

Screening for post-stroke depression inadequate and inconsistent, study finds

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Physicians are prescribing antidepressants for stroke patients without first giving them a proper diagnosis, they are over-treating some patients, and overlooking others, according to a study presented today at the Canadian Stroke Congress.

"A lot of people are being treated for depression, but we don't know if they're the right ones," says lead researcher Ms. Katherine Salter of Parkwood Hospital in London, Ontario. "This study found that 40 per cent of [stroke patients](#) were treated for depression, but most were not screened or diagnosed. Who are we treating?"

Researchers examined medical charts for 294 patients discharged from five in-patient rehabilitation programs in southwestern Ontario over a six-month period beginning in September 2010. Only three of 294 patients given an antidepressant were formally screened, assessed and diagnosed with depression first. However, 40 per cent of all patients, whether or not they were screened or assessed for the condition, received treatment for depression.

Depression is the most common mental health issue following stroke, affecting more than a quarter of all stroke patients. Depression may affect a patient's ability to participate in post-[stroke therapy](#) and is associated with slower progress in rehabilitation and longer stay in hospital.

Researchers found that 100 per cent of patients who had already been taking an antidepressant at the time of their admission to in-patient rehabilitation still received one at the time of their discharge, largely without being reassessed. "No matter what the best practice recommendations say, if you're on an antidepressant when you show up, you will not likely be screened or assessed, but you will be given more drugs," says Ms. Salter.

Conversely, the lack of formal screening and

assessment for depression means that stroke patients without a history of depression or other mental illness could be overlooked for treatment.

According to the study, patients with a previous history of [psychiatric illness](#) and those with severe impairments from their stroke are more likely to receive antidepressants.

Ms. Salter emphasizes that Canadian Best Practice Recommendations for Stroke Care call for clear and formal steps in the diagnosis and treatment of depression.

"Depression is a serious problem for people with stroke. We need to make sure that everyone who needs treatment for depression is receiving the right help," says neurologist Dr. Michael Hill, Co-Chair of the Canadian Stroke Congress.

Lack of access to mental health care professionals, as well as "some inertia" by clinicians reluctant to change their practice, may be to blame for the failure to screen patients properly, says Ms. Salter. "We need to be able to include psychological resources as part of our health care team. These professionals should be a central, integrated part of recovery."

"Screening for [depression](#) after all strokes could result in more positive outcomes for [patients](#) and their families," says Ian Joiner, the director of stroke for the Heart and Stroke Foundation. "With screening, those who would benefit from specialized medication, counselling and referral to other health professionals won't be missed."

Provided by Heart and Stroke Foundation of Canada

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