

# Journal of Depression and Anxiety Forecast

## Post-Stroke Depression and Anxiety: The Role in the Rehabilitation Outcome

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### Editorial

Patients follow a stroke face off with negative emotional reactions. Depression and anxiety are very common psychiatric symptoms after stroke. A recent meta-analysis has found a prevalence of depression in post-stroke patients of 17.7% [1]. Many studies have focus on depression because post-stroke patients with depression had a worse functional recovery and impairment than patients without depression [2]. Babkair [3] has highlighted that stroke severity, cognitive impairment, physical disability and functional dependency are risk factors for post-stroke depression (PSD). On the other hand, an high social support represents a protective factor on depression in patients follow a stroke. The socio-psychological factors were important risk factors of PSD [4]. In the past, it was noted that PSD is more than a reaction to the functional impairment follow the stroke [5]. Several studies have explored the relationship between lesion location and severity of PSD. However, these studies have found conflicting evidences [6]. It can depend by quality of studies included in meta-analysis and by different selection criteria for patients. Nevertheless more studies are needed to explore the relationship between neuroanatomic loci of brain damage and PSD.

Patients follow a stroke show many negative emotions as anxiety. Unfortunately, most of the research has focused on PSD but not on anxiety. Recently, Post-stroke anxiety (PSA) has begun to be examined [7]. It seems that elevate point of prevalence of PSA cannot be attributed to comorbid depression [8]. In fact, the percentage of prevalence of PSA follow a stroke was approximately 20% [9]. However there are more study on PSD than on PSA. In addition, the relationships between PSD and PSA remains unclear because most of the studies have examined separately anxiety and depression in post stroke patients. Some recent studies have pointed out on quality of life with interesting results. De Wit and colleagues [10] have found that higher patients' levels of depression, anxiety and disability were associated with lower levels of quality of life at five years after stroke.

Hence it is important to an early evaluation of PSD and PSA in post stroke patients to guide specifically rehabilitation programs. The cognitive and neuropsychological functioning has a fundamental role in predicting quality of life and participation of inpatient in rehabilitation program [11]. Cognitive impairment is very common in the sub acute phase and long term cognitive deficits are prevalent [12].

Neuropsychological treatment aims to develop compensating skills, recovery of cognitive deficit, and awareness of the limits. At this regard, more research is needed to examine the impact of neuropsychological interventions on mood symptoms after the early stage of stroke.

Few guidelines exist for assessment, treatment, and prevention of psychiatric symptoms in patients follows a stroke. Future research should be addressed to investigate the clinical efficacy of psychological interventions for inpatients before returning to home. Some evidences have shown the efficacy of the augmented cognitive behavioral therapy [13].

Post-stroke patients need psychological support as well as social support [14]. Patients engaging in work and social activities showed a better recovery over time after stroke [15].

Clinicians should be able to evaluated anxiety and depression as wells as cognitive functioning and social support in patients follow a stroke. It is reasonable to state that early psychological interventions were efficacy in anxiety and cognitive functioning but not on depression. Identify vulnerable patients that need a psychological support for depression after acute care could be useful to improve the rehabilitation outcome.

Psychological variables represent the most important factors in identifying patients follow a stroke at risk of a worse quality of life [16]. Results of this research have point out the importance of

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evaluate anxiety and depression to guide the rehabilitation program in the different stages of stroke.

In this perspective, post stroke patients need multidisciplinary programs including acute care as well as rehabilitation to reintegrate them into living and social environments. Psychological support for depression could be important after the early stage to stroke. More research is needed to examine the relationships between cognitive functioning and mood symptoms in post stroke patients. Finally, future research should be addressed to evaluate the clinical efficacy of multidisciplinary treatments for patients follow a stroke.

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