HEALTHY LIVING

The road to recovery

Life became an uphill battle for runner who suffered a stroke

BY PAMELA LEBLANC
Cox News Service

John Murphy remembers feeling a little strange around mile 23 of the 2005 Chicago Marathon.

The race had started well. He had cruised along the shoreline of Lake Michigan, looped back near Wrigley Field and run through the financial district. But just before the course veered back into downtown, he felt dizzy. His left hamstring cramped. He had trouble seeing with his right eye. The Austin, Texas, marketing professional figured he was just dehydrated. He drank some water, stretched a bit, then ran on. Annoyed because he'd lost time, he picked up the pace, crossing the finish line in 3 hours and 6 minutes.

Not his fastest time, but not bad for the 46-year-old former high school and college track star.

Nothing's been the same since. Murphy didn't realize it then, but as he ran the marathon, he suffered the precursors of a stroke that nearly killed him that night.

Now, Murphy's running a whole new marathon, one that started with learning how to walk again. One that's taken away competitive running and changed his personality. One that might never end.

A stroke occurs when a blood vessel that carries oxygen and nutrients to the brain bursts or is blocked by a clot.

About 700,000 Americans each year suffer a stroke, and more than 150,000 die, according to the American Stroke Association.

People think of stroke as a disease of the elderly. It's true, most stroke victims are older and, as the country's population ages, the incidence of stroke is going up. But stroke in people younger than 50 is also increasingly common, says Lauren Brandt, director of neurosciences for the Brain and Spine Center at Brackenridge Hospital in Austin.

"It used to be that after 55 was when you'd start thinking of stroke, and the 60s and 70s were when it happened," Brandt says. "We're now seeing people with stroke in their 30s and 40s, people with arteriosclerosis (a buildup of plaque in the arteries), hypertension, diabetes and a sedentary lifestyle. Because of our supersized economy, we're getting fatter, lazier and our health isn't as good as it should be."

When stroke does occur in younger people, it can be more damaging. That's because as the body ages, the brain shrinks a little. Older people have room to accommodate some swelling inside their skulls. Younger people don't. "There's not as much room for everything to fit, and sometimes they have a worse outcome," Brandt says.

Time is critical. If a patient gets to an emergency room within three hours, doctors can administer clot-busting drugs or surgically remove the clot — both of which can improve the prognosis for a stroke survivor. Waiting can be disastrous. After eight hours, there's little medical experts can do. That's why it's so important to recognize stroke symptoms: sudden numbness, confusion, trouble speaking or understanding, vision problems, dizziness or a severe headache with no known cause.

"There's going to be brain damage, but (anti-clot drugs are) the best shot at a smaller degree of brain damage," says Dr. Thomas Hill, who is Murphy's neurologist in Austin. "Not every stroke is going to kill you or leave you devastated, but stroke is a life-changing event."

A large percentage of patients still show up at a hospital 24 hours or more after they've had a stroke, Brandt says. "People don't want to believe it's a stroke, or they think 'I'm too young' or 'I'm too fit,' so they wait to see if it gets better."

A stroke was the furthest thing from his mind when Murphy began feeling bad during the Chicago Marathon. Despite his high level of fitness and relatively young age, Murphy now thinks he had some hidden risk factors. He worked a high-stress job. He pushed himself, even when he was playing.

Runs in the family

Murphy grew up in Rhode Island, one of nine children. His father was an All-American track star at Notre Dame. As a teenager, Murphy was a national cross country champion and came within a second of running a 4-minute mile. He also had an intellect sharp enough to land him at Harvard University, where he was captain of the track team.

After graduation in 1981, he worked as a teacher and athletic director, then returned to Harvard for a master's in education. Soon, he began climbing ladders as a marketing executive for companies selling fundraising software for schools.

He also kept running, tearing up and down hills in a quest to run farther and faster. He entered marathons, including Boston's famed 26.2-miler. In 1992, he finished 25th at the Chicago Marathon, with a time of 2 hours and 34 minutes.

"I was the runner almost to the point of being annoying," he says. He was a self-proclaimed running snob, a purist who wouldn't enter a fun run because it wasn't competitive enough. He loved the training, the challenge and the hard work.

In 2004, he got a job at Convio, an Austin software company that specializes in online fundraising. He moved into a South Austin house with his younger sister, Tricia, a runner who already lived here. Soon, they were running dozen of miles a stretch together.

He signed up for the 2005 Chicago Marathon and talked his sister and her boyfriend into doing the race.

After Murphy crossed the marathon's finish line on Oct. 9, he waited for his running buddies to finish. His eye still wasn't right, but he didn't feel too bad. That night, they headed to a bowling club to celebrate.

Midway through the evening, his left leg started to cramp. He lay on the floor to stretch. He couldn't get up. This wasn't just post-race fatigue.

Someone called for medics, and they loaded him onto a stretcher. Tricia rode with him in the ambulance. Nobody had recognized his classic signs of stroke: non-responsive left side, bulging eye, slurred speech.

A clot had formed in Murphy's carotid artery and blocked blood flow to his brain. But because his symptoms appeared to resolve temporarily after he got to the hospital, and because he had no family history of stroke, doctors didn't immediately diagnose it.

Then his brain swelled. Doctors poked Murphy's left foot with a pin. He still remembers the shock: He couldn't feel it. He couldn't move his left arm or leg. "At some point, they told me I had a stroke," he says. "I couldn't believe it."

Doctors told Tricia he might die. She alerted the family and called in a priest to perform last rites. Murphy slipped in and out of consciousness.

'It was a bad stroke'

As ominous as the predictions had been, Murphy hung on.

His stroke was a dissection — a spontaneous tear in the wall of the carotid artery, which has three layers. When the inner layer tore, blood filled the middle section, which swelled and blocked the artery. Initially, Murphy had so much swelling doctors thought he might die or need brain surgery to release pressure. But when the swelling eased, doctors found a smaller area of damage than they expected. He stabilized and improved. After four days in intensive care, he was moved to a rehabilitation center.

"It was a bad stroke," says Hill, Murphy's Austin neurologist. He can't say for sure what caused it, but he thinks Murphy's physical fitness and age helped. "We see a lot of patients with dissections, and we see no reason for it. But it was probably not caused by running the marathon."

At first, Murphy made rapid gains. He stood. The first time he tried to walk, he fell and got a black eye. He spent hours learning to pick up coins and button shirts.

A month after the stroke, he flew back to Austin, where he started out-patient rehab. "At first, he couldn't open a door or type," says Bob Whitford, a senior occupational therapist. "That was a goal, because typing's a key part of his job. But he soon realized that's not as important as buttoning his pants or putting a piece of food in his mouth."

Murphy leaped into rehab with the same competitive drive that helped him win foot races. "Most people who've had as severe a stroke as he did never live independently again," Whitford says.

Murphy, who is single, does live alone now, but life has changed.

His left leg and hand don't function well. It's hard to sleep because of a painful condition called spasticity, which makes the muscles in his legs contract forcefully. He wakes up, legs rigid. His body feels tired and achy, like he's coming down with the flu. He's lost inflection in his voice, and can't mimic his mom's Northeastern accent, once a favorite tease. He doesn't read much because it's hard to hold and turn the pages of a book.

The uncertainty of life depresses him. He doesn't know if he'll get any better. "The little 4-year-old in me says, 'I don't want to play stroke anymore.' "

He frets, too. "Like this morning, I couldn't find my cellphone, and I don't know if it's my stroke acting up again," he says. "It's not just the sensation you're no longer making progress, it's the sense you're regressing.

"What I miss most is that euphoria of just being able to go. I used to love to dance, but it's not the same when you have to think about every movement," he says.

He's traveled to Boston and Chicago to meet with physicians. He's tried Botox treatment, which stops nerve synapses from firing and allows muscles to stop contracting. It didn't help.

A new course

He's had setbacks — a seizure in July, while he was lying in the back seat of a van. Doctors said it was a minor incident, but he now takes anti-seizure medicine as a precaution.

Each day, he swallows a handful of pills, including Ritalin, which is supposed to help him focus in distracting environments.

He's still an athlete at heart. He tools around town on a bicycle. Swims at the downtown YMCA. But he can't run fast or far. Because of that, the focus of his life is shifting. He's found a mission in helping others who have suffered strokes or might be susceptible.

"When he had a stroke," Tricia says later, "I thought about would he need help getting dressed, going to a grocery store? He can drive, walk, run, ride a bike, swim. I don't mean to downplay the physical effects, but I was more thinking of life with a physical disability, and it's the cognitive that's the biggest change in John.

"He's still my big brother, but it's different."

After the stroke, doctors told family members they would see remarkable progress in the first six weeks. After a year to 18 months, it would be harder to measure.

Murphy walks into the office of Shilpa Shamapant, a speech and cognitive therapist at St. David's Rehabilitation Hospital, on a February morning.

"This is your task for the day," she says, handing him a worksheet. "Last time you took 46 minutes. It doesn't matter if you're slow. You want to maintain accuracy."

She turns up a tape of background voices to distract him.

Murphy counts slowly out loud as he works through a special type of math problem that tests his ability to process information. Fifteen minutes in, Shamapant tells him he's made an error.

"It's OK, John, you don't have to rush. Slow down. Double check what you have so far," she says.

"These numbers are starting to get confusing," Murphy says.

Murphy backtracks. Counts out loud. And figures out where he went wrong.

He's determined. Stubborn. But he's caught in an in-between world. He functions better than many stroke victims, but he'll never have his old life back. Things that were once simple are agonizing.

People who meet him probably don't even notice at first anything is wrong. But it is. And he doesn't want others to have to go through this. He wants more people to recognize the signs of a stroke for themselves, a friend or a loved one.

People ask Murphy whether he'll ever run another marathon. He tells them it's not in his plans now. Instead, he's trying to focus on little things, celebrating small accomplishments.

So he's is heading down a new path. He's using what he knows about philanthropy and marketing in a different way.

He's printed large cards to remind people how to recognize stroke symptoms and keeps a stack in his backpack to hand out.

Murphy was the top fundraiser for the Austin Heart Walk in 2006 and 2007, raising more than $10,000 each year for the local chapter of the American Heart Association. He visits stroke patients, answering their questions and reminding them that improvement doesn't come quickly.

He tells them stroke is the third leading cause of death in the United States, and the No. 1 cause of disability. People who have had a stroke are at increased risk of a second stroke, too. That's why it's important to find out what caused the first one and treat it.

"I refuse to sit on the knowledge or the abilities I've worked so hard to re-acquire," he says. He wants to help other families prevent a stroke before it happens.

His marathon course has changed, but he hasn't quit running hard. ■

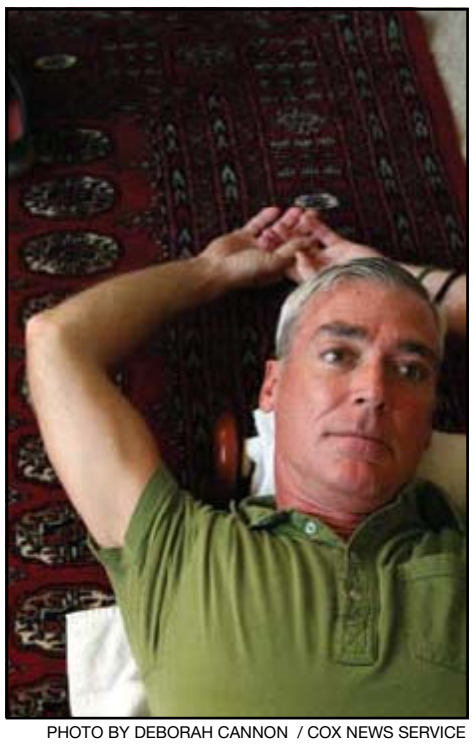

PHOTO BY DEBORAH CANNON / COX NEWS SERVICE

John Murphy lies on his floor as he applies ice to his lower back. Murphy must either ice or heat his back every few hours because of a painful condition called spasticity, which makes the muscles in his legs contract forcefully.

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