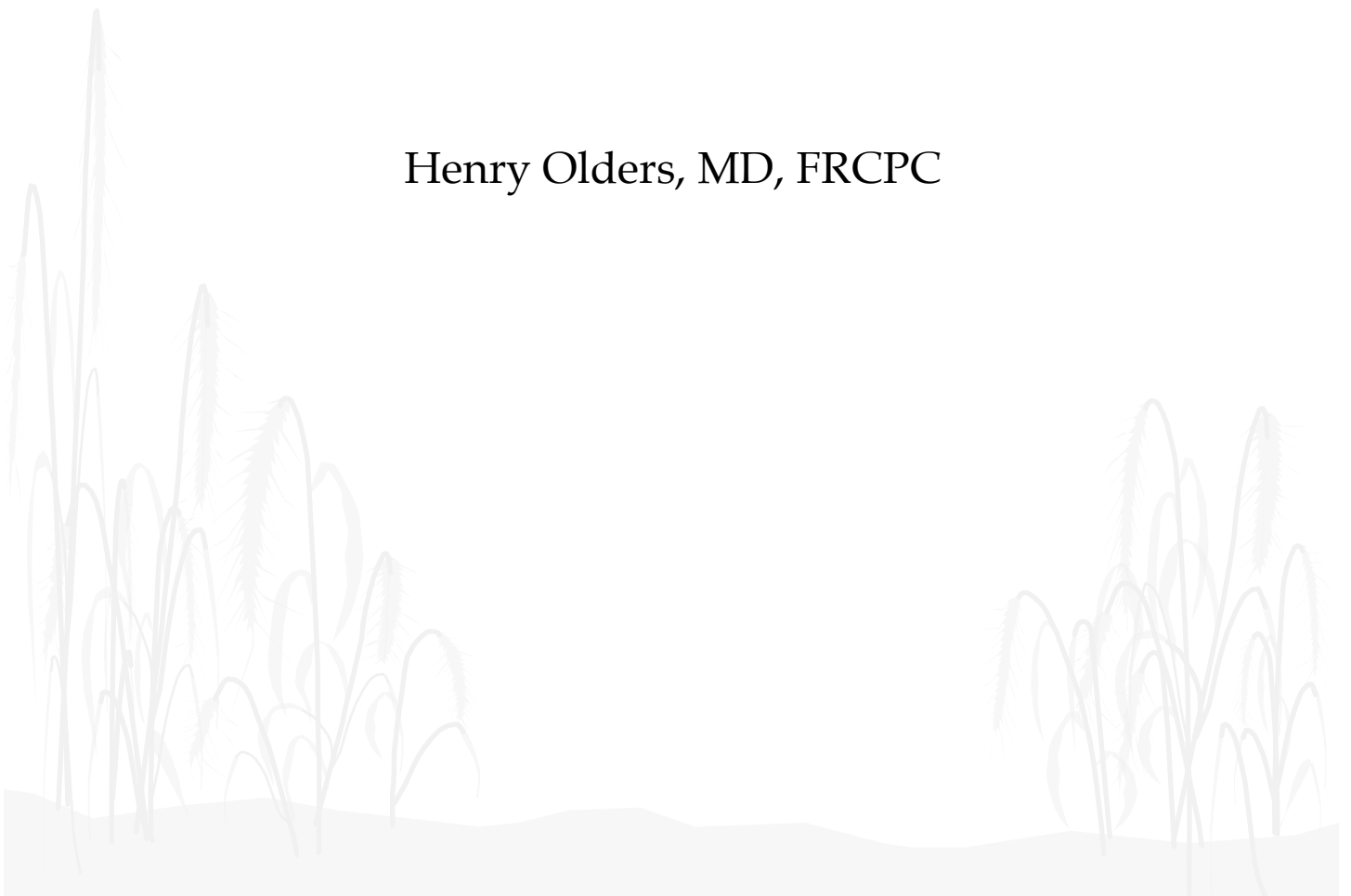


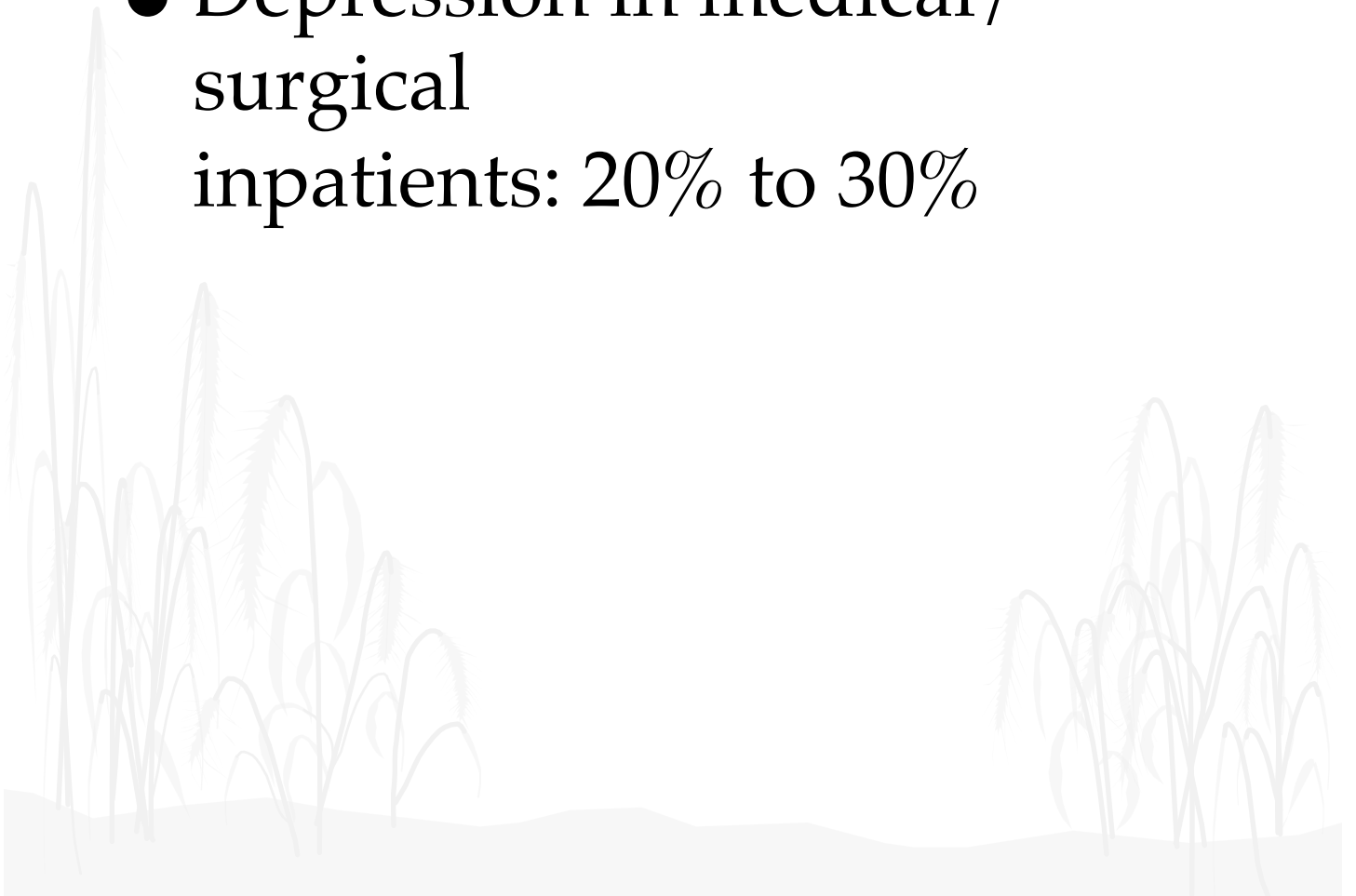
Post-Stroke Depression

Henry Olders, MD, FRCPC



Demographics of PSD

- Prevalence: 20% to 60%
- Depression in elderly: 15%
- Depression in medical / surgical inpatients: 20% to 30%

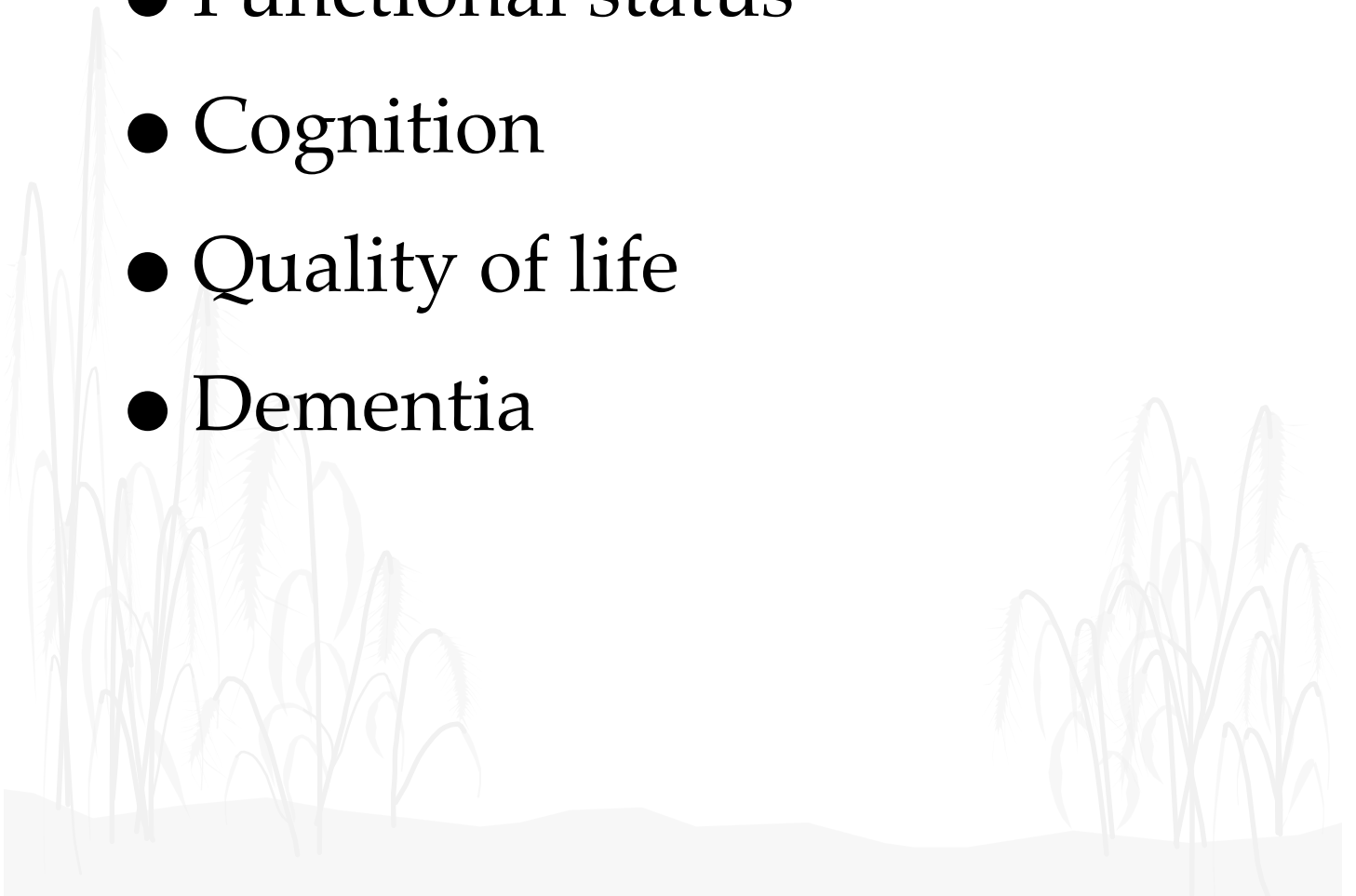


Under-recognition of PSD

- 113 PSD patients: 1 referred to psychiatry; 1 received antidepressants
- 10 out of 200 stroke admissions get a psych consultation
- Stroke pts on rehab ward: 68% depressed (psych interview); 50% depressed (BDI); 0% (rehab team)

Negative Effects of PSD

- Morbidity & mortality
- Treatment issues
- Functional status
- Cognition
- Quality of life
- Dementia



Risk Factors for PSD

- Female gender
 - Previous depression
 - Previous stroke
 - Living alone
 - Social distress
 - Social inactivity
 - Stroke-related factors
- 

Diagnosis: DSM-IV criteria for Major Depression

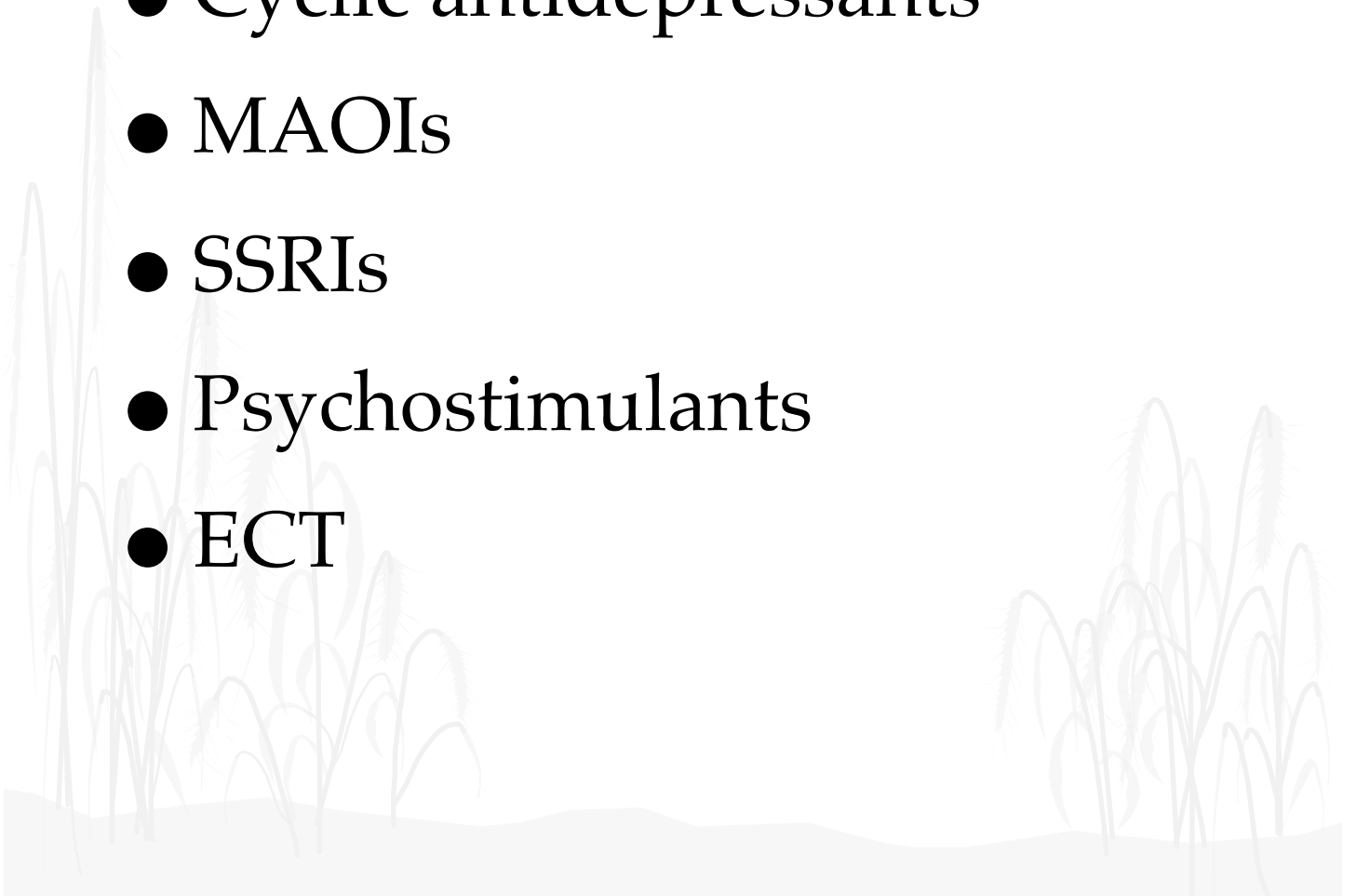
- 5 or more of the following, for at least 2 weeks:
 - ◆ Depressed mood
 - ◆ Diminished interest or pleasure
 - ◆ Weight loss or gain
 - ◆ Insomnia or hypersomnia
 - ◆ Psychomotor agitation or retardation
 - ◆ Fatigue or loss of energy
 - ◆ Feelings of worthlessness or guilt
 - ◆ Decreased concentration
 - ◆ Thoughts of death or suicide
- Significant distress or impairment in functioning

Problems with PSD studies

- What to include as stroke?
- What to include as depression?
- No lab test
- Undiagnosed strokes
- Symptom similarity
- Aphasia
- Denial of depressed mood
- Comprehension impairment

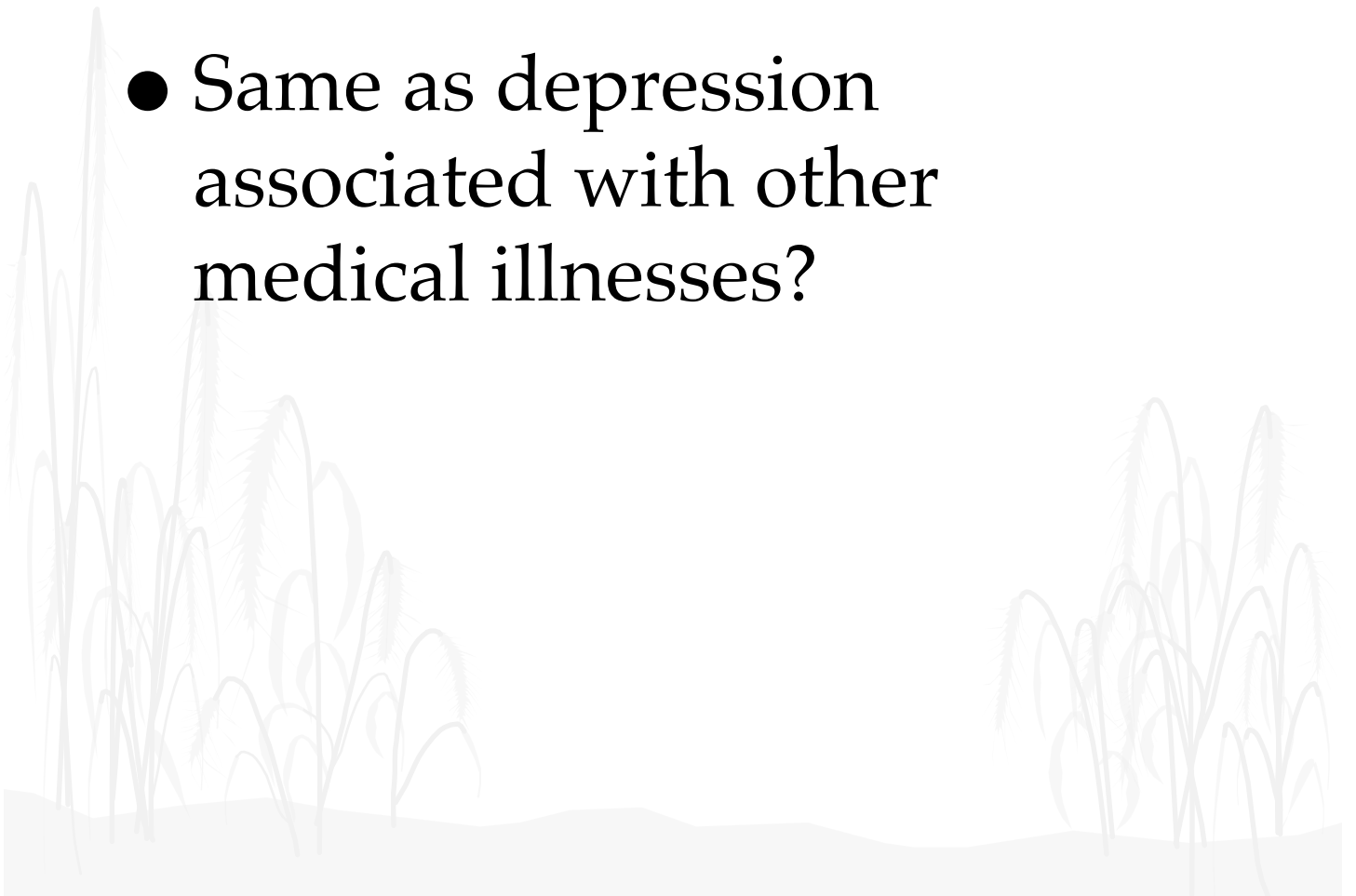
Treatment of PSD

- Psychotherapy
- Support and social activities
- Cyclic antidepressants
- MAOIs
- SSRIs
- Psychostimulants
- ECT



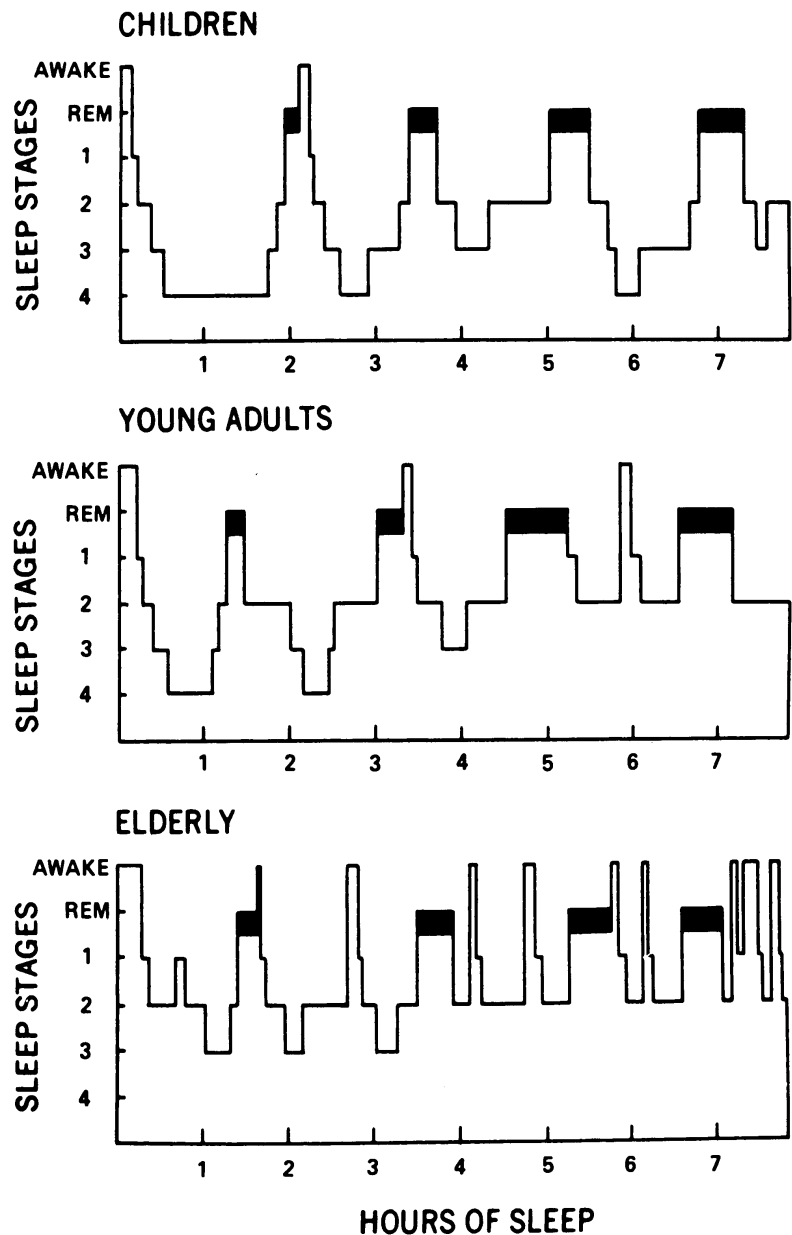
What we don't know about PSD

- Importance of lesion location
- Reversibility of cognitive impairment
- Same as depression associated with other medical illnesses?

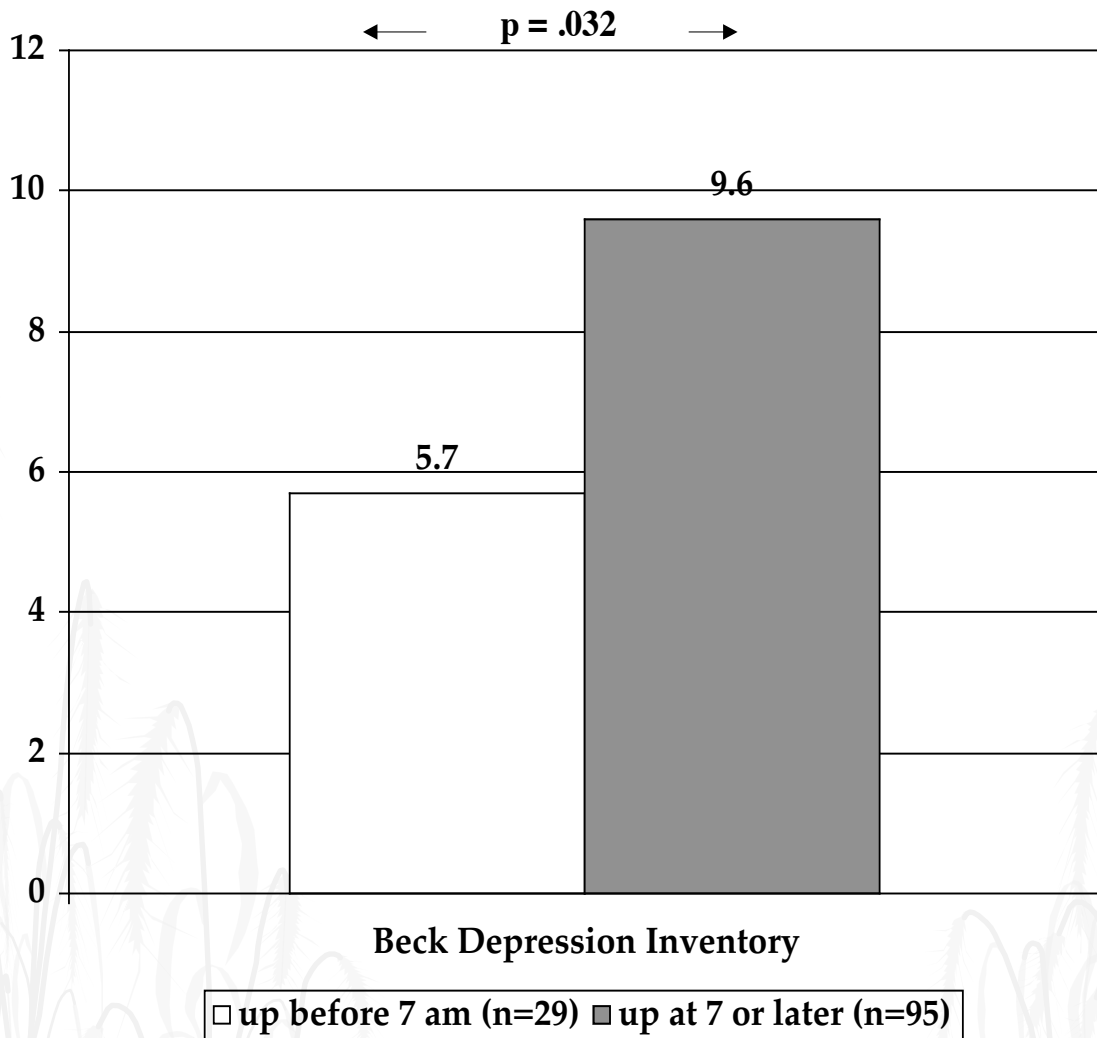


EEG Stages of Normal Sleep

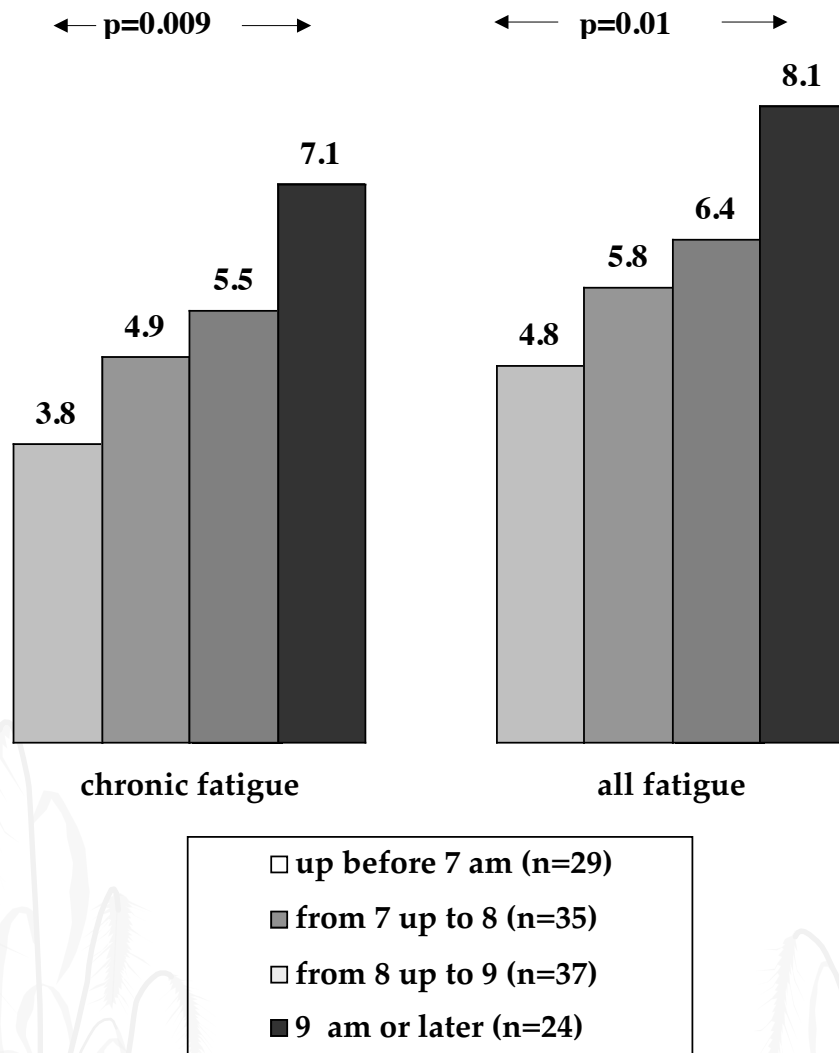
- Note decrease in stage 3 and 4, and increase in awakenings, with aging
- REM sleep occurs every 90 minutes, and increases through the night



Depression vs Arising Time

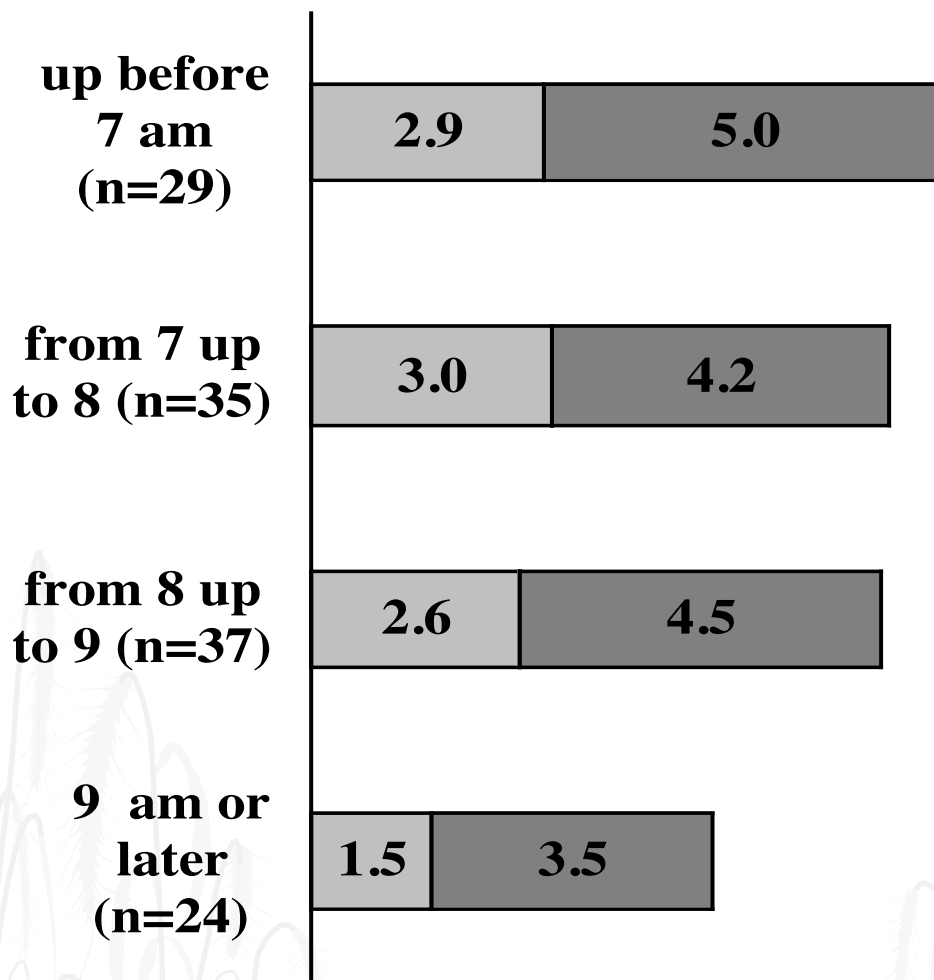


Fatigue vs Arising Time



Attitudes about Sleep

- Attitudes about sleep and sleep behaviours:
- q1. If I don't get enough sleep during the night, I should make up for it by sleeping late or taking a long nap. (agree strongly = 0; disagree strongly = 6)
- q2. Sometimes it's necessary to miss work or school because of lack of sleep or really poor sleep.



□ q1. Sleep late ■ q2. Miss work

Depression: categories and features

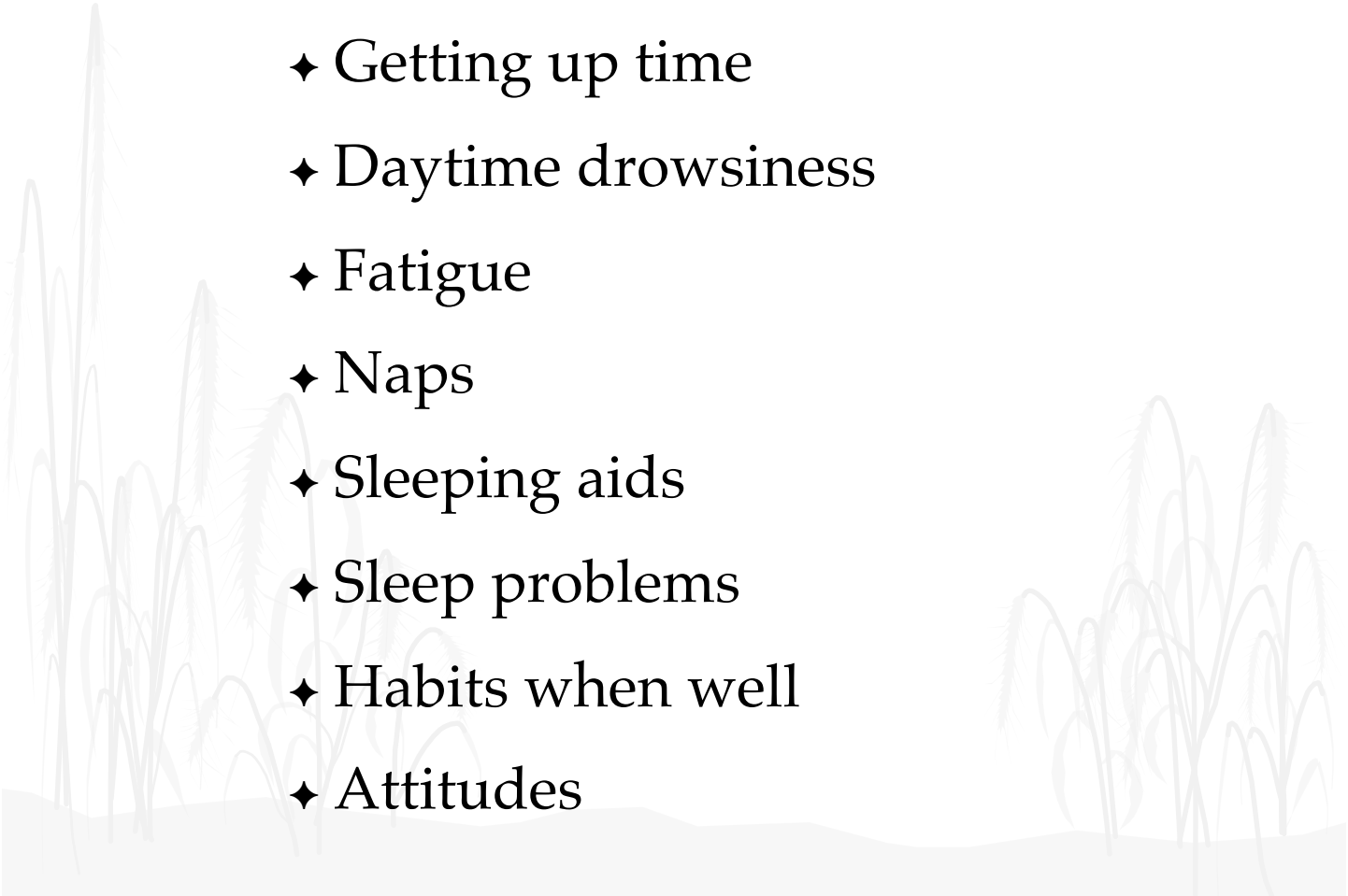
● Categories

- ◆ Major depression
- ◆ Dysthymic disorder
- ◆ Subsyndromal depressive disorder
- ◆ Bipolar affective disorder, depressed phase

● Important features

- ◆ Psychosis
- ◆ Agitation
- ◆ Suicidality
- ◆ Self-neglect
- ◆ homicidality

Sleep History

- ◆ Quality of sleep
 - ◆ Bedtime
 - ◆ Time to fall asleep
 - ◆ Waking during the night: why, frequency, duration
 - ◆ Waking time in AM
 - ◆ Getting up time
 - ◆ Daytime drowsiness
 - ◆ Fatigue
 - ◆ Naps
 - ◆ Sleeping aids
 - ◆ Sleep problems
 - ◆ Habits when well
 - ◆ Attitudes
- 

Sleep Hygiene

- ◆ Same arising time
 - ◆ Limit time in bed
 - ◆ No drugs
 - ◆ Avoid naps
 - ◆ Exercise
 - ◆ Avoid evening stimulation
 - ◆ Warm bath
 - ◆ Regular meal schedule
 - ◆ Relaxation routine
 - ◆ Comfortable conditions
 - ◆ Out of bed if awake
- 