

Predicting Post-Stroke Depression in the Acute Phase of Stroke

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BACKGROUND

Post-Stroke Depression (PSD) is a dreadful complication among stroke patients, as it is a predictor of poor clinical outcome and a reduced compliance to rehabilitation programs.

Early identification of these patients is still problematic but could lead to an appropriate treatment, thus expediting recovery.

Aim of the study: to identify in the acute phase of stroke possible predictors of PSD.

METHODS

STUDY DESIGN	Complete demographic, clinical and radiological data were collected prospectively.		
POPULATION	All ischemic stroke patients admitted to our Stroke Unit (Sep2014–Mar2015)		
EXCLUSION CRITERIA	 Too ill to participate On antidepressants With cognitive decline (MMSE <21) Neuropsychological disorders (neglect, aphasia, agraphia) 		
DEPRESSION SCREENING TOOL	Beck Depression Inventory (BDI) administered within the first week and at 6-10 weeks from stroke onset		

RESULTS

Patients recruited = 30. Mean age = 70 ± 10 years old. Sex = M 67%; F 33%.

Prevalence of PSD: 37%

	Clinical Factors Significantly	Depressed (D)	Nondepressed (ND)	Associated
	Associated With PSD (among all demographic, clinical and radiological data)	n=11 (67%)	n=19 (33%)	p-value*
	Obesity	4 (36%)	2 (11%)	0.03
	Dyslipidemia	6 (55%)	3 (16%)	0.05
	Neurological comorbidities	4 (36%)	0 (0%)	<0.01
	Left stroke	11 (100%)	8 (42%)	0.02
	Subcortical lesion	11 (100%)	9 (47%)	<0.01
	Disabling stroke **	7 (64%)	4 (21%)	0.02
	Independence on "dressing"	4 (36%)	14 (74%)	0.05

* Two-sided p-value correspondent to an univariate correlation (Pearson coefficient). ** Barthel Index at discharge \leq 70 or modified Rankin Scale at discharge >2.



CONCLUSIONS

PSD is a common complication among stroke unit patients (37%), although it is often under-recognized and undertreated. Stroke patients should be assessed by a neuropsychologist as early as possible and followed after hospital discharge.

> The ability of dressing after a stroke seems to have a role as protective factor for PSD.



