POST-STROKE DEPRESSION

Stroke is a major life event, and depression has been found to be a common factor post stroke, which can significantly impact recovery and quality of life.



Approx. 1/3 to 2/3 of stroke survivors will experience depression. Depressive symptoms poststroke is also associated with increased risk for mortality. PSD has been found to be a significant **predictor** of mobility decline.

The Canadian Stroke Best Practice Recommendations (CSBPR) state that all stroke survivors should be considered to be at high risk for Post-Stroke Depression (PSD), which can occur at any stage of recovery.

PSD risk factors to be assessed:

- Previous history (or family history) of depression
- Functional dependence
- Cognitive impairment
- Stroke severity
- Communication deficits
- Poor social network

INTERVENTIONS/RECOMMENDATIONS



Stroke survivors and care supporters should be informed and educated about the possibility of changes to emotions and mood post-stroke, and should be given the opportunity to talk about the impact of stroke on their lives – throughout their recovery journey.

The CSBPR states that screening for PSD can occur throughout the continuum of care, specifically at transition points:

- At transfer from an inpatient acute setting
- Throughout rehabilitation within inpatient, outpatient, and home-based settings
- During secondary prevention clinic visits
- And periodically following discharge to the community, during follow-up appointments

A standardized, valid assessment tool, such as the PHQ-9 should be used to screen patients for post-stroke depression.



Treatment can include cognitivebehavioural therapy, interpersonal therapy, psychotherapy, and/or pharmacotherapy (antidepressant medication).

Screening may be considered for other mood states, such as **anxiety and apathy**, which are also often present with PSD.

WHAT CAN WE DO TO HELP



SCREEN TO CATCH SIGNS AND SYMPTOMS OF PSD EARLY



EDUCATE -KNOWLEDGE IS POWER!





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