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After a stroke: What are the options for managing depression?



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A stroke can have a major disabling effect, often limiting people's physical abilities and greatly reducing their independence, at least at first. The adjustment to these changes and the work needed to regain more independence are very challenging, both for the person who has had the stroke and the people around them - especially the people who are caring for them.

These changes in people's lives also affect their emotions, and grief and sadness are to be expected after a stroke. Although most people will not carry on feeling this way for months or longer, up to a third of the people who have a stroke could also become depressed. So-called "clinical depression" is under-diagnosed in older people with strokes. It can be very difficult even for doctors to tell the difference between an ordinary reaction and one that has developed into a depressive illness that is likely to remain. For some people who have had strokes, depression will get better by itself over time. However, for most, once they are depressed, the depression could continue if there is no treatment.

Stroke affects the body's functions, but it can also affect the mind. People may have trouble speaking or understanding, and they could have trouble sleeping. A person who has had a stroke might be more anxious than they were before. Sometimes, a person's behaviour changes as well after a stroke. This can happen because of the harm that the stroke has done inside the brain.

Trials on managing depression after a stroke

Researchers from the Cochrane Collaboration looked for trials that tested the impact of treatments for depression on people who have had strokes. It was important to look specifically at the results in people who have had strokes, because drugs and psychological treatments for depression generally may not have the same effects in them as they do in people with other forms of depression.

The researchers speculated that one of the reasons that depression is often undiagnosed or untreated in people with strokes might be that doctors have found it difficult to treat depression in the usual way. That would mean that because they are uncertain that treatments will work, they might not actively approach the problem. This means that

patients or their carers might need to talk to their doctor about the possibility of depression.

The researchers found that there has not been enough testing of depression treatments for people with strokes. They found 16 trials, but these tested a variety of treatments and the individual trials were small. Most of the studies were on antidepressants, with 4 trials of psychological treatments. The researchers found no trials of complementary (or "alternative") therapies.

There were just over 1,650 people in all the trials together. The people had very recently had strokes, but people who had some common stroke-caused disabilities like communication problems were not asked to participate in these trials. The trials did not run for longer than six months. This means that more research is necessary to be sure about what might help or be more harmful for people who are depressed after a stroke.

Antidepressants can help some people - but they increase the risk of adverse effects

Several different types of psychological treatment were tried, but the trials were small and the particular programmes in them did not have a major impact. Although there is more data on drug treatments in general, there is not enough research on any one drug. The trials on antidepressant medication provided some information to suggest that these drugs might be helpful for some people with strokes. Future research might show that there are particular drugs that work as well as expected. Importantly, the balance of adverse effects with the amount of benefit needs to be studied carefully.

Adverse effects were quite common in the studies, although, again, more research is needed to be sure about these. Possible adverse effects might include confusion, tiredness, apathy and shaking. This could happen to up to 1 in 10 of the people who use them. In addition, about 1 in 10 people had gastrointestinal problems, such as constipation or diarrhoea.

The researchers concluded that there is not enough evidence to know whether antidepressants are useful for people who have had strokes. Possible adverse effects of the medications were also not studied enough in these trials. For example, it is still not known to what extent antidepressants increase the rate of falls and other harm like seizures. These could be a risk, because these drugs can affect the central nervous system, which can also

reduce people's confidence in moving around.

Because of this, the researchers urge caution in the use of antidepressants. If people are using these medications after a stroke, possible adverse effects need to be monitored. Different treatments can be tried, although it is not possible to say at this stage which antidepressants might be more suitable for people who have had strokes. All the antidepressants that can be used were not tested in these trials.

Our fact sheet (URL: <http://www.informedhealthonline.org/index.393.en.html>) explains more about coping psychologically after a stroke, including for carers of a person with stroke. You can also read more about some of the different therapies that have been shown to help people recover more independence after a stroke here (URL: <http://www.gesundheitsinformation.de/stroke.497.56.en.html>)

Glossary

Cochrane Collaboration

The Cochrane Collaboration is an international network of thousands of researchers and others. They work together in teams called Cochrane Review Groups to answer questions about health care by doing systematic reviews of evidence. To achieve this, the members of the Collaboration have developed systems and methods for systematically finding and analysing the results of trials of health care interventions. The goal of the Cochrane Collaboration is to help patients, health care practitioners and others make more informed decisions about health care. You can read more about the Cochrane Collaboration at their website.

evidence

Evidence is what we call scientific proof from well-conducted, good-quality scientific trials that have been carefully designed to answer specific questions. Depending on the types of questions, different scientific research methods (types of study) are most appropriate to find reliable answers to these questions. Randomized controlled trials (RCTs), for example, are the best way to get reliable evidence on the effectiveness of medical treatments (interventions). This type of study, however, is not the best form of evidence for all possible questions, and does not provide the best answers to all kinds of questions, either. Epidemiological studies, for example, are very suitable for establishing well-founded proof for the spreading of a disease in the population.

depression

Depression is one of the most common mental illnesses, and it can be mild, moderate or serious. There are several different types of depression that can be recognised by different signs. Which symptoms of depression occur and how strong and frequent they are vary from person to person. People in any social or age group can be affected, both women and men. If someone has had at least two of the following symptoms for longer than two weeks, it might mean that they are depressed: deep sadness; listlessness; loss of interest in the things they usually care about.

Sources

Hackett ML, Anderson CS, House AO, Xia J. Interventions for treating depression after stroke. *Cochrane Database of Systematic Reviews* 2008, Issue 4. [Cochrane summary (URL: <http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD003437/frame.html>)]

The German Institute for Quality and Efficiency in Health Care (IQWiG)

The German Institute for Quality and Efficiency in Health Care (IQWiG) was established by legislation to provide evaluations of the effectiveness, quality and efficiency of healthcare services. This includes the assessment of medicines as well as the publication of health information for consumers and patients.

Evidence basis of our health information

Our information is based primarily on systematic reviews of the effects of health care. Systematic reviews are necessary to gain an objective picture of health care. In order to do this, a clear question is formulated. Researchers then find all the relevant studies that could answer this question. They then evaluate those studies.

You can find a list of the evidence and other scientific literature on which this information is based at [**www.informedhealthonline.org**](http://www.informedhealthonline.org)

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