

# Nurses play key role in addressing mental well-being for people after a stroke

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Nurses play a key role in helping patients manage emotional and social health challenges, or psychosocial health, after a stroke, and improved screening and assessment for psychosocial needs are essential to provide

optimal patient care.

These findings are highlighted in a new statement from the American Stroke Association, a division of the American Heart Association, titled "Nursing's Role in Psychosocial Health Management After a Stroke Event," [published](#) in the journal *Stroke*.

While there have been significant advances in [stroke prevention](#) and treatment, stroke remains the second leading cause of death globally and a major cause of disability. The latest research indicates that 16% to 85% of [stroke survivors](#) experience psychosocial symptoms, such as depression, anxiety, stress, fatigue and/or a decreased quality of life during their recovery.

"Stigma often surrounds discussions about psychosocial health. Therefore, it is crucial for nurses and all health care professionals to create a safe and therapeutic environment for patients and offer hope and comprehensive education on the topic," said Chair of the scientific statement's writing group Patricia A. Zrelak, Ph.D., R.N., FAHA, a regional stroke program quality nurse consultant for Kaiser Permanente Northern California and a member of the American Heart Association's Council on Cardiovascular and Stroke Nursing.

The scientific statement details a comprehensive review of the latest evidence published from 2018–2023 about psychological health in patients who experienced a stroke.

The statement addresses the effects, underlying causes, screening, diagnosis and treatment for five key emotional and social health factors, including depression, stress, anxiety, fatigue and quality of life. The scientific statement aims to establish a guide for nursing care throughout a patient's recovery after a stroke, from prevention of adverse psychosocial health conditions to identifying and managing symptoms.

"Emotional, cognitive, behavioral and/or personality changes may occur after a stroke," Zrelak said.

"These conditions can emerge immediately after a stroke or have a delayed onset, sometimes occurring more than a year later, and they may also fluctuate in intensity over time. In addition, psychosocial symptoms are interrelated, and patients who experience one are at higher risk of developing other [mental health conditions](#). Effective and regular screening are vital for early detection and treatment."

## Depression

Depression affects about 30% of stroke survivors and is particularly common within the first three months after a stroke. Symptoms of depression may include persistent sadness, anxious or "empty" mood; restlessness and irritability; loss of interest or pleasure in hobbies and activities; difficulty in concentrating and thinking; increased or decreased sleep; changes in appetite; and weight gain or loss.

Post-stroke depression worsens cognitive and functional recovery and increases the risks of death and/or another stroke.

The [AHA/ASA Guidelines for the Early Management of Patients With Acute Ischemic Stroke](#) recommend routine depression screening for all patients after a stroke. Nurses can help educate stroke survivors and their families on symptom recognition, prevention and treatment options, such as medication management and/or cognitive behavioral therapy.

## Stress

A 2022 study found that post-stroke stress and post-traumatic stress disorder (PTSD) affects about one in six (about 16.5%) stroke survivors.

These conditions may increase the risk of additional health issues, including anxiety and poor medication adherence. Screening stroke patients for stress and PTSD should occur when they are hospitalized and continue during rehabilitation and outpatient visits after hospital discharge.

Nursing interventions that may help lower patients' distress include stroke education and self-management strategies, such as mindfulness and meditation. Nurses may also consider stroke survivors' coping styles. People with high-anxious coping styles face a significantly higher risk of experiencing PTSD after a stroke in comparison to people with low-anxious coping styles.

## **Anxiety**

The frequency of anxiety ranges from 20%–25% in the first months after a stroke, increasing to 32% as the year progresses, with a five-year prevalence of 34%. Factors such as younger age at the time of the stroke, lower income, inability to work, social isolation, previous mental health conditions and/or severity of the stroke are factors that increase the risk of developing anxiety. Anxiety is also linked to a higher risk and severity of depression.

Standard screening for anxiety and prompt detection may lead to early treatment, greater patient engagement and improved recovery for stroke survivors. Although established clinical guidelines for treating general anxiety exist, more research is needed on anxiety interventions after different types of strokes.

## **Fatigue**

Post-stroke fatigue may develop anytime. However, it is most common

within the first six months after a stroke. Symptoms of fatigue may include reduced physical and mental energy levels that interfere with daily activities and difficulty with self-control, emotions and memory. Women and people with depression, sleep problems, anxiety and/or multiple health conditions are at higher risk of developing post-stroke fatigue.

More research is needed for effective management strategies for post-stroke fatigue, as there are currently no proven treatments. However, interventions focused on improving general physical fitness may help prevent, reduce or treat post-stroke fatigue and other components of psychosocial health.

## Quality of life

Returning to the same quality of life after a stroke is challenging and even more so after a severe stroke. Physical strength, speech, depression, anxiety and the ability to return to work and social activities are factors that contribute to a stroke survivor's quality of life. However, conditions such as chronic pain can negatively impact recovery and return to independent living.

Physical activities that also include interpersonal engagement, such as yoga and tai chi, have shown positive effects on patients' quality of life. Nurses can help stroke survivors improve their post-stroke quality of life by linking patients to social services in their local area, such as post-stroke support groups and community-based organizations.

"Mental and [emotional well-being](#) are crucial for recovery, and nurses play an important role in supporting patients after a stroke," Zrelak said. "It's important to engage stroke survivors and their caregivers so they are aware of these psychosocial conditions and ways they can help. Early detection of symptoms and treatment have the potential to improve post-

stroke recovery."

The statement also highlights existing research that shows stroke outcomes vary significantly among people in different racial and ethnic groups. Social determinants of health, such as structural racism, socioeconomic status, inadequate housing and/or limited access to health care including mental health services, may all influence a stroke survivor's recovery.

Zrelak added, "The stroke care team is crucial in addressing these health inequities, using targeted interventions and customized treatments to improve mental health support and overall care coordination for those most at risk.

"More research is needed to help us understand how best to support psychosocial well-being for people after a stroke, so they are better able to return to their routine daily activities and have a better quality of life."

**More information:** Patricia A. Zrelak et al, Nursing's Role in Psychosocial Health Management After a Stroke Event: A Scientific Statement From the American Heart Association, *Stroke* (2024). [DOI: 10.1161/STR.0000000000000471](https://doi.org/10.1161/STR.0000000000000471)

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