

5.2 Mood and Depression

There are many considerations that are crucial to promoting safety and optimizing recovery when working with people who have had a stroke. The TACLS Quick Reference Guides were developed from the TACLS resource and can be used as quick reference to help *support healthcare providers* and informal caregivers who may not typically work with and care for people who have had a stroke.

We recommend reviewing the full **TACLS resource** for more complete information:
strokebestpractices.ca/resources/professional-resources/tacsl

Quick reference guide highlights

- **Always follow the current care plan for the person that you are working with.**
- Stroke can affect a person's mental health and self-image, as well as their relationships. After a stroke, many people experience fear, anxiety, frustration, anger, sadness and grief for all their losses. These feelings are a natural response and should be addressed.
- Damage to the brain caused by a stroke can lead to emotional disturbances, personality changes and/or **post-stroke depression**.
- **Shock** is a common first emotional response felt by people after a stroke. This may be followed by some stages of grief as the person deals with loss.
- **Worry** may be experienced as the person may wonder about survival, another stroke, how their family will cope and concern about returning to usual activities.
- **Anxiety** is characterized by feelings of tension, extreme apprehension and worry, and sometimes physical symptoms such as an increase in blood pressure. Anxiety disorders occur when symptoms become excessive or chronic. Your support can help them cope.
- A person may feel frustration, embarrassment, sadness and/or have post-stroke fatigue.
- **Emotional lability** is a **lack of emotional control**. This may be observed in emotional responses that appear excessive for the situation, or responses that do not match the expected response for a given situation, such as laughing at bad news. Emotional lability can be embarrassing to the person who has had a stroke and may lead to communication difficulties when people misinterpret their emotional responses.
 - Ask the person if the feelings they are showing match what they are feeling on the inside.
 - **DO NOT** tell the person to stop the behaviour. This could lead to frustration/embarrassment.
 - Try distraction by calling the person's name or asking an unrelated question to help the person regain emotional control and continue with an activity.
 - Encourage the person to slow down and take deep breaths. Reassure the person and their loved ones that loss of emotional control is common.

Depression

- **Post-stroke depression** is a medical condition resulting from chemical changes in the brain.
- A physician will consider the following when determining if a person meets the criteria for post-stroke depression: **depressed mood or loss of interest or pleasure along with four other symptoms** of depression (e.g., weight loss, insomnia, psychomotor agitation, fatigue, feelings of worthlessness, diminished concentration, suicidal ideation) **lasting two or more weeks**.

- Post-stroke depression can manifest in physical, attitudinal, emotional, and cognitive symptoms, which should be watched for and noted should patterns emerge.
- All people who have experienced a stroke should be considered at risk for **post-stroke depression**, which can occur at any stage of recovery. Screening should be undertaken by trained professionals using a validated screening tool to maximize detection of depression. It can be more difficult to identify depression when communication or cognitive challenges are present.
- Depression can be treated. Appropriate identification, diagnosis and treatment of post-stroke depression have been associated with improved outcomes. Please see **TACLS – Mood and Depression** for a list of possible signs and symptoms.



How you can help

- Observe and report concerns about a person's mood to team members, especially if symptoms are recurring and consistent.
- Take immediate action by advising the appropriate team member if the person expresses recurrent thoughts of death, recurrent suicidal ideation with or without a specific plan for suicide, or a suicide attempt.
- Build a connection with the person by communicating with care and empathy. Ask the person how they are feeling and listen carefully to their response. This helps build rapport and can help identify causes for low mood and better detect patterns in mood changes.
- Offer support to the person and family members and help to reduce stigma by reminding them that depression is a medical condition. Help them find available resources to share.
- Help plan and structure each day, as routine can help the person adjust.
- Remain hopeful, reminding the person that help is available, and that depression can be treated. Remind the person that most people who have had a stroke continue to improve for weeks, months and even years.
- Encourage participation in activities they enjoy and help the person access them.
- Encourage the person to talk about their emotions and express their feelings.
- Gently encourage the person to be as **independent** as possible, **normalize** their struggles and highlight their **successes**.

Note: This information represents some of the priorities of care related to Mood and Depression; consult with the stroke care team for any questions or concerns.

References:

1. Canadian Stroke Best Practice Recommendations: www.strokebestpractices.ca, **Mood, Cognition and Fatigue**, 6th Edition, Section 1
2. Taking Action for Optimal Community and Long-Term Stroke Care (TACLS) – **Mood and Depression**

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