

'Motivational' interviews reduce depression, increase survival after stroke

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Patients who received several sessions of a "motivational interview" early after a stroke had normal mood, fewer instances of depression and greater survival rates at one year compared to patients who received standard stroke care, according to new research reported in *Stroke: Journal of the American Heart Association*.

Motivational interviewing is generally a talk-based therapy for patients with health problems that require [behavior change](#), but in this study it was used to support adjustment to life after [stroke](#). Depression is a common problem after stroke that interferes with recovery, survival and return to normal participation in life.

After one year, 48 percent of patients who had the early, talk-based therapy had normal mood, compared to 37.7 percent of patients who did not have the therapy.

Furthermore, the death rate among the intervention group was 6.5 percent compared to 12.8 percent in the control group.

Unlike previous post-stroke talk and drug therapy studies, researchers began the study within one month of patients suffering a stroke.

"Prior studies targeting depressed [stroke patients](#) have had limited success, but the depression may have already interfered with rehabilitation and recovery," said Caroline Watkins, Ph.D., lead author of the study and professor of Stroke and Older People's Care at

University of Central Lancashire in England. "We found that early intervention helped people set realistic expectations for recovery, avoid some of the misery associated with life after stroke, and may even help them live longer."

The study involved 411 patients in a hospital's stroke unit. The patients were on average 70 years old and slightly more than half were men.

They weren't moving out of the area after discharge; were not receiving psychiatric or [clinical psychology](#) intervention; and were without severe cognitive or [communication problems](#) preventing participation in interviews.

The researchers assessed patients' mood, beliefs and expectations for recovery and activities of daily living using standard questionnaires. All patients received usual [stroke care](#) and half were assigned randomly to one therapist for up to four 30- to 60-minute sessions of the talk-based therapy within two to four weeks of suffering a stroke.

Therapists asked the patients their thoughts about the future, what hurdles they expected to face in recovery and how confident they felt about approaching these hurdles.

Therapists encouraged patients to identify their own solutions to problems they anticipated.

The therapists weren't trained clinical psychologists — two were nurses and two had psychology degrees.

But all were trained and supervised by a clinical psychologist, suggesting that the program could be replicated easily in a variety of healthcare settings with proper supervision.

Patients were assessed again at 12 months via mailed questionnaires.

"While a higher percentage of patients in the control group had died after 12 months, we did not study the cause of death of every patient," Watkins said. "These results imply a strong association between mood following a stroke and mortality within one year, but we believe it should be examined in a much larger study."

The study also didn't include [patients](#) with severe communication problems because it would have been difficult for them to participate in talk-based therapy.

Furthermore, researchers conducted the study in one hospital, where the training and supervision of therapists was tightly controlled. It's unclear if the same effects would be seen in less controlled settings, researchers said.

"The simplicity and brevity of this intervention makes it inexpensive to deliver, and yet it has the potential to give huge benefits to its recipients," Watkins said. "It's imperative that further research is supported to ensure effective methods of implementation are developed."

Provided by American Heart Association

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