

Depression after Stroke

Prevalence, functional outcome and recovery six months after discharge from a geriatric rehabilitation center

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Purpose

Previous studies on depression after stroke have shown heterogeneous results concerning the frequency and clinical determinants of depressive disorder and the effects on recovery from stroke. We assessed the prevalence of depression and the clinical correlates in a cohort of stroke survivors six months after discharge from a geriatric rehabilitation center.

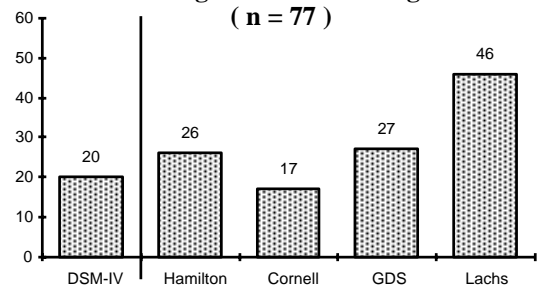
Methods

A consecutive sample of 92 patients with either ischemic or hemorrhagic stroke, aged from 60 to 91 years was studied. 77 patients underwent a comprehensive assessment. DSM-IV was used for the diagnosis of major depression (MD), additionally patients were assessed by different depression scales, using conventional cut-offs.

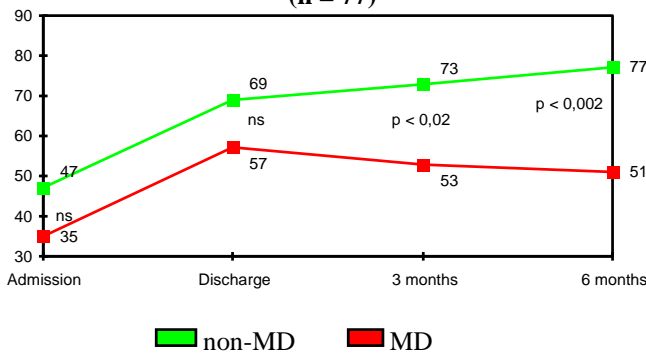
Results

The frequency of any depression range from 17 % (Cornell-Depression-Scale) to 46 % (Lachs Screening), while MD was diagnosed in 20 %. Comparing MD patients to non-MD patients we found no statistically significant differences in stroke type, lesion location, history of previous stroke, cognitive impairment (MMSE), living alone and status of partnership. Patients with MD were significantly more dependent (Barthel-Index, $p = 0,002$), more impaired (Scandinavian Stroke Scale, $p = 0,0005$), and living more often institutionalized ($p = 0,04$). Interestingly only 40 % of the MD patients received antidepressant drug treatment.

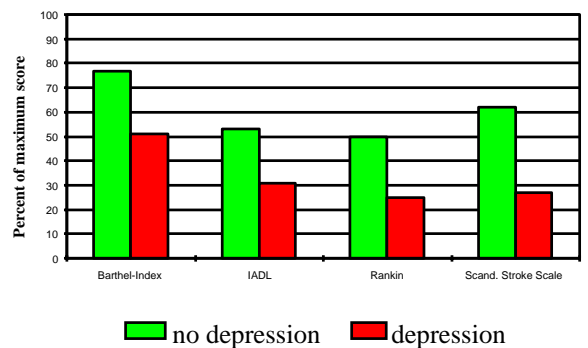
Prevalence of depression, according to different rating scales (n = 77)



Barthel-Index at different follow-up periods (n = 77)



Non-MD- / MD-Patients Average part of the maximum score from different scales (n = 77)



Conclusions

- MD after stroke is frequent and probably underdiagnosed and undertreated.
- MD after stroke is mainly associated with higher impairment (Odds ratio = 7,5) and a lower functional outcome (Odds ratio = 6,3).



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