

Effect of rehabilitation on mood, self-efficacy and coping abilities in patients affected by stroke.

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Objective: Poststroke depression (PSD) affects between 10 and 78% of patients who have suffered a stroke.¹ However, two personality features i.e. coping abilities and self-efficacy could act as protective factors and contain level of PSD.^{2,3} Coping strategies concerns cognitive and behavioral modalities that people use to manage stressful events, including approach to the problem, positive aptitude, social support search, avoidance and turning to religion. Self efficacy is the perception of their own skills and resources. The aim of this study is to investigate the presence of PSD, coping strategies and self-efficacy in patients affected by stroke, also evaluating how these constructs could change after an intensive motor rehabilitation program.

Materials and methods: The sample included 26 subjects (17 women and 9 men, mean age 59.5 ± 12.9 years) affected by ischemic or hemorrhagic stroke and hospitalized in our rehabilitation centre for a period of at least two months. We administered General Self Efficacy Questionnaire-Italian Version, Montgomery - Asberg Depression Rating Scale – MADRS and Cope Questionnaire, at the admission to the hospital and at the end of the rehabilitation program

Results: Comparison analysis, between tests scores at baseline and at follow-up, revealed a significant improvement in self-efficacy ($p < 0.0001$), a significant reduction of the depression ($p < 0.0001$), and a significant increase in 3 out of 5 items of the COPE: positive attitude ($p < 0.0001$) orientation to the problem ($p < 0.001$), and turning to religion ($p < 0.05$), see Figure 1.

Although the depression was significant reduced in both genders, women showed a significant improvement in self-efficacy ($p < 0.0001$), positive aptitude ($p < 0.001$), and approach to the problem ($p < 0.0001$), whereas men in turning to religion ($p < 0.05$) (Figure 1).

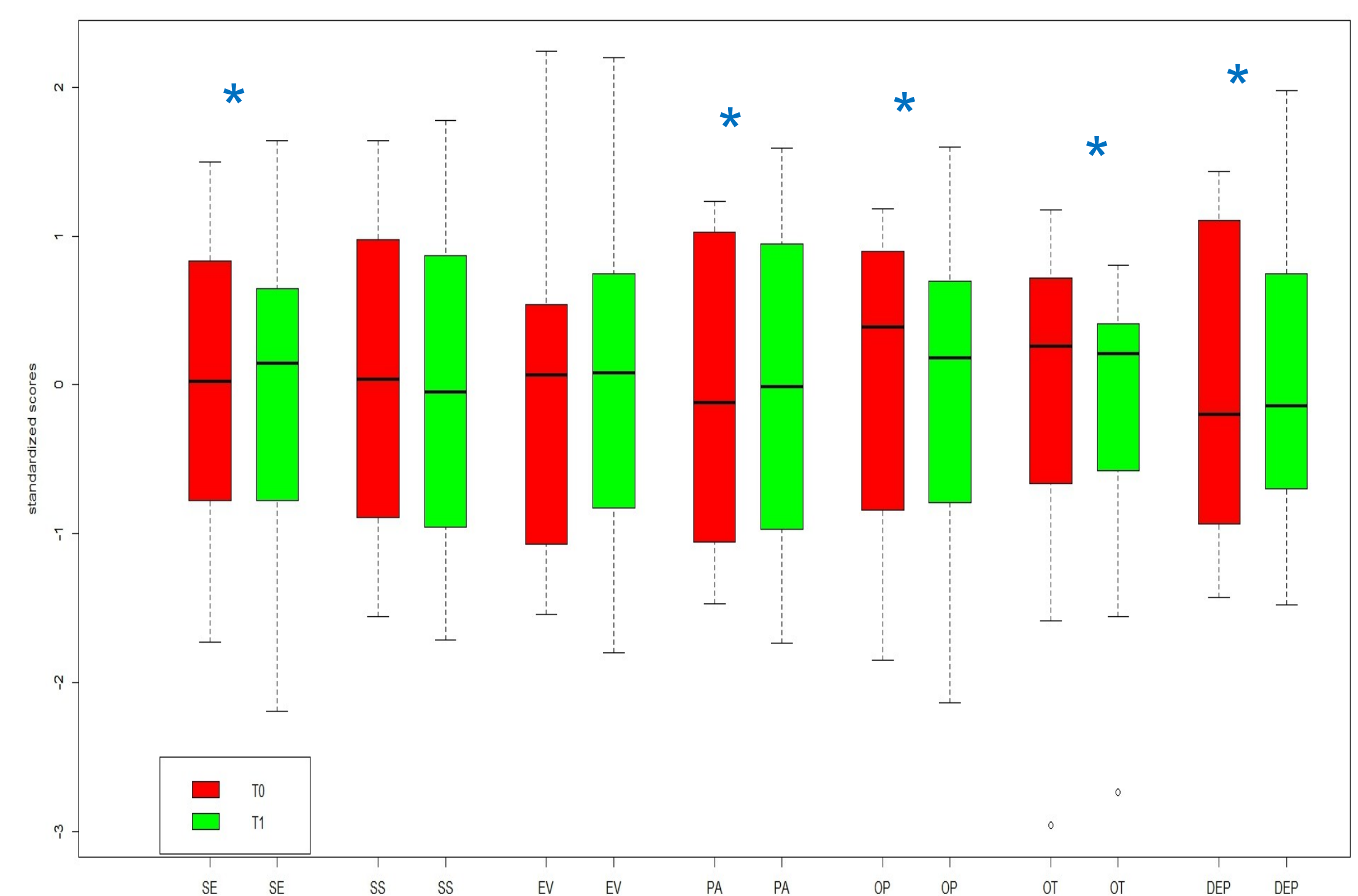


Figure 1. Representation by boxplot of the distributions of test scores (SE = Self-Efficacy; SS = Social Support; PA = Positive Attitude; OP = Orientation to the Problem; OT = Turning to religion; DEP = Depression).

* $p < 0.05$ means a significant differences between baseline (T0) and follow-up (T1).

Discussion and conclusions: Our findings show that a rehabilitation program leads to a reduction of the level of PSD, an increase of the general self-efficacy perceived by patients and a more frequent use of functional coping strategies. Thus, an intensive rehabilitation program for patients affected by stroke not only causes a motor improvement, but also influences the mood and psychological strategies utilized to manage the problem.

References:

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