

Depression after stroke



FACT SHEET 20



Information from *beyondblue* in association with the National Stroke Foundation



WHAT IS DEPRESSION?

Depression is not just a low mood, but a serious condition. People with depression find it hard to carry out normal activities and function from day to day. Depression has serious effects on *physical* as well as *mental* health.

People with depression can experience a prolonged period of low mood, reduced interest in activities, tiredness and disturbance of sleep and appetite and negative thoughts and feelings. To find out about the general symptoms of depression, go to the series of depression checklists at www.beyondblue.org.au

WHAT IS THE LINK BETWEEN DEPRESSION AND STROKE?

Having a stroke can result in many changes. On a physical level, it can lead to people finding it difficult to move and swallow. It can also affect the way in which people think and feel – and there is a strong link between depression and stroke. Depression is very common – one in five people will have depression at some time in their adult lifetime. For people recovering from a stroke, this figure is even higher.

- Up to two thirds of people who have a stroke will experience depression afterwards. This is more common in the first year after the stroke.
- Having a stroke can result in a loss of relationships, independence, work and income, mobility and flexibility. These losses are risk factors for experiencing depression.
- The effects of stroke impact on carers, family members and friends who often experience depression as well.
- Brain changes can also put people who have had a stroke at greater risk of depression. Depression has been found to be more common in people who experience dysphasia, as a result of a stroke, than those who don't. (Dysphasia is difficulty understanding and finding words.)
- Depression can often go unrecognised and undiagnosed in people who have had a stroke because the two disorders have many symptoms in common such as problems with memory, difficulty controlling emotions, moods and tiredness. Strokes often occur in older people and depression may be dismissed as being a normal part of ageing, especially if the stroke has affected speech because it can make explaining symptoms more difficult. It's important to note that depression is not a natural part of ageing and that treatment is available and effective.
- Depression can make it hard for people to manage the treatment for their stroke effectively. People with untreated depression can sometimes find it difficult to concentrate, stay motivated, keep appointments and stick to treatment plans, including medication and exercise.

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HOW IS DEPRESSION DIFFERENT FROM SADNESS?

As mentioned, having a stroke can cause stress and sadness. It can sometimes be difficult to know whether the person is just feeling down because of all the changes in his/her life, if they have symptoms of depression or both.

You may be depressed, if for more than **TWO WEEKS** you have:

- Felt sad, down or miserable most of the time
- Lost interest or pleasure in most of their usual activities.

If the answer is 'YES' to either of these questions, complete the symptom checklist below. If the answer was not 'YES' to either of these questions, it is unlikely that the person has a depressive illness.

- Lost or gained a lot of weight OR
Had a decrease or increase in appetite
- Sleep disturbance
- Felt slowed down, restless or excessively busy
- Felt tired or had no energy
- Felt worthless OR
Felt excessively guilty OR
Felt guilt about things they should not have been feeling guilty about
- Had poor concentration OR
Had difficulties thinking OR
Were very indecisive
- Had recurrent thoughts of death

Add up the number of ticks for the total score: _____

It's important to note that **scores provide only a rough guide as to whether someone has depression.** It's also important to understand that some of the symptoms above may be related directly to the stroke, but are also signs of depression. If you have ticked **five or more** of these statements, a health professional should be consulted.

TREATMENT FOR DEPRESSION

Research shows that depression can slow down the process of recovering from a stroke. While effective treatments have been shown for people with depression, these can vary from person to person.

Treatment may range from physical exercise to psychological therapies and/or medication depending on the severity of the depression or stroke.

Psychological treatment

Psychological treatment may not only help a person to recover, but can also help to prevent a recurrence of depression. Psychological treatment may have to be modified to help people who have developed difficulties with memory, talking or understanding after a stroke. The most helpful types of psychological treatments are:

Cognitive Behaviour Therapy (CBT)

Often people with severe chronic physical illness and depression have different ways of seeing situations and people. CBT helps people learn to identify and change these negative ways of thinking and find ways to enjoy themselves.

Interpersonal Therapy (IPT)

The way we get along with others is important to how we feel. IPT helps people find new ways of improving relationships as a way to feel better.

Medication

If a person is only mildly or moderately depressed, psychological treatment alone may be effective. However, if depression is severe or persists, medication is often necessary as well.

Medical research shows that depression is often associated with an imbalance of certain chemicals in the brain. Antidepressants can help rebalance these chemicals.

Antidepressant medication can take seven to 21 days to work effectively and should not be started or stopped without medical advice.

It's important that any current medication for the treatment of the stroke, including over-the-counter medications and herbal or natural remedies, be reviewed by a doctor before starting to take antidepressants.

Getting the best treatment for stroke and depression involves a coordinated approach that monitors both the symptoms of stroke and depression, including using a stroke-recovery management plan. It may be a case of trial and error before the most suitable treatment is found. The success of a particular treatment may vary between individuals. It's a good idea to talk to a doctor or mental health professional to help work out what is the best approach for you.

WHAT YOU CAN DO TO HELP

If you suspect that you or someone you know has depression, these tips may help.

- Go to a doctor for regular check-ups.
- Speak to a doctor about your concerns. You may find it helpful to take a family member or friend with you.
- Seek help, support and encouragement from family and friends. Try to talk about how you're feeling.
- Learn more about depression and stroke.
- Become involved in social activities.
- Exercise regularly.
- Eat well, including a wide variety of nutritious foods.
- Achieve and maintain a healthy weight.
- Limit alcohol intake.



WHERE TO GET HELP

- **A doctor** who is a General Practitioner (GP) is a good first step. In some cases, the person may be referred to a mental health specialist like a psychiatrist or psychologist. For a list of GPs with expertise in treating depression, anxiety and related disorders visit the *beyondblue* website www.beyondblue.org.au and click on Find a Doctor.
- **Psychiatrists** are doctors who specialise in mental health. They can make medical and psychological assessments, conduct medical tests and prescribe medication. Some psychiatrists use psychological treatments like CBT or IPT.
- **Psychologists, Social Workers and Occupational Therapists** specialise in providing non-medical (psychological) treatment for depression and related disorders. A rebate can now be claimed through Medicare for psychological treatments when a GP or psychiatrist refers the person to a registered psychologist, social worker or occupational therapist. This rebate can be claimed for part of the cost for up to 12 individual (18 in exceptional circumstances) and 12 group sessions in a calendar year. For more details, ask the referring medical practitioner. For a list of mental health professionals providing psychological treatment for which Medicare rebates can be claimed go to:
 - Clinical Psychologists: www.beyondblue.org.au under Find a Psychologist or Psychologists: www.psychology.org.au under Find a Psychologist
 - Social Workers: www.aasw.asn.au under Find a Mental Health Worker
 - Occupation Therapists: www.ausot.com.au under Find a Mental Health OT

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MORE INFORMATION

beyondblue: the national depression initiative

www.beyondblue.org.au

Information on depression, anxiety and related alcohol and drug problems, available treatments and where to get help

beyondblue info line 1300 22 4636

Information on depression, anxiety and related drug and alcohol problems, available treatments and referral only (local call)

www.ybblue.com.au

beyondblue's website for young people – information on depression and how to help a friend

National Stroke Foundation

1800 787 653

www.strokefoundation.com.au

Information on stroke

Lifeline

13 11 14

24 hour counselling, information and referral

Lifeline's "Just Ask"

1300 13 11 14

Rural Mental Health Information Service

CRUFAD

www.crufad.org

Information about depression, anxiety and its management

Climate.tv – interactive e-health

www.climate.tv

Developed by medical experts, this is a self-management system for people with depression and anxiety.

Mensline Australia

1300 789 978 or www.menslineaus.org.au

24 hour telephone support, information and referral for men

SANE Helpline

1800 18 7263 (Monday to Friday 9am–5pm)

www.sane.org

Information about mental illness, where to go for support and help for carers

Carers Australia

02 6122 9900

www.carersaustralia.com.au

The national voice for carers

THINGS TO REMEMBER

- Depression after stroke is common.
- Help is available.
- With the right treatment, most people recover from depression.
- It's important to seek help early – the sooner the better.
- Depression is an illness, not a weakness and people shouldn't feel ashamed to seek help.

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