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Diagnosis of Post Stroke Fatigue in Patients with Mild Stroke and Related Cognitive Therapies

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Abstract

A person with mild stroke may experience various mental, behavioral and physical symptoms. Some symptoms may disappear quickly and some of them may exist for a longer time. These symptoms have many direct and indirect effects on a person's life in this review article, we intend to examine these symptoms and care measures for these patients.

Keywords: Cognitive rehabilitation; Coping strategies; Mild stroke; Post stroke fatigue; Quality of life

Introduction

Patients who experience mild stroke typically have a short hospital stay. These patients may have various behavioral, physical or mental symptoms, most likely the symptoms will go away after a short period, but experience has shown that even after patients are discharged from the hospital, symptoms are still observed in these patients. People with this disease are usually able to perform basic activities, like going to the bathroom or shopping, but may have difficulties with complex activities, like remembering scheduled activities or paying bills [1,2].

The most common symptoms areas follow [3-5]:

Sadness or hopelessness

Depression -related symptoms, like changes in appetite, loss of interest in activities or hobbies

Anger or a sense of fear

Anxiety -related behavior, like sleep disturbance

Forgetting recently learned information (problem with short term memory)

Confusion with time or place

Problem with speech or swallowing

Post stroke fatigue

Emotional reactions after a stroke

Discussion

Post stroke fatigue

Post stroke fatigue isn't related to activity level or sleep quality! This can make it difficult to participate in everyday activities like cleaning, doing laundry or cooking. Post stroke fatigue has a potential negative impact on the patients' ability to return to work. Fatigue is a common consequence of stroke that frequently co-occur with depression. In the first weeks following stroke, the prevalence of depression varies from 9% to 37%. Acute depression has been associated with left anterior lesion or lesion in the underlying basal ganglia. Lesion size has been associated with early post stroke depression and this lesion characterize is associated with the severity of depression symptoms in the first weeks post stroke. Major depression in these patients typically results in impairments in concentration, memory encoding, psychomotor speed, executive function and cognitive deficits [6-8].

The majority of first - ever stroke patients suffer from cognitive impairment. Post stroke

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cognitive deficits can affect post stroke functional outcomes. The prevalence of post stroke cognitive impairment ranges from 20% to 80%, which varies for the difference between the countries, the races, and the diagnostic criteria. The risk of post stroke cognitive impairment is related to both the demographic factors like age and education, and occupation and vascular factors. The age is the risk factor for not only the stroke, but also the cognitive decline. There is evidence suggesting that the prevalence of the cognitive decline after stroke would increase after 65 years old the educational level is a conflicting risk factor. The higher education is associated with better cognitive performances [9,10].

The underlying mechanisms of post stroke cognitive impairment are not known in detail [10].

Care measures for patients with mild stroke:

Recommend blood pressure medication to ensure blood pressure is well managed at <140/90 mmHg [11].

Recommend medication to manage cholesterol [11].

Recommend medication to manage and/or control heart rhythms [11].

Focus on treating potentially reversible causes of fatigue, like anemia or depression [12].

Referral to cognitive behavioral therapy [13].

Cognitive rehabilitation

Cognitive rehabilitation is defined as a systematic, functionally oriented service of therapeutic activities that is based on an assessment and understanding of the patient's brain behavior deficits. Setting goals for cognitive rehabilitation include [14-16]:

Reinforcing, strengthening or reestablishing previously learned patterns of behavior.

Establishing new patterns of cognitive activity thought compensatory cognitive mechanisms for impaired neurological systems.

Enable persons to adapt to their cognitive disabilities, even though they may not be possible to directly modify or component for cognitive impairments, in order to improve their overall level of functioning and quality of life.

Emotional reactions after a stroke

When a person experiences a profound change, such as a stroke, he or she goes through a series of emotional phases to reach the stage of accepting the illness. The first phase is grief. Grief is a natural human reaction to "loss". These patients grief the loss of their previous role in life and social status. The second phase is fear and anxiety. Fear and anxiety are caused by the patient being in an unfamiliar environment such as a hospital and interacting with strangers such as doctors and nurses. The third phase is anger. In this phase, the patient blames himself or those around him for the occurrence of his disease. The fourth phase is the depression phase. At this stage, the person has accepted the situation and needs to receive treatment strategies immediately at this stage. Among these strategies, are cognitive strategies that fall within the scope of cognitive rehabilitation work [16,17].

Coping strategies as determinants of quality of life in stroke patients

Quality of life is reduced in stroke patients and coping strategies

have been suggested as determinants of Quality of life in stroke patients in the first year after discharge. By coping strategies, patients can be able to accept changes around 5 months after discharge [17,18].

Remember that the doctors need to consider the possible side effects of some medications on the patient's rehabilitation outcomes. The medications include anticholinergics, opiates, benzodiazepines, nonbenzodiazepine hypnotics (e.g., zolpidem), digoxin, antihistamines and tricyclic antidepressants [1-3].

Result

Cognitive rehabilitation strategies can help rehabilitate lost abilities, strengthen impaired abilities, and accept patient immutable conditions. By using these strategies, the quality of life of these patients is increased and therefore, the duration of their treatment is shortened.

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