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Psychosocial Stress/Depression



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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).

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