

Emotional & Behavioural Changes after Stroke

Different parts of the brain control different parts of the body. Brain injury from a stroke may affect how a survivor moves, feels, thinks and behaves. After your stroke some areas of your brain may work normally while others will not.

Left Brain Injury

Those with left-brain injury and a paralysed right side (called right hemiplegia) are more likely to have problems with speech and language. They also tend to be cautious, hesitant, anxious and disorganized when faced with an unfamiliar problem. People with right hemiplegia need frequent assurance that they are doing okay, with lots of immediate positive feedback. Breaking tasks down into steps and practicing often will aid learning.

Right Brain Injury

Those with right-brain injury and a paralysed left side (called left hemiplegia) may have problems with spatial-perceptual tasks – the ability to judge distance, size, position, rate of movement, form and how part relate to wholes. People with severe spatial-perceptual deficits may have more trouble with self-care. They may not be able to read a paper – not because they cannot read, but because they lose their place on the page. They tend to have a behavioural style that is too quick and impulsive, and behave in a way that makes overestimating their abilities easy. They are often unaware of their deficits, and may think themselves capable of tasks they are not – driving for instance, which even with minor spatial-perceptual disabilities can be dangerous.

Some common changes in people after a Stroke are:

- **Emotional lability:** This is also known as ‘reflex crying’ or ‘labile mood’ and is characterized by rapid mood changes that include crying or laughing. These changes may not fit a person’s mood or may last longer than seems appropriate. This can be very distressing for both the stroke survivor and their family and friends. However this does settle once people begin to recover from their stroke and gain increased emotional control.
- **Depression:** Is very common in people who have had a stroke and is characterized by feelings of sadness, hopelessness or helplessness, irritability and changes in eating, sleeping and thinking. Grieving following a stroke can cause similar symptoms, but depression symptoms are more pervasive and persistent (6 weeks or more). Depression needs to be treated as soon as possible by your doctor.
- **Short retention span:** People with an affected attention span might only remember part of a complicated message. For example, in a series of instructions, they may remember only two or three steps and may struggle with learning something new. Some stroke survivors may also have problems transferring learning from one setting to another. For example they may know how to get in and out of bed in hospital themselves, but be unable to perform the same task at home. Caregivers can help by: establishing a fixed routine, keeping messages short, presenting new information one-step at a time and teaching tasks in settings that resemble the environment where the task will be done.

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- **Social judgment:** Even minor damage from a stroke can affect a memory related area of behaviour called quality control. This refers to how well individuals check and control their own behaviour and do the 'right' thing at the 'right' time in social situations. For example a previously fastidious person may fail to bathe or zip his fly, or a formerly polite person may become rude and profane. The person may be able to control behaviour when with relative strangers (eg: with the doctor) but become quite disinhibited with family or people they know well. These problems are often annoying and irritating for the stroke survivor and are not well understood by caregivers who often incorrectly interpret this type of behaviour as stemming from an emotional or psychological problem rather than a problem with memory and the 'reading' of social situations. By giving stroke survivors cues, positive feedback and praise for doing well caregivers can help with a stroke survivor's behavioural and social adjustment.
- **Feelings of frustration:** This often results from difficulty completing everyday tasks as quickly or with the same precision as previously. Caregivers can help by acknowledging the persons feelings of frustration and by patiently assisting the stroke survivor to develop alternative methods of achieving the same end. Physical aids can also be of great benefit and the physio or occupational therapist will be able to suggest useful tips and provide recommendations on useful aids for daily living.
- **Lack of motivation:** This can be related to a number of factors including depression, difficulty planning and initiating tasks and fatigue. If you would like our information sheet on fatigue ring 0800-78 76 53 or ask your Field Officer.

Strategies to help deal with these psychological changes

For the stroke survivor and their family/whanau:

1. **Emotional and behavioural changes are quite common after a stroke and usually improve with time.** Certain things may trigger certain behaviour and you may have to learn how to avoid these, or what to say, or do to minimise the problem. Above all try not to over react.
2. **Accept help offered by others.** Expert help from a psychologist can be very helpful in understanding and minimising the problem.
3. **Seek advice as to how problems with daily living can be solved.**
4. **Everybody needs time out in a normal relationship.** Make sure you arrange this and have time to yourself.
5. **Sharing your feelings is often helpful.** The Stroke Foundation has stroke clubs, which provide a social network. Ring 0800-78 76 53 for your nearest club or ask your Field Officer.

Remember recovering from a stroke is often a long slow process. Be patient and kind to yourself.

We all have our good and bad days, try and see the good in each and every day. Set goals and remember to reward yourself when you have achieved them.

If you would like any further information about this topic or anything else in relation to your stroke please call the Stroke Foundation on 0800-78 76 53 or check our website www.stroke.org.nz



CMI

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