SAFE

STROKE ALLIANCE FOR EUROPE

- HOME
- ABOUT
- RISK FACTORS
    - High Blood Pressure
    - Diabetes
    - Atrial Fibrilation
    - High Cholesterol
    - Physical Inactivity
    - Poor Diet
    - Alcohol
    - Obesity
    - Smoking
    - Stress and Depression
- RESOURCES
    - Videos
    - Blog
    - Podcast
    - Useful links
    - Additional Reading
    - Media Releases

Psychosocial Stress/Depression

Evgenia-Peristera Kouki, Psychologist
Hariklia Proios, PhD CCC-SLP Assistant prof of Neurocognitive Disorders and Rehab,
Dept of Educational and Social Policy

University of Macedonia

Stroke is strongly associated with depression, as previous research reports an interdependable relationship; depression is a risk factor, as well as a secondary condition to stroke. Epidemiological studies support that depression increases risk for stroke (Jonas, & Mussolino, 2000), and the risk of stroke mortality in stroke survivors (Pan, Sun, Okereke, Rexrode, & Hu, 2011). Indeed, in individuals with depression, the risk for stroke is higher. People experiencing intense psychosocial stress in general are more likely to have a stroke later in life (Booth, Connelly, Lawrence, Chalmers, Joice, Becker, & Dougall, 2015). This is consistent with other studies, reporting higher prevalence of cardiovascular conditions among individuals with anxiety and depressive symptoms (Vogelzangs, Seldenrijk, Beekman, van Hout, de Jonge, & Penninx, 2010). Finally, it is supported that the risk for stroke remains increased even after the remission of depression, in contrast to the risk for other cardiovascular conditions; the risk for such conditions decreases once the depressive symptoms subside (Egeberg, Khalid, Hilmar Gislason, Mallbris, Skov, & Riis Hansen, 2016).

Depression is common (40%) among stroke survivors and is linked to worse functional outcome. Depression's impact on stroke survivors' functional outcome is less evident in individuals supported by family members, as well as in individuals with stroke in the right hemisphere (Ahn, Lee, Jeong, Kim, & Park, 2015). Depression is less frequent in individuals with intracranial hemorrhage (15%) and was not linked to demographic characteristics (e.g, age) or severity of hemorrhage. However, depression was linked to poorer recovery in the first 3-12 months. Individuals with intracranial hemorrhage and depression were also more likely to deteriorate later in time (Stern-Nezer, Eyngorn, Mlynash, Snider, Venkatsubramanian, Wijman, & Buckwalter, 2017).

Another study found that demographics (age, female gender, living alone), as well as medical and depression history and stroke severity (for stroke survivors) were considerable risk factors for both healthy individuals and stroke survivors. Individuals with stroke and depression also had increased mortality rates, for both natural and unnatural causes of death (Jørgensen, Wium-Andersen, Wium-Andersen, Jørgensen, Prescott, E., Maartensson, … & Osler, 2016). Literature addressing the etiology of post-stroke depression views the disorder as the result of interaction of neurological factors, such as the site of lesion and neurotransmitter levels, with psychological and social stressors related to stroke

(Fang & Cheng, 2009). Besides the aforementioned neurological factors, related complications, such as cerebral microbleeds, can influence the susceptibility of the individual to depressive symptomatology (Tang, Chen, Lu, Chu, Mok, Ungvari, & Wong, 2011).

References:

1. Ahn, D. H., Lee, Y. J., Jeong, J. H., Kim, Y. R., & Park, J. B. (2015). The effect of post-stroke depression on rehabilitation outcome and the impact of caregiver type as a factor of post-stroke depression. Annals of rehabilitation medicine, 39(1), 74-80.

2. Booth, J., Connelly, L., Lawrence, M., Chalmers, C., Joice, S., Becker, C., & Dougall, N. (2015). Evidence of perceived psychosocial stress as a risk factor for stroke in adults: a meta-analysis. BMC neurology, 15(1), 233.

3. Egeberg, A., Khalid, U., Hilmar Gislason, G., Mallbris, L., Skov, L., & Riis Hansen, P. (2016). Impact of depression on risk of myocardial infarction, stroke and cardiovascular death in patients with psoriasis: a Danish Nationwide Study. Actadermato-venereologica, 96(2), 218-222.

4. Fang, J., & Cheng, Q. (2009). Etiological mechanisms of post-stroke depression: a review. Neurological research, 31(9), 904-909.

5. Jonas, B. S., & Mussolino, M. E. (2000). Symptoms of depression as a prospective risk factor for stroke. Psychosomatic medicine, 62(4), 463-471.

6. Jørgensen, T. S., Wium-Andersen, I. K., Wium-Andersen, M. K., Jørgensen, M. B., Prescott, E., Maartensson, S., ... & Osler, M. (2016). Incidence of depression after stroke, and associated risk factors and mortality outcomes, in a large cohort of Danish patients. JAMA psychiatry, 73(10), 1032-1040.

7. Pan, A., Sun, Q., Okereke, O. I., Rexrode, K. M., & Hu, F. B. (2011). Depression and risk of stroke morbidity and mortality: a meta-analysis and systematic review. Jama, 306(11), 1241-1249.

8. Stern-Nezer, S., Eyngorn, I., Mlynash, M., Snider, R. W., Venkatsubramanian, C., Wijman, C. A., & Buckwalter, M. S. (2017). Depression one year after hemorrhagic stroke is associated with late worsening of outcomes. NeuroRehabilitation, 41(1), 179-187.

9. Tang, W. K., Chen, Y. K., Lu, J. Y., Chu, W. C., Mok, V. C. T., Ungvari, G. S., & Wong, K. S. (2011). Cerebral microbleeds and depression in lacunar stroke. Stroke, 42(9), 2443-2446.

10. Vogelzangs, N., Seldenrijk, A., Beekman, A. T., van Hout, H. P., de Jonge, P., & Penninx, B. W. (2010). Cardiovascular disease in persons with depressive and anxiety disorders. Journal of affective disorders, 125(1), 241-248.

Developed by

SAFE retains full editorial control over the content of this website.

Supported by an educational grant from

Links

- Terms Of Use
- Privacy Policy
- Cookie Policy
- Contact

- Facebook
- X

- RSS