Post stroke depression

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Revised 5-14-2001 by Robert K. Schneider MD


While depression and functional impairment are commonly seen following a stroke, previous research has not consistently clarified their relationship nor adequately controlled for other medical, neurological, and social-demographic variables. Ramasubbu and colleagues used data from the multicenter, prospectively collected Stroke Data Bank (SDB) to assess whether depression immediately following stroke (7-10 days) would be independently associated with a decrease in activities of daily living (ADL).

The SDB included 1,806 stroke subjects. Of these 626 completed a functional assessment (Barthel Index: BI), an assessment for depression (Center for Epidemiological Studies Depression: CES-D), a neurological exam by neurologists, and a structured assessment of prestroke functioning and medical illness. Of the 626 completers, 160 had depression (25.6%). Patients with immediate poststroke depression had significantly more functional impairment than nondepressed patients. This relationship was negatively correlated on a continuum, i.e. the greater the functional impairment the worse the depression scores. It was also important to note that only 15% of the depressed patients had been clinically diagnosed, and only 10% of post stroke patients received antidepressant medication. Generalizability of the results may be limited because the patients were from tertiary care centers, and there was significant intersite variation in the detection of depression. By itself this study cannot distinguish
whether depression caused the impaired post-stroke functioning or if impaired functioning caused the depression. Previous research by Robinson and colleagues in smaller samples had demonstrated both depression predicts later functional impairment, and functional impairment predicts later depression after stroke. Controlled trials have already established that post stroke depression can be effectively treated, but prevention by administration of antidepressants has not been demonstrated. This study confirms that depression remains clinically underdiagnosed and undertreated immediately following stroke, even in tertiary centers. Physicians caring for stroke patients should actively identify and treat depression, which appears the most modifiable factor affecting patients’ ability to function.