has seen him give his phone number to other stroke patients so he can provide support.

People are drawn to him and his unfailing sense of humor, Daacon said, adding that she had a ministroke called a TIA (transient ischemic attack) at age 27. High blood pressure was the culprit.

Robert has changed in other ways, too. He thinks more about the future and setting goals. His horizon has broadened from thinking ahead a few days to months and years. He wants to be jogging six months from now and proudly adds that he started walking without a cane, though slowly, on Dec. 18. He wants to spread awareness about strokes in young adults and agreed to share his story out of that desire.

“One of my best friends was just diagnosed with cancer, and she told me my story is something that inspired her,” he said. “I didn’t even know I was capable of that. ... Learning to be selfless has really changed my perspective on everything.”

Lee said he’s optimistic Robert will make a full recovery. He cited Robert’s strong motivation and hard work. Robert had quit some bad habits cold turkey.

“Smoking or drinking can impede that growth,” Robert said. “I really got a second chance at everything. I feel so much better now. Why would I want to go back to that?”