

This 4-page fact sheet is about

- depression after stroke and why it happens
- how you can recognise depression and
- treatment options for depression.



Depression after stroke and why it happens

Depression is the most common emotional change people experience after stroke. **It is estimated that around half of stroke survivors suffer significant depression in the first year following their stroke.**

Depression is an illness characterised by intense feelings of persistent sadness, helplessness and hopelessness. It may be accompanied by physical effects such as loss of energy or physical aches and pains.

Depression happens because of physical damage to the brain or emotional changes or a combination of factors.

- **A stroke causes physical damage to the brain.** When brain cells are damaged the parts of the body and mental functions controlled by these cells may not work properly. This physical damage can result in difficulty controlling emotions, personality changes and also depression.
- **Having a stroke is a frightening experience.** Stroke happens suddenly and it can take some time to come to terms with what has happened. Many people feel frightened, anxious, frustrated or angry about what has happened to them, the impact of their disabilities and the changes they are experiencing. This is normal, but sometimes these feelings can develop into depression.
- **Physical causes of depression.** For example, chronic pain affects some people after a stroke and is a common cause of depression.

Depression can happen at any time following a stroke. It can develop soon after or sometimes it can happen several months later. It can range from mild to severe and can last from a few weeks to over a year.

Depression has a negative impact on rehabilitation and recovery from stroke. It can lead to problems with memory, thinking, planning and physical activity. This situation also affects a person's family, whānau, carers and their wider social connections.



After a stroke, emotional changes and depression may be hard to pick up. This is because a person with stroke may have difficulty communicating, they may not be out and about as much as they were and therefore not mixing with other people. Their depression may be masked by the effects of their stroke.

Some effects of a stroke are listed here:

- Tiredness
- Not able to move around easily
- Isolated from friends and local community with limited social interaction
- Difficulty eating; not well nourished
- Not able to communicate feelings successfully
- Not aware of their situation
- Having trouble initiating things: missing their usual 'get up and go' and
- Having difficulty with planning, solving problems and remembering things.

Depression may be may be 'hidden' in these effects of stroke and difficult to recognise.

How you can recognise depression



Depression shows in many different ways. The symptoms, which are listed below, will be present over a period of time.

Don't rely on just asking a person 'do you feel depressed?' Some people won't know they are depressed; others will not want to admit they are depressed. That's why asking about all the symptoms mentioned below is important.

Symptoms of depression are:

- **Feeling sad, blue or down in the dumps: depressed mood most of the day**
- **Markedly decreased interest or pleasure in previously enjoyed everyday activities**
- Significant weight loss or weight gain due to appetite changes: eating too much or too little
- Being unable to sleep, or sleeping too much
- Feeling anxious or worrying a lot
- Fatigue or loss of energy
- Feeling worthless, guilty, helpless, hopeless or in despair
- Finding it difficult to think and to concentrate
- Recurrent thoughts of death
- Physical aches and pains
- Self-harming
- Loss of sex drive or sexual difficulties
- Avoiding people: a decreased interested in familiar people
- Loss of self-esteem or self-confidence.

Another symptom may be not starting anything: loss of initiation. There is a need to find out the reason for this as it could be either physical damage in the brain or depression.

If any of these symptoms are present for a period of time you should discuss this with your GP or specialist.

Many people do not want to admit how bad they are feeling or to acknowledge that they may be depressed. Understanding that symptoms are due to depression and that this is common after stroke may help accept treatment and support. The sooner this starts, the sooner a person is likely to feel better.

Treatment for depression

There are a number of treatments and self-help techniques available for depression. Treatment will depend on the severity of the depression. It may involve a combination of 'talking therapy', anti-depressant medication, taking control through self-help, family, whānau engagement and other therapies (based on availability throughout NZ). The most effective treatment is talking-type intervention combined, if appropriate, with anti-depressant medication.



If you need to talk to someone right now about how you are feeling, you can phone these 0800 numbers for advice and support.

Depression Helpline	0800 111 757
Healthline	0800 611 116
Lifeline	0800 543 354
Samaritans	0800 726 666
Youthline	0800 376 633
Alcohol Drug Helpline	0800 787 797
If you are in a crisis situation	111

1. 'Talking therapies'

Counselling is a form of talking therapy that helps think about problems being experienced and finding ways to deal with them. Acknowledging what has happened, and accepting how life has changed is an important step in the recovery process. Counsellors do not tell people what to do, they support their clients to find solutions to problems.

In some parts of New Zealand, the services of a **neuropsychologist or a psychologist or a counsellor** may be available. They may use a variety of techniques and therapies including **Cognitive-Behavioural Therapy and Problem-Solving Therapy**. The Mental Health Foundation has information about counsellors in your area, phone 09 623 4812. The Depression NZ helpline is 0800 111 757 or text 4202.

If stroke has caused problems communicating or understanding others, counselling may not be the best option. **The specialist skills of a speech and language therapist may help to overcome communication problems prior to participating in other therapies.** Your GP or rehabilitation centre can refer you to speech and language therapy.

2. Anti-depressant medication



Anti-depressant medications are the most common medical treatment for depression. They affect the chemicals in the brain and lift mood. They cannot cure depression, but they can ease some of the symptoms which provides a window to take action and deal with depression. There is good evidence that this medication prevents development of depression as well.

Medication improves function, helps with getting daily activities done, and also helps with cognitive and neurological recovery. There are many different types of anti-depressants available, and everyone responds to them differently. **It can take two to four weeks before the medicines take effect so it is important to persevere with the treatment.** As with any medications, some people experience side effects, so it may take some time to find the most appropriate medication.

3. Taking control through self-help



There are many things people can do to cope with depression and improve their wellbeing. **Remember everyone has good and bad days. This is normal, so one bad day is not a setback.** Not all these suggestions will suit everyone but one or two of these self-help tips may be of value to you.

- **Keep informed.** A lack of information can increase worries. This Fact Sheet has helpline numbers where you can find out more about depression and how to manage. If you are using the internet <http://depression.org.nz> has resources, advice and self-help tips.
- **Build or maintain social contact.** Meeting people regularly is an important source of wellbeing. Your local Stroke Foundation can advise you about networks and stroke support groups in your area which may help you starting out. Stroke Foundation phone 0800 787 653.
- **Talk with family and friends, if possible, as this can be a big help.**
- **Join a support group.** For advice about groups in your area contact the Stroke Foundation phone 0800 787 653, Mental Health Foundation phone 09 623 4812, Depression NZ phone 0800 111 757 or text 4202.
- **Return to old hobbies and interests or start something new.**
- **Exercise.** Recent research shows that exercise is very beneficial in treating and preventing depression. Doing any physical activity regularly, however gentle, can help. Get outside into the fresh air if possible. **Monitor tiredness and plan your exercise and activities for when you are feeling at your best. Also it helps to eat a healthy diet.**
- **Find out how other people have managed to improve over time.** Talking with other people, books, web links and appropriate support groups are all useful places to find out more.

4. Family, whānau and carer engagement



Depression affects a person's family, whānau and carers. **Support may be needed to address the challenges they face.** The type of support will depend on each person's circumstances, the services available and the decisions made within each family, whānau. Depression NZ has further details about family, whānau support: <http://depression.org.nz>

5. Music Therapy and Art Therapy programmes are available in some regions

The Stroke Foundation can provide more information about these therapies and options in your area. Stroke Foundation phone 0800 787 653.

This Fact Sheet was prepared by the Stroke Foundation of New Zealand with support from Philip A. Morse, PhD, Neuropsychologist, ABI, Auckland, September 2016.