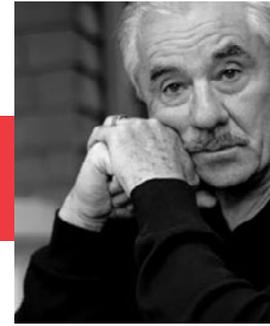


SECTION 7

Stroke and depression



Section overview

This section looks at:

- The impact of stroke on the survivor's feelings and social life
- First reactions and later changes
- Post-stroke depression

Your role as health care provider

Stroke has great physical effects on the survivor. It can also affect mood. Together, physical and mood changes may cause the person to become depressed. This change in mood can affect how well the survivor and family cope. Your understanding and support can help all these people adjust to how the stroke affects their lives.

The impact of stroke on the survivor's feelings and social life

Stroke can affect the survivor's emotions and self-image. It can also affect relationships with family, friends, and others. Many people who survive a stroke feel fear, anxiety, frustration, anger, sadness, and grief for their physical and cognitive losses. These feelings are a natural response to the effects of a stroke. Survivors may feel they are on an emotional roller coaster. They may feel angry one minute and sad the next.

Some emotional disturbances and personality changes are also caused by the physical effects of brain damage. These feelings may or may not be depression. It is important for a doctor to decide if the person is depressed or just having a normal reaction to the effects of a stroke.

First reactions

Shock is the first emotion most people feel after stroke. They might ask, *Why did this happen to me? How could this have happened?*

Survivors who cannot speak can feel very isolated and frustrated by their inability to communicate.

Survivors may wonder if they will survive. They may worry about having another stroke. They may be unsure what life will be like.

They may be concerned how their family will cope. They might wonder if they will work again. Anxiety is a normal reaction to the changes that occur after a stroke. It usually decreases as the survivor adapts.

Later reactions

As time passes the stroke survivor may have these feelings:

Frustration about:

- Physical limits
- Memory loss
- Trouble speaking

Fatigue from:

- Effects of stroke
- Increased effort needed to do routine tasks

Not seeming to care (lethargy) about social contact:

- Being embarrassed about physical changes
- Having trouble speaking or being understood

Sadness about:

- Loss of abilities
- How they feel about themselves
- How they believe others feel about them

How you can help

You can help stroke survivors find value in their lives.

- Be supportive and encourage the survivor.
- Find out how the survivor is feeling. Look for signs of depression or other emotions that affect the survivor in a negative way.
- Share your findings with the interprofessional team.
- Allow the survivor to do what they can. Provide support if the task becomes too hard, frustrating or tiring.
- Offer positive feedback. When a survivor is managing well, say so.
- Gently offer information that helps the survivor be independent

Post-stroke depression

It is normal to feel sadness and a sense of loss after a stroke. But sometimes a stroke survivor can develop a true clinical depression.

Depression is a sense of hopelessness. It disrupts a person's ability to function. It is common among stroke patients. But depression can be treated. And the faster it is treated, the better.

About one-third to one-half of survivors suffer from depression during the year after a stroke. Post-stroke depression can occur right after stroke. Most often, it develops within 3 months. Depression can also occur up to 2 years after stroke.

Depression gets in the way of physical and mental recovery. It can decrease energy, so the survivor participates less in rehabilitation. It can reduce the survivor's ability to care for themselves. Depression in a stroke survivor can also affect the health of caregivers at home.



Less than half of survivors with post-stroke depression are identified. Learn to recognize the signs of depression and get help fast. If a survivor is thinking about death, dying, or ending their life, report this information to your supervisor immediately.

Is it "the blues" or clinical depression?

Only a doctor can diagnose clinical depression. However, recognizing how stroke survivors are feeling, and sharing that information with the team, can help identify depressed individuals. To do that, you need to know the difference between feeling sad and being clinically depressed.

"The Blues"	Clinical Depression
Everybody feels sad sometimes.	10 –15% of the general population experience depression.
Definite beginning: people know when and why they felt sad.	33 – 50% of stroke survivors experience depression. Gradual beginning: people don't really know when or why it started.
Feeling sad is an emotional response to an event.	Depression is a medical illness from chemical changes in the brain.
The feeling goes away on its own.	The depression does not go away without treatment.
The mood lasts a few days or weeks.	The depression lasts months or years.

Signs of post-stroke depression

Physical signs

- Trouble sleeping
- Weight loss
- Decreased energy
- Easily fatigued

Attitudes

- Not caring about anything
- Loss of interest in things that were previously enjoyed
- Negativity: everything is gloomy
- Self-focus: me, myself and I
- Difficulty connecting to others

Emotions

- Feelings of hopelessness and worthlessness
- Sadness and anxiety or nervousness
- Thoughts of death and suicide
- Difficulty coping, easily overwhelmed

Mental function

- Difficulty concentrating
- Problems making decisions
- Confused, feeling of living in a fog
- Short-term memory problems

It is not always easy to see depression. People do not always know when they are depressed. They may be ashamed of being depressed. They may think that depression is a normal reaction to loss. The survivor may not want to admit to being depressed. They may think that treatment will change their personality or have side effects.

Health care professionals may not know that the stroke survivor is depressed. They may mistake the signs and symptoms of depression for the effects of the stroke or aging. It is also difficult to assess a survivor with communication or cognitive problems.

How you can help

You are the team member who is the closest to the survivor. You can help identify depression through what you see and your conversations with the survivor.

Know the survivor:

- Get to know the survivors you look after. It can help you identify mood changes
- Take the time to listen
- Talk to family and friends. Find out what they were like before the stroke
- Have team discussions. Learn about the survivors you look after from other staff

Communicate with the survivor:

- Depression is a medical illness. Always communicate with caring and hope. Be accepting – not judgmental
- Learn how to communicate with survivors who have communication problems
- Ask survivors how they are feeling. If they are feeling pain, make sure they get treatment to relieve the pain

Observe the survivor. Look for:

- New symptoms
- Sudden changes in behaviour or personality
- Signs of depression lasting more than 2 weeks
- Sleeping or napping more than usual
- No longer attending favourite social activities.

Support the survivor:

- Find out what resources are available
- Let survivors know about activities and assistance
- Help them plan and structure the day. Routine can help people adjust

Encourage survivors to do things:

- Help them get to activities they enjoy
- Spend time with them in activities such as playing cards or board games
- Find activities that make them feel better, such as listening to music, watching videos, or reading

Encourage emotional expression:

- Allow stroke survivors to express their grief and sadness about what they have lost
- Always give them hope that things can improve
- Share what you learn with the rest of the team

Test yourself: What have you learned about depression?

Are these statements true or false?	True	False
1. Post-stroke depression is often not identified.		
2. Depressed people can just “snap out of it”.		
3. Asking a depressed person about suicidal thoughts is dangerous.		
4. A person who has had a stroke is at higher risk for depression.		
5. A stroke survivor who is depressed may experience physical, emotional, and cognitive changes.		
6. “The blues” and clinical depression are the same thing.		
7. Depression is a treatable medical illness.		
8. I can help identify depression in a survivor by really listening to and knowing them.		
9. When I see the signs and symptoms of depression in a survivor I should keep it to myself.		

1. True; 2. False; 3. False; 4. False; 5. True; 6. True; 7. True; 8. True; 9. False