

SCREENING FOR DEPRESSION

Place any related documents/guidelines used in your stroke rehabilitation unit in this section.

Refer to *Module 10: Mood and Behaviour Changes* for further information on post-stroke depression.

Post-stroke depression is common, occurring in approximately one third of all survivors. The greatest risk is within the first six months following stroke but depression can develop up to two years later. The Canadian Stroke Best Practice Recommendations include guidelines on screening for depression. Specifically, the recommendations state that all stroke patients be screened for depression *at multiple points along the continuum of care, particularly at transition points* including:

- Upon transition from an inpatient acute setting to an inpatient rehabilitation setting
- Before return to the community
- Periodically following discharge into the community
- At follow-up appointments

Validated screening tools for depression as suggested by the *Canadian Stroke Best Practice Recommendations* include the following:

Front Line Tools

- Geriatric Depression Scale (GDS)
- Hospital Anxiety and Depression Scale (HADS)
- Patient Health Questionnaire 9 (PHQ-9)

Additional Tools for Consideration

- Beck Depression Inventory (BDI)
- Centre for Epidemiological Studies Depression Scale (CES -D)

Tools to consider for Aphasic patients

- Stroke Aphasic Depression Questionnaire-10 (SADQ-10)
- Aphasia Depression Rating Scale (ADRS)