

# Experiencing stroke-like symptoms may be more traumatic than an actual stroke

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People with so-called stroke mimics may be even more likely to develop post-traumatic stress disorder (PTSD) than those with a confirmed stroke, according to preliminary research to be presented at the American Stroke Association's [International Stroke Conference 2024](#). The meeting will be held in Phoenix, Feb. 7-9.

Stroke mimics are conditions with symptoms that mirror those of [stroke](#), including numbness, weakness, difficulty speaking, vision changes, headache, dizziness or unsteady gait.

"Stroke mimics matter. As clinicians, we may be quick to dismiss a patient's less life-threatening diagnosis, such as migraine or vertigo. However, these patients may experience significant psychological distress, which can increase their risk for poorer cardiovascular health," said abstract lead author Melinda Chang, M.S., A.N.P.-B.C., a research nurse at the Center for Behavioral Cardiovascular Health at Columbia University Irving Medical Center in New York City. "Knowing that being evaluated for stroke in an [emergency department](#) can itself be a [traumatic experience](#) for many people may help health care professionals recognize PTSD symptoms and connect patients quickly to the appropriate resources."

Researchers analyzed health data for 1,000 adults (average age of 62 years; 51% female) who received care in a hospital's emergency department for suspected stroke. During hospitalization, the patients completed a PTSD survey, and a neurologist (without knowledge of the PTSD scores) reviewed their medical charts to provide a medical diagnosis such as: clot-caused stroke or bleeding stroke; transient ischemic attack or TIA, sometimes called a warning stroke; or stroke mimic.

The most common stroke mimics noted were migraine and other headaches, peripheral or cranial neuropathy (weakness, numbness or pain caused by nerve damage), and peripheral vertigo (dizziness and a spinning sensation caused by factors outside of the brain).

Researchers noted:

- After adjusting for several factors, including age, gender,

ethnicity, severity of stroke-like symptoms, previous PTSD and degree of disability when discharged from the hospital, the risk of PTSD one month after discharge was 3 times as high in people with stroke mimics compared to those with confirmed stroke.

- Specifically, elevated PTSD symptoms were found in 15% of people diagnosed with stroke mimics; in contrast, PTSD symptoms were found in only 6% of those diagnosed with stroke and 5.5% of those with TIA.
- People who had PTSD prior to hospitalization had 10 times the risk of also having elevated PTSD symptoms one month after discharge.

"Stroke specialists typically view stroke mimics as less serious than a confirmed stroke, so we did not expect patients with stroke mimics to be at higher risk for having PTSD at one-month follow-up," Chang said. "However, the neurologists on our team have noted that patients with stroke mimics can suffer significant distress from their stroke-like conditions, so our findings support these clinical experiences."

According to the researchers, further study is needed to explore the possible contributors to the higher risk of PTSD in people with stroke mimics, including the stroke evaluation or hospitalization itself, a lack of certainty about their diagnosis or the lack of a standardized treatment for those with their diagnosis.

"It is important for people who are evaluated for stroke to know they are not alone if they experience flashbacks, disrupted sleep or feel on edge after their medical event. They should feel comfortable and empowered to report any concerning symptoms to their health care team so they can get the help they need," Chang said.

Study details and background:

- This research was part of the ReACH Stroke study (Reactions to Acute Care and Hospitalization– Impact of PTSD on cardiovascular risk in survivors of stroke and transient ischemic attack), conducted at Columbia University Irving Medical Center between June 2016 and March 2022.
- Among the study participants, about 60% were confirmed to have had a stroke, 8% had a TIA and 27% experienced a stroke mimic. Health information was unclear or missing for the remaining 5% of participants.
- Patients completed the PTSD Checklist for DSM-5, a standard screening tool to identify PTSD symptoms in the past month. The checklist was completed at enrollment and repeated about one month after discharge to determine if patients had developed probable PTSD.

"I think most clinicians assume that patients would be relieved to know they did not have a stroke. This study illuminates the psychological impact of a stroke mimic or TIA. There are numerous possible explanations for PTSD experienced after a stroke mimic or TIA. One explanation could be that after a stroke, patients receive education about what happened and what to expect and receive more services and support; however, less education is provided after a stroke mimic or TIA. This may lead to fear of the unknown and possible dread of a future event," said American Stroke Association volunteer expert Amytis Towfighi, M.D., FAHA, an associate professor of neurology, director of Neurological Services for Los Angeles County Department of Health Services and the James and Dorothy Williams Professor of Neurology and Population and Public Health Sciences at the Keck School of Medicine at University of Southern California. "We should study this phenomenon in more detail to determine how to design effective interventions to support our patients."

The study limitations include using self-reported symptoms rather than a

health care professional evaluation for the diagnosis of PTSD. These results, while based on a diverse group of people, were collected in only one urban, academic medical center and may not be generalizable to people living in other communities or receiving care at other health centers.

**More information:** Abstract poster WP35:

[www.abstractsonline.com/pp8/#!/...42/presentation/2844](http://www.abstractsonline.com/pp8/#!/...42/presentation/2844)

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