Stroke survivors are more at risk for depression/anxiety.

About 30% of stroke survivors will develop depression compared to 5-8% in the general population.

Characteristics Associated with higher risk of depression in stroke patients
- Pre-stroke depression/anxiety
- Younger aged stroke victims
- Inability to work after Stroke
- Significant physical disability and more severe

Who needs referral for treatment in COMPASS?

- A “Yes” answer to the single-item or a score of >2 for the PHQ-2 would indicate need for further evaluation with the PHQ-9.
- Patients who score 5 or more on the PHQ-9 should be interviewed by a provider and referred for additional evaluation and/or treatment.
- Patients who report “thoughts that you would be better off dead or hurting yourself” should be asked if they have a plan and means of accomplishing this. If there is a plan and means, there should be an immediate referral to mental health or emergency department.

DSM IV diagnostic criteria for depression

- Depressed mood and/or loss of interest or pleasure in life activities for 2 weeks
- At least 5 of the following symptoms that cause clinically significant impairment in social, work or other important areas of functioning almost every day
  - Depressed mood most of the day
  - Diminished interest or pleasure in all or most activities
  - Significant unintentional weight loss or gain
  - Insomnia or sleeping too much
  - Agitation or psychomotor retardation noticed by others
  - Fatigue or loss of energy
  - Feelings of worthlessness or excessive guilt
  - Diminished ability to think or concentrate, or indecisiveness
  - Recurrent thoughts of death

DSM IV criteria requires diagnosis done through a clinical interview not just screening.
Treatments for depression:

**Psychotherapy**
- Cognitive behavioral therapy (CBT)
- Important for both patients and caregivers

**Antidepressants such as SSRI or SNRI**
- No evidence that particular anti-depressant is more effective.
- What are the general risks of SSRI specific to stroke patients?
  - Hyponatremia especially with ACE, diuretic, PPI use
  - Increased seizure risk due to lowering seizure threshold
  - Increased risk of bleeding due to interaction with antiplatelet/anticoagulation

**Can SSRI be linked to improved functional recovery?**
- May be associated with improved functional recovery
- More research is being done to see if the benefits of antidepressants in patients with stroke and no depression would outweigh potential side effects.

---

### Selective Serotonin Reuptake Inhibitors (SSRI)

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Generic (brand)</th>
<th>Daily Adult Dose (mg)</th>
<th>Sedation</th>
<th>Agitation / Insomnia</th>
<th>Weight gain</th>
<th>Sexual dysfx</th>
<th>GI (n/d)</th>
<th>Drug Interactions</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Citalopram</td>
<td>Celexa®</td>
<td>20-40</td>
<td>++</td>
<td>++</td>
<td>+</td>
<td>++</td>
<td>+++</td>
<td>++</td>
<td>QT prolongation</td>
</tr>
<tr>
<td>Escitalopram</td>
<td>Lexapro®</td>
<td>10-20</td>
<td>+</td>
<td>++</td>
<td>+</td>
<td>++</td>
<td>+++</td>
<td>+</td>
<td></td>
</tr>
<tr>
<td>Fluoxetine</td>
<td>Prozac®</td>
<td>20-80</td>
<td>0/+</td>
<td>++++</td>
<td>+</td>
<td>+++</td>
<td>++++</td>
<td>+++</td>
<td>$4 list, cheap. Long half-life so can stop without titration depending on the dose</td>
</tr>
<tr>
<td>Sertraline</td>
<td>Zoloft®</td>
<td>100-200</td>
<td>+</td>
<td>+++</td>
<td>+</td>
<td>+++</td>
<td>++++</td>
<td>+/+</td>
<td>Titrate dose to avoid GI SE;</td>
</tr>
</tbody>
</table>
When does depression occur?

- May begin any time after stroke, mostly in the first year.
- Important for PCP to continue to assess for depression during the first year

Why is depression important?

- Worsens functional outcomes
- Negatively impacts cognitive outcomes
- Affects quality of life and reduces satisfaction
- May increase caregiver burden
- Could impact adherence to medications
- Could impact participation in therapy
- Increases need for institutional care after stroke
- Affects ability to make lifestyle and behavioral changes that can improve recovery (diet, exercise, and alcohol/tobacco/illicit drug use)

Where can patients get help?

- CareNet is a professional, community-based counseling organization that provides services in many locations across the state. Information about a CareNet site in the patient’s community can be found in the Community Resources Directory on the COMPASS website or on the eCare Plan.
- Some communities may not have a CareNet site, other mental health resources in the patient’s community can also be found on the Community Resources Directory or on the eCare Plan.

COMPASS Website: www.nccompass-study.org
Reference List


