

Psychosocial therapy with antidepressants more effective in helping depressed stroke patients

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Psychosocial therapy combined with medication can effectively improve depression and recovery in stroke patients, according to a new study reported in *Stroke: Journal of the American Heart Association*.

In the first long-term study of psychosocial/behavioral therapy in combination with antidepressants, researchers found that adding psychosocial therapy improved depression scores short term and those improvements were sustained long term. At one year:

- Depression scores dropped 47 percent in patients treated with eight weeks of psychosocial/behavioral therapy and antidepressants.
- Scores dropped 32 percent among those having usual care, which included taking antidepressants.

The results are clinically and statistically significant, researchers said. Patients with improved depression perceived their recovery as significantly greater and also felt their physical condition and social participation were better than those with lesser improvement in depression.

"Depression following [stroke](#) is an important public health problem,"

said Richard C. Veith, M.D., co-author of the study and professor of psychiatry and behavioral sciences at the University of Washington School of Medicine in Seattle. "One-third of patients who have strokes develop clinical depression, which makes them less able to recover from the stroke, worsens [cognitive functioning](#), impairs social functioning and is associated with other adverse consequences."

Researchers studied 101 clinically depressed non-hospitalized stroke patient (59 percent men, ages 25 to 88 years old). Each had suffered modest [ischemic stroke](#) (caused by a blood clot) in the previous four months. The participants were divided into two groups: 48 received the psychosocial/behavior therapy along with medication for eight weeks, while 53 received medication as part of usual care, usually a selective serotonin reuptake inhibitor such as sertraline (trade name Zoloft).

Research nurses conducted the psychosocial/behavioral therapy, modeled after cognitive [behavioral therapy](#), visiting the patients nine times during eight weeks. The nurses conducted one-hour sessions, focusing on education about depression and on positive behaviors. The sessions covered how to increase pleasant events, problem solving, caregiver support and how to identify and modify negative thoughts.

At the beginning of the study, researchers found that all patients had a moderately severe depression rating on a standard rating scale called the Hamilton Rating Scale for Depression. The average scores for both groups were essentially the same: about 20. A score of 9 or below is desirable.

At nine weeks, the psychosocial/behavioral treatment group had a reduced [depression](#) score of 10, a highly significant improvement, twice as effective as the rating in the usual care group.

Source: American Heart Association ([news](#) : [web](#))

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