Psychological Impact of Stroke

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Overview

• Sharing your experiences
• Feeling overwhelmed
• What does the evidence tell us about
  • Post stroke depression
  • Post stroke anxiety
• Working with people with aphasia/dysphasia
• Examples of assessments and approaches
Psychological impact
Stroke Association survey of over 2,700 people affected by stroke

- 67% had experienced **anxiety**
- 59% felt **depressed**
- Almost **three-quarters** of stroke survivors said they felt **less confident** after their stroke
- **Nearly half** said their **relationships** or contact with friends and families had been put under strain
Overview

Day 1: Outline

Acute care  Inpatient rehabilitation  Discharge home

Stroke crisis trajectory (adapted from Lutz et al, 2011)
Post stroke depression

• About one third of stroke survivors depressed at any one time (Hackett & Pickles, 2014)
• Negative impact on rehabilitation, QoL and carers (e.g. Ayerbe et al, 2013)
• Consistent predictors: physical disability, stroke severity, history of depression and cognitive impairment (Towfighi et al, 2016)
• Depression also common in people with aphasia (Kauhanen et al, 2000)
Post stroke anxiety

• Anxiety prevalence reported between 18%-25% (Campbell Burton et al, 2013)
• Prevalence increased to 44% in people with aphasia (Morris et al, 2017)
• Impact on quality of life, social contact and functional ability (Astrom, 1996)
• Post stroke depression associated with post stroke anxiety (Wright et al, 2017). Other predictors currently unclear.
Asking about emotions

Conversations

Recognising symptoms

Formal questionnaires

Overlapping symptoms

Need to consider people with communication difficulties
<table>
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<tr>
<th><strong>Self-report</strong></th>
<th><strong>Visual analogue / picture based</strong></th>
<th><strong>Observational tools</strong></th>
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| • Patient Health Questionnaire (PHQ-9)  
• Hospital Anxiety and Depression Scale (HADS)  
• Beck Depression Inventory (BDI-II)  
• Beck Anxiety Inventory (BAI)  
• Beck Depression Inventory FastScreen  
• Geriatric Depression Scale (GDS)  
• Brief Assessment Schedule Depression Cards (BASDEC)  
• Generalised Anxiety Disorder Assessment (GAD-7) | • Visual Analog Mood Scales (VAMS)  
• Visual Analogue Self-Esteem Scale (VASES)  
• Depression Intensity Scale Circles (DISCS)  
• Distress Thermometer | • Stroke Aphasic Depression Questionnaire (SADQ)  
• Signs of Depression Scale (SODS)  
• Behavioural Outcomes of Anxiety Scale (BOA) |
B: People with or at risk of depression or anxiety after stroke should be offered brief psychological interventions such as motivational interviewing or problem-solving therapy (adapted if necessary for use with people with aphasia or cognitive problems) before considering antidepressant medication.

C: People with mild or moderate symptoms of psychological distress, depression or anxiety after stroke should be given information, support and advice and considered for one or more of the following interventions: increased social interaction; increased exercise; other psychosocial interventions such as psychosocial education groups.

D: People with aphasia and low mood after stroke should be considered for individual behavioural therapy e.g. from an assistant psychologist.
Drug treatments for post-stroke depression

• Insufficient evidence for preventing depression (Hackett et al, 2008a, Tsai et al, 2011)

• Drug treatments alone (Hackett et al, 2008b, Mead et al, 2012) or in combination with psychological interventions (Mitchell et al, 2009) may be helpful in treating depression

• Cochrane review of SSRIs for stroke recovery found SSRIs reduced depression but no one SSI was superior to others (Mead et al, 2012)
Psychological interventions for post-stroke depression

• Brief psychological interventions may help prevent and treat depression (Hackett et al, 2008a) e.g.
  • Problem-solving therapy
  • Motivational interviewing (Watkins et al, 2011)
• Behavioural therapy may be helpful for treating low mood in people with aphasia (Thomas et al, 2013)
• Newer therapies being explored in stroke – Acceptance and Commitment Therapy (ACT) (Ivey-Williams & Morris) and mindfulness (e.g. Lawrence et al, 2013)
Interventions for post-stroke anxiety

Cochrane Review *(Knapp et al, 2017)* of three studies

- Pilot trial relaxation CD v waiting list (n=21)
- Paroxetining v paroxetine + psychotherapy v standard care (n=81)
- Buspirone hydrochloride v standard care (n=94)
- Quality of evidence low

“Evidence is insufficient to guide the treatment of anxiety after stroke” *(p.2)*
Overview

Day 1: Outline

• Augmented, individualised CBT (Broomfield et al., 2011, Kneebone, 2016)
• Behavioural activation (BA) effective in non stroke populations including older adults and people with dementia
• BA can be adapted for aphasia and cognitive difficulties and delivered by non specialists

[Adapted from Kneebone, 2016]
Communication and Low Mood (CALM): a randomized controlled trial of behavioural therapy for stroke patients with aphasia

Shirley A Thomas¹, Marion F Walker¹, Jamie A Macniven², Helen Haworth³ and Nadina B Lincoln¹

Abstract
Objective: The aim was to evaluate behavioural therapy as a treatment for low mood in people with aphasia.
Design: A randomized controlled trial comparing behavioural therapy plus usual care with a usual care
Overview

Day 1: Outline

Thoughts
I’ll mess up
No point trying

Feelings
Down
Fed up
Guilty

Behaviour
Do nothing
Stay in bed
Overview

Day 1: Outline

Behavioural Activation approaches

Setting and agreeing goals

Identifying enjoyable activities

Graded tasks

Activity and mood monitoring

Problem solving

Activity scheduling

Identifying enjoyable activities

Setting and agreeing goals

Identifying enjoyable activities

Graded tasks

Activity and mood monitoring

Problem solving

Activity scheduling
### Overview

Day 1: Outline

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#### Morning

#### Afternoon

#### Evening
Summary

- Psychological impacts are common and affect rehabilitation
- Depression has received the most attention but quality of evidence limited
- More research needed into interventions for anxiety
- Need assessments and interventions accessible for people with aphasia
Key references

National Clinical Guidelines for Stroke (RCP, 2016)
https://www.rcplondon.ac.uk/guidelines-policy/stroke-guidelines


Key references


Thank you for listening

Any questions or comments

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