“Depression after stroke may be missed – nurses can spot it”

“Stroke is the single largest cause of neurological disability in the UK. For some, the physical disability may not be as devastating as the emotional aspects. So good holistic nursing should focus not only on patients’ physical health but also their psychological wellbeing.

Following a stroke, psychological problems are common. These include depression, anxiety, emotionalism and post-traumatic stress disorder, with depression being the most common.

Many of these problems remain undiagnosed or inadequately treated. Only one in five hospital stroke teams in England include a clinical psychologist. Yet 33% of stroke survivors have depression, and the relationship between psychological problems and recovery is strong. Depressed stroke patients lack motivation to participate in rehabilitation, make less progress, and fail to engage in leisure and social activities.

Nurses are in an ideal position to detect depression in patients after stroke by active listening and asking open-ended questions that allow patients to express their feelings and alert nurses to possible depression.

But many signs of depression may appear to be physical symptoms of stroke. Health professionals may attribute these problems to the physical illness rather than depression, diagnosis is difficult.

Treatments are available so it is essential to recognise and attend to symptoms of depression, such as crying and prolonged low mood, at an early stage. The NICE Stroke Quality Standard suggests: “All patients after stroke are screened for depression] within six weeks of diagnosis, using a validated tool.” Formal screening for depression can be time consuming, but nurses may consider asking patients if during the past month they have often been bothered by feeling down, depressed or hopeless or if they have had little interest or pleasure in doing things.

If they answer “yes” to either question, nurses should consider depression and follow the local recommendations for further assessment. The Yale single question: “Do you often feel sad or depressed?” is also accurate in identifying possible depression following a stroke. In patients with cognitive and communication problems, nurses may consider asking carers to complete the Signs of Depression Scale.

Nurses can form good therapeutic relationships and incorporate approaches to supporting patients’ adaptation and readjustment. This psychological support can be achieved through active listening, education and referring them to support services. The criteria and patterns of referral will vary considerably from area to area, but may include GP, stroke liaison, clinical psychology, or Improving Access to Psychological Therapies services. In this way nurses can play a vital role in identifying and helping patients with psychological problems after stroke.

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