

Depression

Since my stroke, I feel sad and depressed. Am I normal?

Mood swings and depression are very common in patients with stroke. In fact, at least 1 person out of 4 will feel depressed or moody after a stroke. Some studies have shown that the rate of depression is even higher, as high as 1 person out of 2.



What is depression after a stroke (post-stroke depression)?

Anyone who has experienced a stroke would agree that it is a big life change. Suddenly daily activities like washing and dressing become a challenge. It is a very difficult experience that can affect your emotions.

What are mood swings?

After a stroke, you may experience rapid changes in mood. For example, you may feel happy, and then suddenly very sad. You may feel that your emotions are like a roller coaster. Some people might cry and laugh at inappropriate times.

Just like depression, these mood swings can appear when there is an injury to a specific area of your brain.

When would depression appear after a stroke?

The time after stroke that depression can appear varies. Some people become depressed shortly after the stroke, in the hours or days later. Others will experience depression much later after stroke, after as long as 3 years.

Are my mood swings/depression caused by my stroke?

It is possible that your mood swings or depression are effects of your stroke. There are two possible explanations of depression post-stroke.

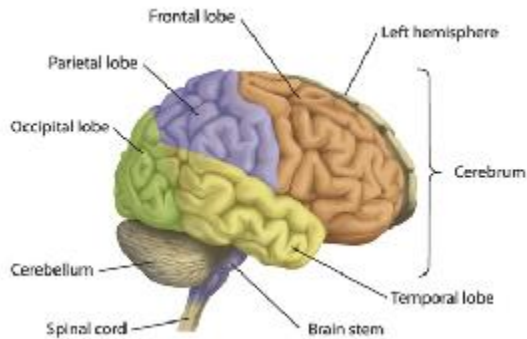
- **Injury to your brain**

Indeed, some areas of your brain control your mood and emotions. If one of these areas is affected by the stroke, it can lead to mood swings or depression.

There are debates on whether the site of the lesion is related to depression. Some research indicates that individuals who have a stroke in a specific lobe (frontal)

Depression

are more likely to experience depression. Other research argues that it is the side of the brain (left or right) where the stroke happened that matters.



- **Changes in your life skills and abilities**
Changes in your physical abilities after a stroke can be very difficult to accept. You may find rehabilitation overwhelming. Everyday tasks now require extra efforts. These feelings of sadness can lead to depression.

The real cause of depression is probably a combination of these two theories. That is, depression is due in part to the damages in the brain area and also due to the changes in your life skills and abilities caused by the stroke.

How do I know if I am depressed? What are the common signs of depression after a stroke?

People who are depressed share some common traits such as:

- getting angry easily or crying easily.
- sleeping too much or too little.
- feeling down.
- being slow mentally.
- feeling guilty.
- feeling less hopeful about the future.
- not wanting to see friends.
- thinking about ending one's life.



Is it easy to detect depression after a stroke?

It is often difficult to detect depression in a person that has had a stroke. After a stroke, most people will have physical and cognitive problems. Often the treatment will focus more on those two aspects and will forget to include the person's feelings. Sometimes, people who had a stroke have problems speaking or understanding words; this makes sharing feelings very hard. Thus, it is hard to detect depression as well. Family and close friends are often the first ones to detect signs of depression

in their loved one. This is because they know the person better than any health care workers.



How is the diagnosis of depression after a stroke made?

Your clinician may ask you a series of questions or have you fill out a questionnaire. This will help to identify any signs of depression.

Are there different kinds of therapies for depression?

There are many different therapies available for depression after stroke. Those include:

- **Art therapy** – activities to stimulate cognition, physical state, emotion, communication, social relation and spiritual dimensions (e.g. meditation with music, singing activity, group-healing circle, positive thinking, story sharing).
- **Coordinated discharge care** – regular follow-up with a stroke nurse following discharge.
- **Counselling / stroke counselling and education support program** – recommendations, education, and advice.
- **Enriched environment inpatient program** – equipment and organization of a stimulating environment as well as activities in the medical ward: computers with internet connection, Skype access, Gaming Therapy, library with reading material, music station, life-size mirrors, simulated shopping corner with groceries, electronic payment machine, automatic back teller machine, board games, puzzles, chess, painting, and wood workshop.
- **Exercise** – physical exercises (e.g. walking, stationary bicycle, weight lifting).
- **Forest therapy** – taking long walks in the forest/nature, meditate in the forest.
- **Multimodal interventions** –physical exercises and education together.
- **Neurolinguistic programming therapy** – techniques aimed at shifting negative thoughts or beliefs/bad moods, increasing mental energy, releasing pressure and relaxation
- **Psychotherapy/Cognitive Behavioral Therapy** – teaches people how to change their thinking in order to change their behavior.
- **Relaxation** – listening to soothing music and practice meditation.

Depression

- **Speech therapy** – training to help people with speech/language problems and depression to speak more clearly or express themselves in different ways that are more comprehensible.
- **Supportive home rehabilitation programs** – home exercises and education.
- **Tai Chi** – slow movement exercises and meditation.
- **Yoga** – breath control, simple meditation, and adoption of specific bodily postures.

What depression therapies work for stroke?

Depression therapies have been examined using high quality research studies and were shown to improve depression (and other important domains such as cognitive function, anxiety, quality of life) in some patients after stroke.

In particular, for patients with **acute stroke** (up to 1 month after stroke): counselling, multimodal interventions (exercises + education), neurolinguistic programming therapy and supportive home rehabilitation programs have been shown to be useful to improve depression, and other abilities/domains.

For patients with **subacute stroke** (from 1 to 6 months after stroke), exercise has been shown to be useful to improve depression.

For patients with **chronic stroke** (more than 6 months after stroke), forest therapy and relaxation have been shown to be useful to improve anxiety and depression.

For patients with stroke across the recovery continuum (acute, subacute and/or chronic), art therapy, cognitive behavioral therapy, and enriched environment inpatient program have been shown to be useful to improve depression/mood/anxiety.

What can I expect?

Your therapist will discuss with you what depression therapy is most suitable for you. How often and for how long the therapy is provided for depends on the nature of therapy.

Who provides the treatment?

Different health-care providers can administer depression therapies: neuropsychologist, nurse, occupational therapists, physical therapists, psychologist and speech language pathologist.

Are there any side effects or risks?

Depression therapies are usually administered by a trained health professional at a rehabilitation clinic or at home (in cases of home programs). Your therapist will monitor your reactions to the therapy closely. It is important to report to your therapist any changes in your feelings or thoughts. Your therapist will adjust the nature, intensity and the duration of therapy according to your ability, endurance and progress.

Can sleeping and eating well help?

Sure! Having proper meals and good sleep will give you more energy during your recovery. You may feel you are not hungry or you have difficulty sleeping. This is common with people who are depressed.

Should I exercise?

Yes. It is important, however, to know your own abilities and limitations when you are exercising.

If your doctor agrees, you may start an exercise class. Exercising releases an hormone (endorphin) that will make you feel good.

For information about exercise after a stroke, see Aerobic Exercise Late After Stroke or Aerobic Exercise Early After Stroke.



Should I continue my rehabilitation program if I do not feel like doing it?

Yes. It is possible that you may not feel motivated to go to your rehabilitation sessions. It is hard and demands a lot of energy. However, rehabilitation sessions will teach you many things that will help you feel independent (dressing, walking).

You will be proud of yourself and feel more motivated.

Why should I bother seeing people?

Having a social life has been shown to have a positive impact on helping depression. It is very important that you continue having hobbies, such as playing cards, doing cross-words, or going outside. Your occupational therapist can show you possible ways to adapt your hobby, since certain activities may need to be modified after a stroke.

Is it possible to speak to someone who had a stroke?

Support groups are available in some regions for people who have had a stroke. You can also find stories about people who have had problems similar to yours. Consult your National Stroke Association:

Canada: Heart and Stroke Foundation



How does my depression impact on my recovery?

Indeed, being depressed may slow down your recovery. Depression may make you feel less motivated and more tired, and also may cause you to have trouble concentrating. All these symptoms of depression will slow down your recovery capacities. Many studies have shown that people with depression after a stroke do not get better as quickly as people who are not depressed. The extent to which depression can affect recovery is not really known. It seems

that both physical loss and depression can act on recovery.

Will depression ever get better?

Some studies show that people who are depressed can get better. On average, the duration of major depression in people who have had a stroke is under a year. However, sometimes depression can return, so it is important to watch for the signs.

How long does it take to recover from depression after a stroke?

Recovery from depression after a stroke takes time. It can vary a lot from one person to another. For example, medication can take a few weeks to work. With treatment, people who are depressed usually get better. As mentioned above, the average duration of major depression for people who have had a stroke is a year.

Does depression lead to stroke?

Not everybody who is depressed will experience a stroke. However, some studies have shown that being depressed may increase the chances of having a stroke. When heart disease, hypertension, diabetes, and tobacco use are all ruled out, depressed people are 2.6 times more likely to report a stroke.

If I was depressed before my stroke, am I more likely to be depressed after my stroke?

Yes, if you were depressed before your stroke, you have more chances to be depressed after. This is one of the risk factors linked with depression after the stroke.

As a care provider, what can I do to avoid being depressed too?

The care provider is the one who takes care of the person who has had a stroke. Usually this person is a family member, a spouse, or a close friend. Often, the care provider will be so devoted to their loved one that they will forget to take care of their own needs.

When your loved one is depressed after a stroke, it is more difficult for both of you to stay positive, so it is especially important that you both receive support. Thus, it is very important that you, as a care provider, take time for yourself everyday. Find a moment during the day to do an activity you like such as reading or shopping. Moreover, you should continue to see your friends to share your feelings and refresh your mind.

I would like to know more about depression and stroke

Understanding how depression and stroke happen can reassure you. There are many resources online. Your health care provider can help answer your specific questions.

Information on this web site is provided for informational purposes only and is not a substitute for professional medical advice. If you have or suspect you have a medical problem, promptly contact your professional healthcare provider.