POST STROKE DEPRESSION

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May is Stroke Awareness Month: Did you know that Post Stroke Depression (PSD) is one of the most common complications of a stroke?

Post stroke depression (PSD) is the most frequent psychiatric complication of stroke, affecting approximately one third of all stroke patients (Cai et al., 2019). Nurses must be aware of the risk factors for PSD to mitigate its effects and educate family members. Risk factors for PSD include a history of depression or family history of psychiatric disorders, prior stroke or large multiple strokes, certain lesion locations, higher severity of stroke, severe functional disability, cognitive impairment, social isolation, and female sex (Medeiros et al., 2020; Shi et al., 2017). Adverse PSD health outcomes can be severe, leading to decreased functional status and quality of life, and increased mortality risk and caregiver role strain (Guo et al., 2022; Medeiros et al., 2020). Worsening depression associated with PSD can exacerbate post stroke recovery and rehabilitation, negatively affecting recovery time and long-term survival prognosis.

The average acute care hospital length of stay for patients who have had a stroke is brief, so it is imperative that health care practitioners screen for PSD early and continually during the recovery phase. PSD may appear early post stroke or up to 2 years after the event. People with limited resources or decreased awareness of community and rehabilitation services may have difficulty gaining access to post stroke care and obtaining needed medical management and psychological care; therefore, nurses should screen for PSD at each encounter post stroke for a prolonged period of time. There are many depression scales available; the patient health questionnaire 9 (PHQ-9) and Hamilton Depression Rating Scale (HDRS) are both valid and reliable tools recommended for ease of use, but are best used jointly (Guo et al., 2022; Winstein et al., 2016).

Early effective treatment to mitigate PSD generally involves a combination of pharmacological and non-pharmacological options such as pharmacotherapy, behavioral therapy, physical therapy (to promote exercise and independence), cognitive therapy, occupational therapy, speech and language therapy, social support, and caregiver support; these options may vary depending on stroke severity and functional and cognitive status (Guo et al., 2022). The most prescribed medications to address PSD are selective serotonin reuptake inhibitors (first-line recommendation) and serotonin and noradrenaline reuptake inhibitors (Sarkar et al., 2021; Winstein et al., 2016). Behavioral therapy, including cognitive behavioral therapy, has been shown to improve depression scores significantly. Although frequently used, low dose repetitive transcranial magnetic stimulation (rTMS) has demonstrated low quality evidence of effectiveness for PSD treatment (Kim et al., 2020).

We know that older adults often experience multiple barriers to and fragmented delivery of quality health care after a stroke for a myriad of reasons. Nurses who understand the multifactorial risks for PSD can provide timely, thorough assessments and advocate for improved access to evidence-based comprehensive post stroke nursing care. Early recognition and comprehensive treatment across the health care continuum can help patients with PSD avoid unnecessary hospital readmissions and distressing complications.

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