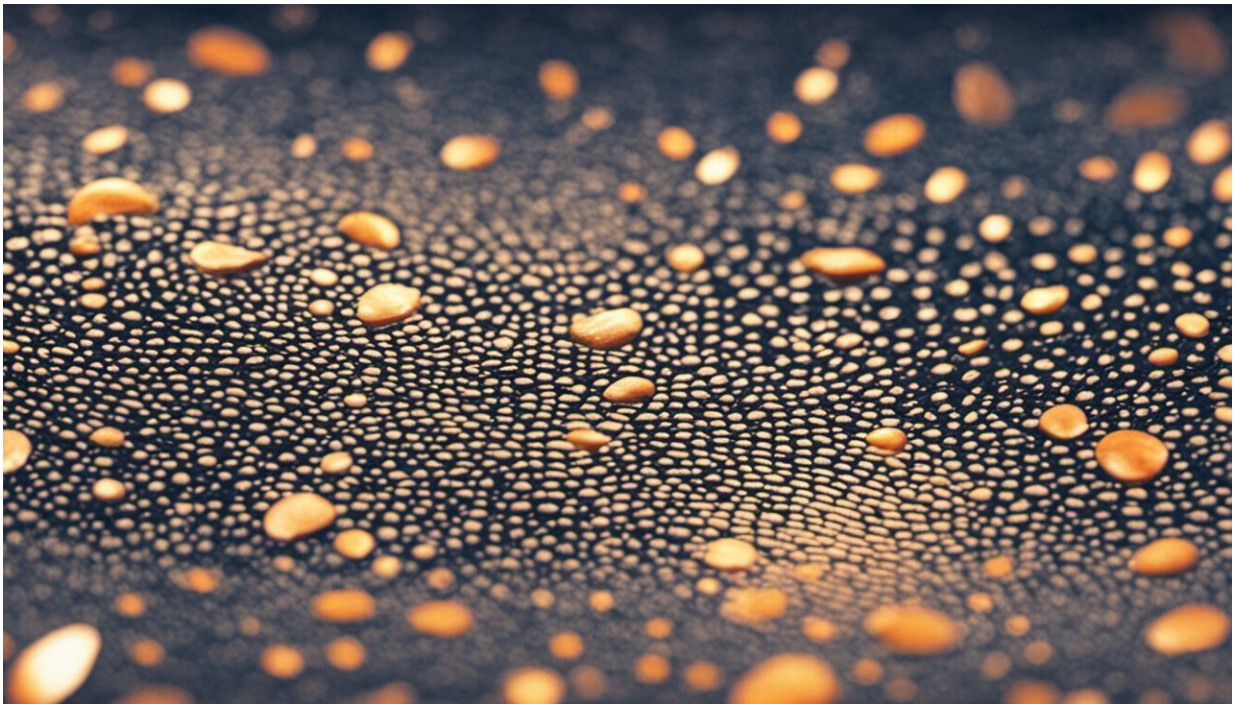


Treating depression important after stroke, but caution may be needed

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Credit: AI-generated image ([disclaimer](#))

Recognising and managing depression is an important part of post-stroke treatment, but some treatments should be used with caution until more is known about the risks, according to new evidence published in the *Cochrane Library* today.

The George Institute for Global Health researchers analyzed the results of 49 trials involving over 3,000 people with depression following a [stroke](#) and found that while psychological therapy or medication could be useful, the latter may come with some potentially harmful side effects.

Senior author Professor Maree Hackett, Program Head, Mental Health at The George Institute said that while depression is an important consequence of stroke that impacts on recovery, it is often not detected or is inadequately treated.

"Management of people who have experienced a stroke tends to focus on the physical effects of the stroke and the psychological effects may be overlooked. Having depression after stroke can hamper recovery by reducing a person's motivation or making them unable to keep up with the recommended rehabilitation," she said.

"People with depression may feel very alone and stop talking to family and friends, and also may stop taking the medications they have been given to prevent another stroke."

"That's why it's important to alleviate depression, but our review on the best way to do this hadn't been updated for over ten years, during which time new trials have been published and different combinations of treatments have been used," Prof Hackett added.

Cochrane publishes systematic reviews, which summarize all of the available research evidence, that are used to inform treatment guidelines.

Lead author of the review and Research Fellow at The George, Dr. Sabine Allida, said the team had set out to determine which treatments or combinations of treatments would be most effective at treating depression and reducing [depressive symptoms](#) after a stroke, based on

the best available evidence.

"We found a small benefit of antidepressants and talking therapies (like cognitive behavioral therapy) in treating depression. Studies of repetitive Transcranial Magnetic Stimulation (rTMS—a mild form of brain stimulation applied through the scalp and skull) and combined antidepressant and talking therapy, or antidepressant and rTMS interventions reduced the number and severity of depressive symptoms people experienced," she said.

"Our results suggested an increase in side effects for antidepressant medications such as confusion, sedation and gastrointestinal problems. Also, the individual trials often included only a small number of people—we are generally more confident of results when trials include a lot of people and are well conducted. So more research is needed before recommendations can be made about the routine use of such treatments," she added.

While some mood changes can be caused by the effects of a stroke on the brain, they can also be a reaction to a life-changing event and later on, the realization that there may be things a person is no longer able to do.

Stroke Foundation Chief Executive Officer Sharon McGowan said that as many as one in three people experience depression at some point during the five years after their stroke.

"It's important to recognize that depression and anxiety are common after a stroke, but they are also treatable. Recovery is possible and there are many things that can help. The sooner you get help, the sooner you will move towards recovery," she said.

"It is great to get updated Cochrane reviews that we can now rapidly

integrate into our world-first "Living' Stroke guidelines which healthcare professionals refer to when caring for people with stroke," Ms McGowan added.

Prof Hackett said that future research needs to include a broader group of people with stroke to be able to draw more definite conclusions about the most effective treatments.

"In the meantime there are many options to manage [depression](#) and depressive symptoms—not just antidepressants. Speak with your GP or neurologist about what is the best option for you, how long you should be on treatment, and how you/they will know when to stop treatment," Prof Hackett added.

More information: Sabine Allida et al. Pharmacological, psychological, and non-invasive brain stimulation interventions for treating depression after stroke, *Cochrane Database of Systematic Reviews* (2020). [DOI: 10.1002/14651858.CD003437.pub4](https://doi.org/10.1002/14651858.CD003437.pub4)

Provided by George Institute for Global Health

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