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Search details

Psychological interventions and/or support for stroke patients.

Resources searched

NHS Evidence; TRIP Database; Cochrane Library; CINAHL; EMBASE; MEDLINE; PsychINFO; Google Scholar

**Database search terms**: stroke*; exp STROKE; “cerebrovascular accident*”; TIA*; “transient ischaemic attack*”; “transient ischemic attack*”; psycho* adj2 intervention*; psycho* adj2 treatment*; psycho* adj2 therap*; psychotherapy*; exp PSYCHOLOGY; exp PSYCHIATRY; therap*; intervention*; treatment*; support*; outcome*; exp OUTCOMES (HEALTH CARE); success*; failure*; psycholog* adj2 intervention*; psycholog* adj2 treatment; psycholog* adj2 therap*

**Google search string**: (~stroke OR ~"cerebrovascular accident" OR ~TIA OR ~"transient ischemic attack" OR ~"transient ischaemic attack") (psychological OR psychotherapeutic (~intervention OR ~support OR ~therapy OR ~treatment))

Summary

There’s a fair amount of research on psychological interventions for stroke patients; however I have not included neurological restoration (PRN) or therapeutic interventions for caregivers or the family of stroke patients.

Guidelines

**European Federation of Neurological Societies**

Ischaemic stroke and transient ischaemic attack 2011

There is no good evidence to recommend psychotherapy for treatment or prevention of
post-stroke depression [559], although such therapy can elevate mood. There is a lack of robust evidence regarding the effect of treating post-stroke depression on rehabilitation or functional outcomes.

**Health Foundation**

Organisational interventions for stroke 200

Long term support should be provided for patients with chronic symptomatic stroke, including care from a family physician, outpatient rehabilitation services, secondary prevention, and support in psychosocial functioning (Brainin et al, 2004).

**National Health and Medical Research Council**

Clinical Guidelines for Stroke Management 2010

1. Psychological strategies (e.g. problem solving, motivational interviewing) can be used to prevent depression after stroke.
2. Psychological (cognitive-behavioural) intervention can be used for stroke patients who are depressed.

**Prodigy**

Stroke and TIA 2010

1. People with more severe or persistent depression should be offered one or more of:
   - Antidepressant drug treatment, to be monitored, and continued for at least 6 months if a benefit is achieved.
   - Psychological therapy
2. The two most common psychological conditions found in people after a stroke are:
   - **depression** - many people experience intense bouts of crying and feel hopeless and withdrawn from social activities,
   - **anxiety disorder** - many people experience general feelings of fear and anxiety, often punctuated by intense, uncontrolled feelings of anxiety (anxiety attack).

   You should receive a psychological assessment within the first month of your stroke. Depression and anxiety can be treated using psychological therapies, such as counselling or cognitive behavioural therapy - a therapy that will aim to change the way you think about things in order to produce a more positive state of mind.

**SIGN**

Management of patients with stroke: rehabilitation, prevention and management of complications, and discharge planning 2010

See p.60 on Clinical Psychology

Management of patients with stroke or TIA: assessment, investigation, immediate management and secondary prevention 2008

A systematic review of intervention studies for caregivers of people after a stroke studied four types of support programmes targeted at caregivers' problems and needs:

- providing specialist services
- (psycho) education
- counselling
- social support by peers.

Counselling programmes appeared to have most positive outcomes in terms of health...
related quality of life, satisfaction, confidence and knowledge, problem solving skills, emotional state, burden and caregiver preparedness.

### Evidence-based reviews

#### Cochrane Database of Systematic Reviews

**Mental practice for treating upper extremity deficits in individuals with hemiparesis after stroke 2011**

There is limited evidence to suggest that MP in combination with other rehabilitation treatment appears to be beneficial in improving upper extremity function after stroke, as compared with other rehabilitation treatment without MP. Evidence regarding improvement in motor recovery and quality of movement is less clear. There is no clear pattern regarding the ideal dosage of MP required to improve outcomes. Further studies are required to evaluate the effect of MP on time post stroke, volume of MP that is required to affect the outcomes and whether improvement is maintained long-term. Numerous large ongoing studies will soon improve the evidence base.

**Cognitive rehabilitation for attention deficits following stroke 2008**

There is some indication that training improves alertness and sustained attention but no evidence to support or refute the use of cognitive rehabilitation for attention deficits to improve functional independence following stroke.

**Cognitive rehabilitation for memory deficits following stroke 2008**

It is uncertain whether cognitive rehabilitation can improve memory problems after stroke. Memory problems are a common complaint for people who have had a stroke. Neuropsychological rehabilitation, and cognitive rehabilitation in particular, may play a role in the recovery of memory functions, or in the individual's potential to adapt to the deficits. Memory rehabilitation can address both these aspects and is a standard part of rehabilitation in many settings. This review of two trials involving 18 participants found that there was little evidence to support the effectiveness of cognitive rehabilitation for memory problems after stroke and more research in this area is needed.

**Interventions for preventing depression after stroke 2008**

The role of interventions for preventing depression after stroke is unclear. Depression is a common and important complication of stroke that is often missed or poorly managed. Little is known about whether treatment started early after stroke will reduce the risk of depression and improve recovery. This review of 14 trials, involving 1515 participants, found no evidence that antidepressant drugs prevent depression or improve physical recovery after stroke. Two trials showed that psychological therapy could improve patients' mood and prevent depression, but did not improve other outcomes. The generalisability of these findings to all stroke survivors is limited due to the small proportion of survivors who are eligible to participate in these clinical trials. More well-designed clinical trials are needed that test practical interventions for preventing depression across all stroke survivors.

**Interventions for treating depression after stroke 2008**

Sixteen trials (17 interventions), with 1655 participants, were included in the review. Data were available for 13 pharmaceutical agents, and four trials of psychotherapy. There were no trials of ECT. The analyses were complicated by the lack of standardised diagnostic and outcome criteria, and differing analytic methods. There was some evidence of benefit of pharmacotherapy in terms of a complete remission of depression and a reduction (improvement) in scores on depression rating scales, but there was also evidence of an associated increase in adverse events. There was no evidence of benefit of psychotherapy.

#### Database of Abstracts of Reviews of Effects

**A systematic review of cognitive interventions to improve functional ability in people who have cognitive impairment following stroke 2010**

There was insufficient high-quality evidence to make recommendations to support or refute
use of specific cognitive retraining interventions to improve functional outcomes following stroke.

Use of mental practice to improve upper-limb recovery after stroke: a systematic review 2010

The authors’ concluded that although the benefits of mental practice in post-stroke rehabilitation appeared promising, general conclusions were difficult to make.

### Published research

1. **Music therapy of Neglect-Syndrome after stroke: Functional and psychodynamic therapy approach**

   **Author(s)** Roelcke B., Lorz-Zitzmann A., Fausch H., Ettlin T.

   **Citation:** Neurorehabilitation and Neural Repair, May 2012, vol./is. 26/4(420), 1545-9683 (May 2012)

   **Publication Date:** May 2012

   **Abstract:** Introduction: Neglect limits the efficacy of rehabilitation in stroke patients. Music therapy as part of an interdisciplinary approach sets the frame to extend spatial orientation to the neglected space. The aim of our study was to investigate whether playing drums located to the neglected space directs attention to this space, and whether successful exploration allows to use this space for musical expression and improvisation. Methods: The time-course of neglect recovery was investigated in six stroke patients. Drums were positioned at various distances within the neglected field. Patients were musically stimulated to explore this space. Attention to this space was measured by a functional score developed for this study. Exploration without stimulation (spontaneous improvisation) within the neglected space was evaluated using video analysis. Twelve behavioural patterns were rated by three independent music therapists. Results: A total of 66 video sequences were available for evaluation. Stimulation by the therapist improved neglect space exploration in 77% of assessments, whereas spontaneous improvisation resulted in improvement of 58%. Four patients involved the most lateral drum in the neglected space. Improvement persisted until the end of therapy in all patients. Depending on the behavioural item rater concordance was in the range between 42% and 83% (median 67%). Conclusion: Music therapy improves orientation to the neglected space. Functionally guided exercise and psychodynamic improvisation may contribute to this improvement. The role of music therapy in neglect recovery has to be addressed in a prospective controlled trial.

   **Source:** EMBASE

   Available in print at ULHT journal article requests. Complete the online form to obtain articles.

2. **Promoting psychosocial well-being following a stroke: Developing a theoretically and empirically sound complex intervention.**

   **Author(s)** Kirkevold, Marit, Bronken, Berit A., Martinsen, Randi, Kvigne, Kari

   **Citation:** International Journal of Nursing Studies, 01 April 2012, vol./is. 49/4(386-397), 00207489

   **Publication Date:** 01 April 2012

   **Abstract:** Background: The psychosocial consequences of stroke are complex and comprehensive and include substantial and longlasting impacts on mood, identity, social relationships, return to work and quality of life. Many studies have explored possible interventions to prevent or treat psychosocial problems, but the results have generally been disappointing. Very few studies have provided adequate theoretical accounts of the mechanisms assumed to contribute to positive outcomes. Objectives: To describe the development of a psychosocial nursing intervention aimed at promoting psychosocial health and well-being and to stimulate dialogue about how to develop and report
theoretically and empirically sound complex interventions in nursing. Design: A systematic, stepwise approach was used, consistent with the framework recommended for developing and evaluating complex interventions by the UK Medical Research Council. Data sources: Systematic reviews of empirical studies regarding the psychosocial consequences and needs of patients following stroke; qualitative, experiential studies of stroke and stroke recovery; theories of psychosocial well-being, coping, life skills, narrative approaches to rehabilitation and guided self-determination. Review methods: Each systematic review was examined to determine the major psychosocial challenges and needs experienced by stroke survivors, focusing on how these challenges and needs developed over the illness trajectory, how previous interventions had sought to address them and the effective mechanisms assumed to affect the level of success of interventions. Qualitative studies were examined to reveal the subjective experiences of stroke and stroke recovery, paying particular attention to the development of needs across time and context. A qualitative synthesis of the major characteristics of the trajectory of stroke rehabilitation and recovery during the first year was developed. Theories were examined to illuminate possible effective mechanisms and actions aimed at promoting psychosocial well-being during the stroke recovery process. Results: A dialogue-based intervention comprising eight encounters between stroke survivors and trained health care workers was designed, based on narrative theories, empowerment philosophy and guided self determination. Worksheets and a guiding topical outline were developed to support the dialogue. Conclusions: The UK Medical Research Council framework facilitated the systematic development of an empirically and theoretically informed complex nursing intervention aimed at promoting post-stroke psychosocial well-being.

Source: CINAHL

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3. Psychological management of stroke.

Author(s) Lincoln, Nadina B, Kneebone, Ian I, Macniven, Jamie A. B, Morris, Reg C

Citation: Psychological management of stroke., 2012 (2012)

Publication Date: 2012

Abstract: (from the cover) Psychological Management of Stroke presents a comprehensive review and synthesis of the current data relating to the assessment, treatment, and psychological wellbeing of stroke patients. Information on clinical practice and the research evidence to support that practice will assist clinical psychologists and other relevant health care professionals through all phases of stroke recovery and care. Each chapter features a careful synthesis of recent international research about psychological factors relevant to stroke survivors, their families, and the services in which they are cared for and treated. Research results an effective treatment approaches are complemented by the inclusion of several personal case studies that reveal the perspectives of both survivors and their carers. Written by clinical psychologists working in stroke services, Psychological Management of Stroke represents an invaluable resource for anyone involved in the treatment of the psychological aspects of stroke. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Source: PsycINFO

4. Improving access to psychological therapies (IAPT) in Bury for patients from the Stroke Early Supported Discharge (ESD) service

Author(s) Stevens J., Bacha K., Devlin J., Iliadis G., Thornton A., Bell D., Kawafi K.

Citation: International Journal of Stroke, December 2011, vol./is. 6/(29), 1747-4930 (December 2011)

Publication Date: December 2011

Abstract: Introduction: Approximately 25% of patients who have had a stroke display symptoms of major depression and 25% have significant anxiety (Burvill, 1995). We aimed
to create a referral pathway to allow rapid and appropriate access to psychological therapies for patients following a stroke. Method: A referral pathway between the ESD service and the IAPT team was developed. Patients referred to the IAPT team are assessed and allocated to a psychological therapist using a stepped care model. IAPT teams use NICE approved interventions including, low-intensity guided CBT based self-help, counselling, CBT and group work. Results: Since January 2011 25 patients have been referred into the IAPT team. PHQ9 depression measure and GAD7 anxiety measure are used to measure outcomes and have shown a reduction in depression of 44% and a reduction in anxiety of 57%. Evaluation shows high levels of patient satisfaction with the therapy provided. Conclusion: Audit and evaluation of this new service continues. Focus is now on improving access to aphasic patients and on creating a pathway for TIA patients. Continued collaboration between the Stroke and IAPT teams aims to improve the wellbeing and resilience of patients, reducing unnecessary hospital admissions, medication and visits to GPs.

Source: EMBASE

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5. Communication and Low Mood (CALM) study: A randomised controlled trial evaluating behaviour therapy for low mood in people with aphasia after stroke

Author(s) Thomas S.A., Lincoln N.B., Walker M.F., MacNiven J., Haworth H.

Citation: International Journal of Stroke, December 2011, vol./is. 6/(27-28), 1747-4930 (December 2011)

Publication Date: December 2011

Abstract: Introduction: Low mood is common in people with aphasia. Many studies of psychological treatments have excluded people with aphasia. The aim of the study was to evaluate behaviour therapy for low mood in stroke patients with aphasia. Method: This multicentre trial recruited patients with aphasia from hospital and community settings. Mood was screened using the Stroke Aphasic Depression Questionnaire (SADQ-H10) and Visual Analog Mood Scales sad item (VAMS). Patients with low mood were randomly allocated to receive up to three months of behaviour therapy from an assistant psychologist, or usual care. Blind outcome assessments of mood (SADQH 21, VAMS), self-esteem (Visual Analogue Self-Esteem Scale; VASES) and leisure activities (Nottingham Leisure Questionnaire; NLQ) were completed three and six months after randomisation. Results: One hundred and five patients were randomised (66 men, mean age 67 years) at a median of nine months post-stroke. Groups were comparable at baseline. Results at three months were analysed using hierarchical linear regression, controlling for baseline values of each outcome variable and severity of language impairment. Allocation to behaviour therapy was a significant predictor of VAMS sad (Beta= -0.224, P=0.033) and VASES (Beta=0.275, P=0.002) scores. Group allocation was not a significant predictor of scores on the SADQH 21 (P=0.052) or NLQ (P=0.275). Conclusion: Behaviour therapy improved self-esteem and self-reported mood at three months, but not observer-rated mood or leisure activities. Analysis of six month results is currently underway. Results will inform future studies which should recruit a larger sample size.

Source: EMBASE

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6. Preliminary findings favor meta-cognitive strategy training over attention control in acute stroke rehabilitation

Author(s) Skidmore E., Whyte E., Dawson D., Holm M., Grattan E., Dew M.A., Becker J.

Citation: Archives of Physical Medicine and Rehabilitation, October 2011, vol./is. 92/10(1717), 0003-9993 (October 2011)

Publication Date: October 2011

Abstract: Objective: To examine the preliminary effects of meta-cognitive strategy training...
for individuals with acute stroke. Design: Pre-post non-randomized comparison study. Setting: Inpatient rehabilitation units within the same academic health center. Participants: We recruited participants who demonstrated cognitive impairment (Executive Interview>4 and Symbol Digit Modalities Test >1 standard deviation below norms) after acute stroke. We excluded individuals with severe aphasia (Boston Diagnostic Aphasia Examination < 2), pre-morbid diagnoses of dementia, current major depressive or bipolar disorder, recent alcohol/drug abuse, or psychosis. Interventions: We administered either a meta-cognitive strategy training (Cognitive Orientation to daily Occupational Performance, CO-OP) or an attention control session (discussion group, AC) every weekday of the length of stay, in addition to usual inpatient rehabilitation. Since we expected that CO-OP might influence the rest of the usual inpatient rehabilitation in a given unit, participants on one unit received CO-OP (n=4) and participants on the other unit received AC (n=5). Main Outcome Measures: To describe the sample, we administered measures of cognitive function (Repeatable Battery of Neuropsychological Status, Delis Kaplan Executive Functioning System), motor function (Chedoke McMaster Assessment Impairment Inventory), and mood (Hamilton Depression Rating Scale, Apathy Evaluation Scale). To measure outcomes, we administered the Functional Independence Measure (FIM) at rehabilitation admission and discharge. Results: Mean FIM admission scores were similar between groups, but there was greater variability in the AC group (CO-OP: M=64.5, SD=9.7; AC: M=65.6, SD=22.5). Mean FIM change scores differed between groups (COOP: M=25.8, SD=9.1; AC: M=15.0, SD=8.3) and although this difference was not statistically significant (Mann Whitney U=4.0; p<.14), it was associated with a moderate effect size (Cohen’s d=.5). Conclusions: Meta-cognitive strategy training is feasible in acute stroke and is associated with promising preliminary outcomes (FIM) among individuals with cognitive impairment engaged in inpatient rehabilitation.

Source: EMBASE

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7. Therapy for prevention of post-stroke depression.

Author(s) Ramasubbu R

Citation: Expert Opinion on Pharmacotherapy, October 2011, vol./is. 12/14(2177-87), 1465-6566;1744-7666 (2011 Oct)

Publication Date: October 2011

Abstract: INTRODUCTION: Depression is the most common psychiatric disorder after stroke that adversely affects stroke outcomes. It is often underdiagnosed and inadequately treated. Hence, there is growing interest in interventions to prevent depression in stroke patients, which is in concert with emerging data that indicate prevention of major depression in selective high-risk populations may be effective. AREAS COVERED: This article reviews the state of the current literature on pharmacologic and psychosocial preventive intervention strategies for depression in stroke patients. EXPERT OPINION: The emerging data indicate that antidepressants and psychological therapies may be effective and safe in preventing post-stroke depression. More well-designed preventive trials are required to determine the efficacy and cost-effectiveness of preventive interventions targeting stroke patients, who are a high-risk group for depression.

Source: Medline

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8. Boosting Exercise Beliefs and Motivation Through a Psychological Intervention Designed for Poststroke Populations.

Author(s) Gill, Laura, Sullivan, Karen A.

Citation: Topics in Stroke Rehabilitation, 01 September 2011, vol./is. 18/5(470-480), 10749357

Publication Date: 01 September 2011
Abstract: Background: The effect of patient education on reducing stroke has had mixed effects, raising questions about how to achieve optimal benefit. Because past evaluations have typically lacked an appropriate theoretical base, the design of past research may have missed important effects. Method: This study used a social cognitive framework to identify variables that might change in response to education. A mixed design was used to evaluate 2 approaches to an intervention, both of which included education. Twenty-six seniors completed a measure of stroke knowledge and beliefs twice: before and after an intervention that was either ‘standard’ (educational brochure plus activities that were not about stroke) or ‘enhanced’ (educational brochure plus activities designed to enhance beliefs about stroke). Outcome measures were health beliefs, intention to exercise to reduce stroke, and stroke knowledge. Results: Selected beliefs changed significantly over time but not differentially across conditions. Beliefs that changed were (1) perceived susceptibility to stroke, and (2) perceived benefit of exercise to reduce risk. Benefit beliefs, in particular, were strongly and positively associated with intention to exercise. Conclusion: Findings suggest that basic approaches to patient education may influence health beliefs. More effective stroke prevention programs may result from continued consideration of the role of health beliefs in such programs.

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9. The 12-month effects of early motivational interviewing after acute stroke: a randomized controlled trial.


Citation: Stroke (00392499), 01 July 2011, vol./is. 42/7(1956-1961), 00392499

Publication Date: 01 July 2011

Abstract: BACKGROUND AND PURPOSE: The purpose of this study was to determine whether motivational interviewing (MI), a patient-centered counseling technique, can benefit patients’ mood and mortality poststroke. METHODS: This was a single-center, open, randomized, controlled trial. The setting was a hospital with a stroke unit. Four hundred eleven consecutive patients on the stroke register were >18 years old, not known to be moving out-of-area postdischarge, not receiving psychiatric or clinical psychology intervention, and were without severe cognitive or communication problems preventing participation in interviews. All patients received usual stroke care. Patients in the intervention group also received 4 individual, weekly sessions of MI. The primary outcome was the proportion of patients with normal mood measured by the 28-item General Health Questionnaire (normal <5; low >=5) using a mailed questionnaire at 12 months poststroke. RESULTS: At 12-month follow-up (including imputed data), 37.7% patients in the control group and 48.0% patients in the intervention group had normal mood. Twenty-five (12.8%) of 195 patients in the control group and 13 (6.5%) of 199 patients in the intervention group had died. A significant benefit of motivational interviewing over usual stroke care was found for mood (P=0.020; OR, 1.66; 95% CI, 1.08 to 2.55) and mortality (P=0.035; OR, 2.14; 95% CI, 1.06 to 4.38). CONCLUSIONS: Results suggest that motivational interviewing improves patients’ mood and reduces mortality 12 months poststroke. Clinical Trial Registration-URL: www.controlled-trials.com. Unique identifier: ISRCTN54465472.

Source: CINAHL

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10. Response to psychosocial treatment in poststroke depression is associated with serotonin transporter polymorphisms.


Citation: Stroke (00392499), 01 July 2011, vol./is. 42/7(2068-2070), 00392499
Abstract: BACKGROUND AND PURPOSE: The Living Well With Stroke study has demonstrated effectiveness of a brief psychosocial treatment in reducing depressive symptoms after stroke. The purpose of this analysis was to determine whether key variables associated with prevalence of poststroke depression also predicted treatment response. METHODS: Response to a brief psychosocial/behavioral intervention for poststroke depression was measured with the Hamilton Rating Scale for Depression. Analysis of covariance models tested for interaction of potential predictor variables with treatment group on percent change in Hamilton Rating Scale for Depression from pre- to post-treatment as an outcome. RESULTS: Initial depression severity, hemispheric location, level of social support, age, gender, and antidepressant adherence did not interact with the treatment with respect to percent change in Hamilton Rating Scale for Depression when considered 1 at a time. Participants who carried 1 or 2 s-alleles at the 5-HTTLPR serotonin transporter polymorphism or 1 or 2 9- or 12-repeats of the STin2 VNTR polymorphism had significantly better response to psychosocial treatment than those with no s-alleles or no 9- or 12-repeats. CONCLUSIONS: Opposite to the effects of antidepressant drug treatment with selective serotonin reuptake inhibitors, the Living Well With Stroke psychotherapy intervention was most effective in 5-HTTLPR s-allele carriers and STin2VNTR 9- or 12-repeat carriers. CLINICAL TRIAL REGISTRATION: URL: www.clinicaltrials.gov/ct/show/NCT00194454?order 1. Unique identifier: NCT00194454.

Source: CINAHL

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12. Effective mood management after stroke (EMMAS): Patient satisfaction with a contemporary psychological intervention program in a rehabilitation unit in Singapore

Author(s) Goh S.E., Sam X.H.

Citation: Cerebrovascular Diseases, May 2011, vol./is. 31/(198), 1015-9770 (May 2011)

Publication Date: May 2011

Abstract: Background: Depression is one of the most prevalent psychiatric sequelae of stroke. However there is no psychological intervention program incorporated into existing healthcare system of any rehabilitation unit in Singapore. The purpose of this program is to provide early screening and intervention for depressive symptoms among stroke patients admitted into a rehabilitation center. Methods: Stroke patients who were admitted to the Department of Rehabilitation Medicine, Tan Tock Seng Hospital were included in this program. These patients were screened for depressive symptoms at admission, one month post admission, and at three months post discharge before they exit from the program. A total of 59 patients completed a program satisfaction tool that contains seven questions scored on a six-point Likert scale ranging from 1 (strongly disagree) to 6 (strongly agree) at the end of the program. Out of these patients, 24 patients who displayed depressive symptoms received treatment interventions such as: individual session with psychologist or psychiatrist, medication, and psychotherapy group. Results: A total of 93.2% of the sample was satisfied with the program in overall. In addition, 81.4% of the sample felt that information that was given to them was useful. Of those who received individual psychologist session, 70.8% of them reported that the program not only helped with the prevention and alleviation of depression, it also makes them feel less anxious about their life after stroke. Conclusion: The existence of a mood management program appears to be beneficial in helping stroke patients in coping with depressive symptoms following stroke in a rehabilitation setting.

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13. Psychosocial outcomes of telephone-based counseling for adults with an acquired physical disability: A meta-analysis.

Author(s) Dorstyn DS, Mathias JL, Denson LA

Citation: Rehabilitation Psychology, February 2011, vol./is. 56/1(1-14), 0090-5550;1939-1544 (2011 Feb)

Publication Date: February 2011

Abstract: BACKGROUND: The delivery of mental health services by telephone, referred to as telecounseling, has the potential to improve the health outcomes of adults with an acquired physical disability in a cost-effective way. However, the efficacy of this form of treatment requires further evaluation before it is used on a larger scale. AIM: This meta-analysis provides a critical and quantitative evaluation of the impact of telecounseling-administered psychological interventions on the psychosocial functioning of adults with an acquired physical disability caused by spinal cord injury, limb amputation, severe burn injury, stroke, or multiple sclerosis. METHOD: A comprehensive search of eight electronic databases identified eight studies (N = 658 participants) that compared treatment efficacy to that of matched control groups. Differences in the psychosocial outcomes of treatment and control participants were examined using Cohen’s d effect sizes. Fail-safe Ns and 95% confidence intervals were used to evaluate the significance of these results. RESULTS: Significant improvements in coping skills and strategies (overall d = 0.57), community integration (overall d = 0.45), and depression (overall d = 0.44) were observed immediately after telecounseling, with modest improvements in quality of life maintained at 12 months.
CONCLUSIONS: The results suggest that telecounseling is an effective treatment modality for adults adjusting to a physical disability; however, further trials are needed to establish the long term psychosocial benefits. (c) 2011 APA, all rights reserved

Source: Medline

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Author(s) Toniolo S

Citation: Giornale Italiano di Medicina del Lavoro Ed Ergonomia, January 2011, vol./is. 33/1 Suppl A(A29-36), 1592-7830:1592-7830 (2011 Jan-Mar)

Publication Date: January 2011

Abstract: INTRODUCTION: Stroke survivors should be considered at high risk for cognitive impairment and emotional disorders, linked with disability, poor functional outcome and life dissatisfaction. The aim is to provide indications about the neuropsychological interventions based on existing evidence, appropriateness and clinical effectiveness.METHODS: Guidelines in stroke management, systematic reviews and randomized controlled clinical trials about cognitive and emotional disorders, neuropsychological rehabilitation and psychological treatments in stroke survivors were used to provide good practices. They were searched with multiple search strategies and appropriate key words in Cochrane Central Register of Controlled Trials and in the Medline and Psychinfo databases. RESULTS: Implications for psychological practice. There is a strong evidence and expert consensus to support the use of post stroke neuropsychological assessment, based on a considerable amount of studies. There is evidence of first grade of benefit of cognitive rehabilitation in terms of improvement in scores on neuropsychological tests, but there is poor evidence for increase in functional outcome and quality of life. Evidence is emerging that some psychological treatments seems to be effective in stroke survivors, but more evidence is required to recommend the routine use of psychotherapy after stroke. Tools to examine executive functions, attention, memory, visuospatial domains, neurobehavioral change and emotional distress are recommended. A compilation of indications for cognitive rehabilitation and psychological treatment is suggested. CONCLUSION: Psychological treatment and neuropsychological rehabilitation needs to be developed in rehabilitation services to improve the quality of life of stroke survivors. General expert consensus and validation of practices and protocols needs to be accomplished.

Source: Medline

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15. Psychological activities in neurorehabilitation: from research to clinical practice.

Author(s) Galante E, Gazzi L, Caffarra S

Citation: Giornale Italiano di Medicina del Lavoro Ed Ergonomia, January 2011, vol./is. 33/1 Suppl A(A19-28), 1592-7830:1592-7830 (2011 Jan-Mar)

Publication Date: January 2011

Abstract: The goal of the present review was to present a critical description of psychological research and practice in neurorehabilitation with regard to the efficacy of treatments proposed in the clinical and neuropsychological field. PubMed, Web of Science and Cochrane databases were searched by using the keywords "psychological intervention" and one of the following neurological diseases: "stroke", "TBI", "Parkinson", "ALS", "multiple sclerosis", "dementia". Randomized and pseudo-randomized trials, reviews and single case studies were included. We identified 134 papers: 54 concerning dementia, 24 stroke, 20 multiple sclerosis, 16 Parkinson, 13 TBI and 7 ALS. Most of these papers concern the evaluation of the effectiveness of psychological treatments in chronic or
progressive neurological diseases. However, they are often characterized by methodological limitations, such as a small sample size, absence of a follow-up study or a control group. Further, high quality studies could help better understand treatment effects. There was some evidence for effectiveness of cognitive-behavioural and cognitive therapies, often applied both in clinical and neuropsychological interventions. Evidence coming from individualized treatment and single case studies are also described. In line with the data collected, we summarize some evidence available for psychological testing and treatment and argue that a multidisciplinary approach and a multidimensional evaluation should be adopted. According to this position, both randomized trials and single-case studies could be taken into account. Finally, it is proposed that in order to establish the efficacy of a given treatment, both standardized and individualized measures are to be used.

Source: Medline

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16. Effectiveness of psychological intervention on post-stoke depression: A systematic review

Author(s) Yu C., Liu X.-J., Huang J., Zhou Y.-T.

Citation: Chinese Journal of Evidence-Based Medicine, 2011, vol./is. 11/6(670-680), 1672-2531 (2011)

Publication Date: 2011

Abstract: Objective To assess the effectiveness of psychological intervention on post-stroke depression. Methods Such databases as the JBI Database of Systematic Review (1980 to June, 2010), The Cochrane Library (1980 to June, 2010), PubMed (1966 to 2010), CINAHL(1982 to May, 2000), CBM (1978 to 2010), and CNKI (1979 to 2010) were searched to collect randomized controlled trials (RCTs). In accordance with the predefined inclusion and exclusion criteria, the quality of included studies was evaluated, and then meta-analyses were performed by using RevMan 5.0 software. Results A total of 33 RCTs were included. The results of meta-analyses showed: (1) Compared with the control group, the short-term effect of psychological intervention was more effective in decreasing depression score. The subgroup analysis showed that the intervention effects at the time of four weeks, six weeks, eight weeks, and 12 weeks were better than those of the control group. (2) The long-term effect of psychological intervention was more effective in decreasing depression score. The subgroup analyses showed that the intervention effects at the interval of eight weeks, 24 weeks, and 48 weeks were better than those of the control group. (3) The combined or single application of either cognitive-behavioral psychotherapy or supportive psychotherapy was more effective in decreasing depression score than the control group. However, there was no significant difference between the general psychological treatment group and the control group. (4) The subgroup analyses showed that the different qualities of the included studies were more effective than those of the control group. Conclusion Various psychological intervention is effective in decreasing the patient's depression score, and cognitive-behavioral therapy and supportive psychotherapy, especially, can significantly improve the depression state and promote recovery. 2011 Editorial Board of Chin J Evid-based Med.

Source: EMBASE

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17. Psychopharmacological intervention in cognitive impairment comorbid with medical and/or psychiatric pathology

Author(s) Ledo A.I., Sanchez I., Lopez I., Soto A., Marques P.

Citation: European Neuropsychopharmacology, August 2010, vol./is. 20/(S561-S562), 0924-977X (August 2010)

Publication Date: August 2010
Abstract: Objectives: 1. Determine the prevalence of cognitive impairment in the population to study. 2. Determine treatment antidemential more prescribed in the population to study 3. Determine the drugs more associated with the treatment antidemential. 4. Determine what is the pathology psychiatric more associated with cognitive impairment. 5. Determine the profile patient with cognitive impairment. Method: A retrospective and observational study. Sample size of 2628 patients. The criterions for inclusion were: persons admitted to the HCUV in the period 2006-2010, assisted by the service of liaison psychiatry hospitalized and that gave the informed consent. Was carried out anamnestic (socio-demographic characteristics, background medical, psychiatric personal and family, pre-treatment, treatment introduced and treatment to the high), physical exploration, valuation neuropsychological (through Mini-Mental State Examination (MMS) and Clinical Dementia Rating (CDR) of Hughes). Diagnostic as DSM-IV-TR.

Results: The prevalence of cognitive impairment was 15.2 per cent. The specialties that most requested the service of psychiatry at link were: internal medicine: 31.6%; Traumatology and Orthopedic Surgery: 11.9%; Vascular Surgery: 10%; General Surgery and the Digestive System: 8.2%; Neurosurgery: 5.9%. 63.6 per cent had medical history. 83.6% had been hospitalized for somatic reasons 9.6% for psychiatric reasons, 6.8 per cent had been previously seen by psychiatry liaison. The most common psychiatric pathology was Delirium 32.9%; followed by Adaptive Disorder 30.7%, Cognitive Impairment 15.2%, Depressive Syndrome 8.9%, Alcohol Dependency 8.1% The most frequent pre-treatment was Lorazepam 9.9%, followed by Alprazolam 4%. The most common pathology care was at 14.5% cardiovascular followed by dislocations of hip 10.1%. Out of the 15.2 per cent of patients with dementia, 85% receives specific treatment with at least a drug antidemential. The most used was Citicoline 85.3%. The least used Galantamine 2.5%. In 71% observed comitantly neuropsychiatric symptoms: Agitation (63.2%), anxiety (6.7%), depression (5%). The main associated treatments were Tiapride and Quetiapine (70.1% and 21.9% respectively), followed by Haloperidol (11.7%). The clinical profile is a 76 year-old male (53%) hospitalized by medical pluralpathology (women 47%). The average age of the men was 74 years and women 79.72, 6% came from urban areas and 23.9 percent from rural areas. 42.7% were married, 39.2% single, 15.3% widow, 2.3% divorced and 0.5 percent lived as a couple. The average ICG in the beginning was 3.77 and 2.39 in the moment of discharge. Conclusions: The prevalence of cognitive impairment in patients of liaison psychiatry hospitalized in the HCUV is high, over 15 per cent. The frequency grows up with age increases as well as the related medical pathology. In the specific treatment have been used mainly: Donezepilo, Rivastigmine (inhibit Cholinesterase) [3] and Memantine (antagonized recipients of Msg NMDA). The evolution of the patients was favorable in a 88.9%, probably because such drugs produced symptomatic modest improvements on the cognitive state, although without a marked improvement on the natural course of the disease.

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18. Factors associated with treatment response to combined psychosocial and antidepressant treatment of Post-Stroke Depression (PSD)


Citation: Stroke, April 2010, vol./is. 41/4(e235-e236), 0039-2499 (01 Apr 2010)

Publication Date: April 2010

Abstract: Objective: The Living Well with Stroke Study (LWSS) has demonstrated effectiveness of a brief psychosocial treatment in reducing depressive symptoms. Key variables associated with prevalence of PSD and possibly response to treatment are age, gender, stroke severity, depression severity, level of social support, depression history, antidepressant adherence, stroke hemisphere location, and serotonin transporter gene polymorphisms. Methods: Secondary analysis of a completed trial in which 101 clinically depressed patients with ischemic stroke were randomly assigned to receive a 9 session brief psychosocial/behavioral intervention plus antidepressant or usual care, including antidepressants. Hamilton Depression Rating Scale (HDRS) score at 9 weeks measured response to treatment, with a score of < 9 indicating remission from depressive symptoms.
Measures included initial NIH Stroke Scale, Diagnostic Interview and Structured Hamilton, medication log, ENRICHED Social Support Inventory, stroke hemisphere location from the hospital record, polymorphisms of the serotonin transporter (SERT) gene by DNA obtained from blood or saliva. Statistical analyses used ANOVA models with the post-treatment HDRS as outcome, treatment group and one of the factors described above as factors. Interaction between treatment group and the other factor tested whether that factor identified subgroups with differential treatment effect. Findings: Intervention group had significantly lower HDRS scores immediately post-treatment (mean HDRS 10.3 +/- 5.3 intervention; 16.2 +/- 6.9 control) with 47% of intervention participants in remission versus 19% of controls. Age, gender, stroke severity, initial depression severity, hemispheric location and level of social support did not interact with the treatment. Seventy seven percent of each group reported taking an antidepressant, with 81% of the intervention group and 83% of controls being at least 80% adherent. While taking any antidepressant did not interact with treatment (p = 0.51), being adherent to antidepressants did (p = 0.055). There was a large treatment effect (LWSS significantly better than UC) among the most adherent, with only a small non-significant treatment effect among the less adherent. Finally, carrying one or two s alleles at the 5-HTTLPR SERT polymorphism interacted significantly with treatment (p = 0.04). The treatment effect was strongest among those carrying 2 s-alleles. Conclusion: The LWWS intervention appears equally effective across a number of factors previously associated with differing prevalence of depression post-stroke. The greater response in those carrying one or more s-alleles at the 5-HTTLPR polymorphism of SERT suggests the possibility of personalizing and tailoring both pharmacologic and psychosocial treatment.

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19. A brief psychosocial-behavioral intervention reduced depression after stroke more than usual care.

Author(s) Barer D

Citation: ACP Journal Club, 16 March 2010, vol./is. 152/3(9-9), 10568751

Publication Date: 16 March 2010

Source: CINAHL

Available in fulltext at EBSCOhost

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20. Reduction in post-stroke depressive symptoms among patients and caregivers: The FITT study

Author(s) Miller I.W., Bishop D.S., Epstein-Lubow G.

Citation: American Journal of Geriatric Psychiatry, March 2010, vol./is. 18/3 SUPPL. 1(S61-S62), 1064-7481 (March 2010)

Publication Date: March 2010

Abstract: Introduction: This study investigated the efficacy of a new psychosocial treatment entitled FITT (Family Intervention Telephone Tracking) regarding the reduction of depressive symptoms in survivors of stroke and their family caregivers over a period of six months following acute stroke. Methods: Two hundred fifty-two patients were recruited during the hospitalization for an acute stroke. After obtaining informed consent from the patient, one primary caregiver was identified and also recruited. Following an initial assessment battery, stroke patient and caregiver dyads were randomly assigned to either: 1) Treatment as Usual or 2) Treatment as Usual plus FITT. "Treatment as Usual" consisted of standard medical and psychiatric care and was determined by the patient and caregiver's health care providers. The FITT treatment consisted of a series of brief (15-20 minutes) telephone contacts from a FITT therapist to the stroke patient and caregiver for a
six-month period following the stroke. Telephone contacts were conducted weekly for the first six weeks, followed by bi-weekly calls for the next 4 weeks and monthly calls for the final two months of the intervention period. Following an initial presentation of psychoeducational information regarding stroke, the content of the telephone contacts consisted of: 1) an assessment of current problems/issues, b) an assessment of five key areas particularly relevant to stroke (family life, mood/depression, thinking and neurocognitive functioning, functional ability and health status). If the stroke patient or caregiver identified problems in any of these areas, the FITT therapist provided support and assistance with the family’s problem solving in that area. As part of a more comprehensive assessment battery, measures of depression were administered to the stroke patient and caregiver at baseline (hospitalization), 3 months post-stroke and 6 months poststroke. The Geriatric Depression Scale (GDS) assessed depression in the stroke patient and caregiver depression was assessed by the Center for Epidemiological Studies Depression scale (CES-D). Results: Upon entry into the study, the mean GDS score among patients was 2.64 with a standard deviation of 3.0. The mean CES-D score among caregivers was 15.2 with a standard deviation of 12.3. A higher proportion of caregivers (41%) reported significant levels of depression (CES-D >16) than stroke patients (11%) (GDS > 6). Analyses indicated that the FITT intervention did not have overall effects on level of depression. However among patient-caregiver dyads who were spouses (as opposed to parent-child), the FITT intervention was associated with significantly lower levels of depression in patients and caregivers. Conclusions: Telephone-based psychoeducational and problem-solving treatment is feasible to conduct with patients and family members following stroke, and is acceptable to this population. The FITT intervention was associated with reduced depressive symptoms for patient and spousal-caregiver dyads.

Source: EMBASE

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Available in print at ULHT journal article requests. Complete the online form to obtain articles.


Author(s) Barer D

Citation: Annals of Internal Medicine, March 2010, vol./is. 152/6(JC3-10), 0003-4819;1539-3704 (2010 Mar 16)

Publication Date: March 2010

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22. A brief psychosocial-behavioral intervention reduced depression after stroke more than usual care: Commentary

Author(s) Barer D.

Citation: Annals of Internal Medicine, March 2010, vol./is. 152/6(JC3-10), 0003-4819;1539-3704 (16 Mar 2010)

Publication Date: March 2010

Source: EMBASE

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23. Is psychotherapy in patients with post-stroke depression effective? [German]
Wie effektiv ist psychotherapeutische behandlung bei patientinnen mit poststroke-depression?

Author(s): Modden C., Hildebrandt H.

Citation: Neurologie und Rehabilitation, 2010, vol./is. 16/2(91-96), 0947-2177 (2010)

Publication Date: 2010

Abstract: Psychotherapy as an accredited treatment should be evaluated according to the proposed criteria of the German Social Security Code V (efficacy, need, utility, and cost-effectiveness). A review of existing literature (2000 - 2008) on causes, course, and treatment options for patients with post-stroke depression (PSD) [19] showed that psychotherapeutic interventions for PSD are supposedly efficacious. However, they are not sufficiently evaluated to date. The same holds for pharmaco-treatment of PSD. Randomized controlled trials, published 2007 - 2009, which evaluate evidence-based psychological interventions for the treatment of PSD, are preferentially described in the presented article. A feasibility study examining psychotherapeutic intervention in post-stroke depression showed its efficacy. In comparison to monotherapies, the combination of psychotherapy and pharmacotherapy is notably efficacious and, therefore, should be used as a preliminary basis for guidelines. Alternative possibilities for optimizing epistemological evaluation of psychotherapy are reported. Hippocampus Verlag 2010.

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24. Effects of interventions involving the family in the treatment of adult patients with chronic physical diseases: a meta-analysis.

Author(s): Hartmann M, Bazner E, Wild B, Eisler I, Herzog W

Citation: Psychotherapy & Psychosomatics, 2010, vol./is. 79/3(136-48), 0033-3190;1423-0348 (2010)

Publication Date: 2010

Abstract: BACKGROUND: Families can have considerable influence on the health of a patient with a chronic physical disease, and attempts have been made to optimise treatment by involving family members. This meta-analysis aimed to systematically assess the effects of family-oriented interventions on adults with chronic physical diseases.METHODS: A systematic literature search was conducted to identify randomised clinical trials that have evaluated the effects of family-based interventions for adult patients compared to standard treatment. Interventions were classified as psychoeducation or addressing family relationships. The outcomes studied were the patient's physical and mental health and the health of the family members. The effect sizes were calculated as Hedges’ g and combined using random-effects models.RESULTS: Fifty-two relevant randomised controlled trials (including 8,896 patients) were extracted. The main disease groups were cardiovascular diseases including stroke, cancer and arthritis. Meta-analysis showed that family involvement resulted in significantly better health than standard treatment for all outcomes. The mean overall effect sizes were 0.32 for the patients’ physical health, 0.28 for the patients' mental health and 0.35 for the family members’ health. Overall, the effects were not large, but they were broad, significant and stable over a long period of time. There was a tendency towards higher effects in favour of relationship-focused family interventions compared to educational interventions.CONCLUSIONS: Psychosocial interventions involving family members in the treatment of chronic physical diseases have positive effects on the health outcome for both the patient and his/her family. Further high-quality research is necessary to investigate differential effects. (c) 2010 S. Karger AG, Basel.

Source: Medline

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25. An exploration of the effect of imagery on hope in young stroke survivors.

Author(s) McDowell, Christina A

Citation: Dissertation Abstracts International: Section B: The Sciences and Engineering, 2010, vol./is. 71/6-B(3565), 0419-4217 (2010)

Publication Date: 2010

Abstract: Imagery is a healing modality that has been used for many decades in psychotherapy and, most recently, in mind-body medicine and has been studied with many populations. Imagery has been shown to be a positive psychological intervention for many health care populations. The purpose of this research was to support stroke survivors in creating their own healing imagery and to determine whether imagery impacts levels of hope. An exploratory, mixed-method, multiple case study was conducted with a group of 7 stroke survivors under the age of 65. Specific questions guided the imagery in which they were asked to imagine doing something they loved that involved movement of the part of their body affected by the stroke. State hope was measured before and after each imagery training session, and trait hope was measured pre- and postimagery intervention. Participants were interviewed regarding subjective experiences of benefits. Results showed state hope and trait hope tended to increase over the duration of the imagery intervention. Participants experienced the greatest increase in state hope when comparing pre- and postimagery intervention in the first session (p < .05), with the agency component showing the greatest change (p < .10). On a 10-point scale, 6 of the 7 participants reported the imagery to be emotionally beneficial (M = 7.8) and physically beneficial (M = 7.8). Three participants executed physical movement during the imagery without conscious knowledge they were doing so, suggesting physical or visuospatial neglect may be involved in some right hemispheric stroke survivors who engage in imagery. Content analysis of the imagery sessions and interviews discovered 6 themes in the imagery: pleasure, sadness, something is changing, movement, nature, and industriousness. Three themes were identified in the interviews: personal struggles, use of art to heal, and hope and optimism. Imagery may be a beneficial treatment to consider in stroke rehabilitation of young stroke survivors. Benefits include psychological improvements as reported by young stroke survivors such as relaxation and increased state and trait hope; and physical improvements as reported by young stroke survivors include increased mobility and range of motion. Further research in this area is suggested. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

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26. Psychological intervention poststroke: ready for action?

Author(s) Watkins CL, French B

Citation: Stroke (00392499), 01 September 2009, vol./is. 40/9(2951-2952), 00392499

Publication Date: 01 September 2009

Source: CINAHL

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27. Brief psychosocial-behavioral intervention with antidepressant reduces poststroke depression significantly more than usual care with antidepressant: living well with stroke: randomized, controlled trial.

Author(s) Mitchell PH, Veith RC, Becker KJ, Buzaitis A, Cain KC, Fruin M, Tirschwell D, Teri L

Citation: Stroke (00392499), 01 September 2009, vol./is. 40/9(3073-3078), 00392499
Publication Date: 01 September 2009

Abstract: BACKGROUND AND PURPOSE: Depression after stroke is prevalent, diminishing recovery and quality of life. Brief behavioral intervention, adjunctive to antidepressant therapy, has not been well evaluated for long-term efficacy in those with poststroke depression. METHODS: One hundred one clinically depressed patients with ischemic stroke within 4 months of index stroke were randomly assigned to an 8-week brief psychosocial-behavioral intervention plus antidepressant or usual care, including antidepressant. The primary end point was reduction in depressive symptom severity at 12 months after entry. RESULTS: Hamilton Rating Scale for Depression raw score in the intervention group was significantly lower immediately posttreatment (P<0.001) and at 12 months (P=0.05) compared with control subjects. Remission (Hamilton Rating Scale for Depression <10) was significantly greater immediately posttreatment and at 12 months in the intervention group compared with the usual care control. The mean percent decrease (47% +/- 26% intervention versus 32% +/- 36% control, P=0.02) and the mean absolute decrease (-9.2 +/- 5.7 intervention versus -6.2 +/- 6.4 control, P=0.023) in Hamilton Rating Scale for Depression at 12 months were clinically important and statistically significant in the intervention group compared with control. CONCLUSIONS: A brief psychosocial-behavioral intervention is highly effective in reducing depression in both the short and long term.

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28. Interpersonal psychotherapy and pharmacotherapy for post-stroke depression: Feasibility and effectiveness.

Author(s) Finkenzeller, W, Zobel, I, Rietz, S, Schramm, E, Berger, M

Citation: Der Nervenarzt, July 2009, vol./is. 80/7(805-812), 0028-2804;1433-0407 (Jul 2009)

Publication Date: July 2009

Abstract: Background: Only few studies investigated the effectiveness of psychotherapy in poststroke depression (PSD). The aim of this feasibility study was to compare interpersonal psychotherapy, pharmacotherapy, and their combination regarding depression and rehabilitation outcome. Patients and methods: Post-stroke depression was found in 35% of 485 stroke patients examined. Seventy-four PSD patients were randomized to one of three treatment conditions. Severity of depression was measured by the Hamilton Depression Rating Scale and the Hospital Anxiety and Depression Scale. The Barthel Index and a questionnaire for health-related quality of life were used as measurements of rehabilitation outcome. Results: There were no significant differences between the three groups in patient mood or rehabilitation outcome. Concerning the severity of depression, quality of life, and social support, all patients showed benefits from antidepressive treatment. In addition a correlation was found between rehabilitation outcome and depression. Conclusion: In this feasibility study all antidepressive treatments were successfully implemented in the rehabilitation of post-stroke depressed patients. Combination therapy (interpersonal psychotherapy plus medication) was as effective as one of those elements alone. Because of the small sample size however, further randomized trials are required. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

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Author(s) Finkenzeller W, Zobel I, Rietz S, Schramm E, Berger M
BACKGROUND: Only few studies investigated the effectiveness of psychotherapy in post-stroke depression (PSD). The aim of this feasibility study was to compare interpersonal psychotherapy, pharmacotherapy, and their combination regarding depression and rehabilitation outcome.

PATIENTS AND METHODS: Post-stroke depression was found in 35% of 485 stroke patients examined. Seventy-four PSD patients were randomised to one of three treatment conditions. Severity of depression was measured by the Hamilton Depression Rating Scale and the Hospital Anxiety and Depression Scale. The Barthel Index and a questionnaire for health-related quality of life were used as measurements of rehabilitation outcome.

RESULTS: There were no significant differences between the three groups in patient mood or rehabilitation outcome. Concerning the severity of depression, quality of life, and social support, all patients showed benefits from antidepressive treatment. In addition a correlation was found between rehabilitation outcome and depression.

CONCLUSION: In this feasibility study all antidepressive treatments were successfully implemented in the rehabilitation of post-stroke depressed patients. Combination therapy (interpersonal psychotherapy plus medication) was as effective as one of those elements alone. Because of the small sample size however, further randomized trials are required.

Source: Medline

30. Cognitive-behavioural intervention for depression after stroke: Five single case studies on effects and feasibility

Author(s) Rasquin S.M.C., Van De Sande P., Praamstra A.J., Van Heugten C.M.

Citation: Neuropsychological Rehabilitation, April 2009, vol./is. 19/2(208-222), 0960-2011;1464-0694 (April 2009)

Publication Date: April 2009

Abstract: The purpose of the study was to investigate whether or not a cognitive-behavioural intervention for depression after stroke has an effect and is feasible. A single-subject quasi experimental design (SSED) was used with an AB design and follow-up. The participants were five first episode stroke patients attending outpatient rehabilitation in a rehabilitation centre in The Netherlands. Mood and quality of life were measured on four occasions over four weeks (baseline phase A). During the eight week intervention phase (B) a visual analogue measure of mood was administered three times a week. Immediately after the intervention, and one and three months later, the baseline measures were repeated. The intervention (phase B) was based on cognitive-behavioural principles: recognising negative thoughts and challenging them, learning principles of relaxation, and planning of pleasurable activities. Following intervention three patients reported they had improved, three patients reported a minor improvement in quality of life, and four patients reported a more positive mood. Three months later three patients reported fewer depressive symptoms. Both patients and therapist were positive about the intervention and three months later, in daily life, all patients still applied the strategies. It was concluded that despite some ambiguous results, it seems that the cognitive-behavioural intervention has an effect on patients' mood. The intervention was rated as feasible by both patients and therapists. 2008 Psychology Press.

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Author(s) Cao, Wei-Wei, Yu, Jian-Min, Sun, Shu-Yan, Sun, Yan-Bo, Luan, Lin, Cai, Xiu-Juan, Hu, Fang

Citation: Chinese Mental Health Journal, February 2009, vol./is. 23/2(100-104), 1000-6729 (Feb 2009)
Abstract: Objective: To explore the feasibility and clinical effect of group psychotherapy for post stroke depression (PSD). Methods: The 288 PSD patients were randomly divided into 4 groups which were group A (with conventional therapy), group B (with conventional therapy and fluoxetine), group C (with conventional therapy adding group psychotherapy), and group D (with above three methods of treatment) for prospective study. The subjects were assessed for the changes of depression emotion and the ability of daily living with HAMD and Barthel Index (BI). Results: The patients in group B and D took lower HAMD scores [(30.2 +/- 4.2) vs. (35.4 +/- 5.8), (26.7 +/- 5.0) vs. (35.1 +/- 6.2); P < 0.001], while higher BI scores [(62.4 +/- 13.0) vs. (46.7 +/- 9.1), (80.1 +/- 10.3) vs. (45.4 +/- 14.7); P < 0.001] compared with pre-treatment. However, in group A, there were opposite consequences to the above [HAMD; (38.8 +/- 5.7) vs. (35.1 +/- 5.2), BI; (36.3 +/- 7.5) vs. (45.2 +/- 7.0); P < 0.001]. There were no significant differences compared with pre-treatment in group C [(36.2 +/- 5.0) vs. (36.8 +/- 4.4), (42.7 +/- 8.3) vs. (44.4 +/- 9.6), P > 0.05]. Conclusion: Group psychotherapy adding anti depression medicine not only can improve depressive emotion and common living ability of the patients with PSD, but also can correct their cognitive disturbance and relieve their body symptoms. Thereby, their living quality can be promoted. The therapy is useful and worth to be spread. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

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32. Review: Psychological interventions prevent depression after stroke.

Author(s) Buchanan D

Citation: Evidence Based Nursing, 01 January 2009, vol./is. 12/1(23-23), 13676539

Abstract: QUESTION

Source: CINAHL

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33. Interventions for treating depression after stroke.

Author(s) Hackett ML, Anderson CS, House A, Xia J

Citation: Cochrane Database of Systematic Reviews, 01 December 2008, vol./is. /4(0-), 1469493X

Publication Date: 01 December 2008

Abstract: Background:

Source: CINAHL

Available in fulltext at Wiley

34. Review: psychological interventions prevent depression after stroke.

Author(s) Oczkowski W

Citation: ACP Journal Club, 18 November 2008, vol./is. 149/5(0-), 10568751

Publication Date: 18 November 2008

Source: CINAHL

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35. Coping with the challenges of recovery from stroke: long term perspectives of stroke support group members.

Author(s) Ch'ng AM, French D, McLean N

Citation: Journal of Health Psychology, 01 November 2008, vol./is. 13/8(1136-1146), 13591053

Publication Date: 01 November 2008

Abstract: Recovery from stroke poses significant physical and psychological challenge. To develop appropriate psychological support interventions, increased understanding of the challenge and coping behaviours that promote adjustment is critical. This study presents results from a series of focus groups with stroke support group members. The evolution of challenges faced during hospitalization, rehabilitation and into the longer term is described. The active, social and cognitive coping strategies reported as helpful are explored. In the long term, acceptance of life changes, engagement in new roles and activities and the presence of social support appear to be key factors in post-stroke adjustment. Copyright 2008 SAGE Publications.

Source: CINAHL

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36. Research. Addressing the emotional needs of stroke survivors.

Author(s) Vohora R, Ogi L

Citation: Nursing Times, 21 October 2008, vol./is. 104/42(32-35), 09547762

Publication Date: 21 October 2008

Abstract: BACKGROUND: Stroke survivors report a range of psychological difficulties. AIM: To facilitate psychological adjustment and to support understanding of the emotions associated with recovery. METHOD: A group intervention was developed for patients on a stroke rehabilitation ward. RESULTS AND DISCUSSION: The group was piloted, and feedback indicated the sharing of experiences was the aspect perceived as the most helpful. CONCLUSION: Patients' emotional needs should be identified in a timely manner on a stroke ward. Attention should be given to psychological intervention to protect against factors that may impede rehabilitation.

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37. Escitalopram, problem-solving therapy, and poststroke depression.

Author(s) Lacasse, Jeffrey, Leo, Jonathan

Citation: JAMA: Journal of the American Medical Association, October 2008, vol./is. 300/15(1757-1758), 0098-7484 (Oct 2008)

Publication Date: October 2008

Abstract: Comments on an article by Robert G. Robinson et al. (see record 2008-07046-002). Dr. Robinson and colleagues reported that poststroke patients randomized to either escitalopram or problem-solving therapy had a lower annual incidence of depression compared with those prescribed placebo. Although the authors discussed the finding that both treatments outperformed placebo, they did not make a direct statistical comparison between the active treatments. It would be valuable to know how psychosocial treatment
38. Side effects of psychotherapeutic intervention for caregivers of stroke patients: Do patients also benefit?

Author(s): Wilz, G, Jungbauer, J

Citation: Fortschritte der Neurologie, Psychiatrie, April 2008, vol./is. 76/4(201-206), 0720-4299 (Apr 2008)

Publication Date: April 2008

Abstract: Aim: The present study aimed at investigating whether stroke patients benefit from their spouses attending a psychotherapeutic group intervention, in terms of improved functioning level and quality of life. Method: Within the scope of a panel study with control group design, n = 124, stroke patients were interviewed using standardized questionnaires, regarding competences of daily life (PCRS) and quality of life (WHOQoL). In the intervention group, the patients' spouses attended a psychotherapeutic group intervention; the spouses of two control groups merely received illness-related information. Data was evaluated statistically by means of multiple regression analysis. Results: No statistically significant effects of the caregiver intervention on the patients were found. However, patients of the intervention group tended to report improved quality of life in the course of the study period, whereas subjective quality of life worsened for patients of the control groups. In all groups, impairments of everyday-life competences increased. Discussion: The results of this study suggest that psychotherapeutic group intervention for caregivers also has positive side effects on the patients. Further research is necessary in order to provide a better understanding of the mechanisms at work behind these positive side effects. Assistance concepts for spouses of stroke patients should utilize such intermediary effects more systematically. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Source: PsycINFO

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Author(s): Malevani J.

Citation: Klinikarzt, 2008, vol./is. 37/6(310-314), 0341-2350 (2008)

Publication Date: 2008

Abstract: One of the most common and important neuropsychiatric complications of an acute stroke is depression. High prevalence rates of 20-40% have been described for poststroke-depression (PSD). PSD reduces the motivation and compliance in terms of therapy in general, prolongs the in hospital stay and reduces the success of rehabilitation, survival and quality of life. Reasons for the development of poststroke depression have not yet been identified, although a complex interaction of psychosocial and somatic factors may promote the development of such symptoms. Despite its clinical and economic importance, PSD is underdiagnosed in clinical routine and as a result adequate therapy is not administered. Early diagnosis of PSD and initiation of consistent psychiatric therapy (behavioural psychotherapy and pharmacological therapy) is therefore very important and effective. Due to their less common adverse effects and improved tolerance new
40. Is bingo a psychological intervention? Developing a support group for stroke survivors and carers

**Author(s)** Hull S., Hartigan N., Kneebone I.

**Citation**: Clinical Psychology Forum, December 2007, vol./is. /180(27-29), 1473-8279 (December 2007)

**Publication Date**: December 2007

**Abstract**: This article describes the development of a stroke support group for stroke survivors and carers based on user consultation.

**Source**: EMBASE

41. Frailty modifies effectiveness of psychosocial intervention in recovery from stroke.

**Author(s)** Ertel KA, Glymour MM, Glass TA, Berkman LF

**Citation**: Clinical Rehabilitation, 01 June 2007, vol./is. 21/6(511-522), 02692155

**Publication Date**: 01 June 2007

**Abstract**: OBJECTIVE: To evaluate the impact of a psychosocial intervention on instrumental activities of daily living, physical performance, cognition and mortality after stroke. DESIGN: A randomized clinical trial. SETTING: Patients were recruited from hospitals and rehabilitation centres; the intervention took place in subjects' homes. SUBJECTS: Two-hundred and ninety-one stroke survivors over age 45. One-hundred and forty-six subjects were assigned to the intervention and 145 subjects were assigned to usual care. INTERVENTION: Up to 16 meetings conducted over six months in the patient's home (approximately weekly for 12 weeks, followed by tri-weekly sessions for another 12 weeks). Sessions lasted approximately 1 hour and included, when possible, the entire support system (stroke survivor, primary caregiver, additional family and friends, and professional caregivers). MAIN OUTCOME MEASURES: Instrumental activities of daily living, physical performance, and cognition were assessed six months post stroke; mortality was assessed at an average of 47 months post stroke. RESULTS: No significant differences in outcomes were observed between the intervention and usual care groups when analysing the total study population. Among non-frail participants (n = 156), subjects randomized to treatment had better scores on instrumental activities of daily living (mean score among treated = 12.4 (standard deviation (SD) = 2.1), mean score among usual care subjects = 11.3 (SD = 2.9), P-value for difference in means = 0.01) and reduced risk of mortality (P = 0.03) than subjects randomized to usual care. CONCLUSION: While there is evidence that the treatment benefited healthier subgroups, results also show evidence that the treatment was not effective, and possibly harmful, in frail subgroups.

**Source**: CINAHL

42. Effects of psychosocial interventions on patients with cardiovascular diseases: Coronary heart disease, heart failure, and cerebrovascular accident.

**Author(s)** van Erp, Jos, Schipper, Karen

**Citation**: Psychologie & Gezondheid, April 2007, vol./is. 35/1(27-37), 1873-1791 (Apr 2007)
Publication Date: April 2007

Abstract: The Netherlands Heart Foundation aims in one of her programs at improving the psychosocial care for cardiovascular patients. Effective and efficient care should be organised in such a way that it is connected to the patient's process of adaptation. For psychosocial interventions this means that the efficacy of interventions is dependent on the attuning of these interventions to the needs and problems of patients. To attune these interventions some aspects should be taken in consideration: the patient's process of adaptation, individual differences between patients, and disease specific aspects. A model based on these aspects gives global directions for the way interventions should be implemented in psychosocial care systems. With this perspective in mind interventions directed at coronary heart disease, heart failure and cerebrovascular accident were reviewed. It became clear that the efficacy and efficiency of interventions could be improved by screening patients on psychosocial risk factors, psychosocial problems and psychopathology at several moments in the adaptation process. For the development of interventions clear goals should be formulated to make it possible to attune specific interventions to specific groups of patients. At the moment most revalidation programs have a mix of health related and psychosocial goals, which makes it impossible to tell which ingredients of a program are responsible for its effects. Another conclusion is that there is a lack of attention for psychosocial problems in the chronic stage of cardiovascular diseases. Interventions for this stage should be developed. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Source: PsycINFO

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43. Motivational interviewing early after acute stroke: a randomized, controlled trial.

Author(s) Watkins CL, Auton MF, Deans CF, Dickinson HA, Jack CI, Lightbody CE, Sutton CJ, van den Broek MD, Leathley MJ

Citation: Stroke (00392499), 01 March 2007, vol./is. 38/3(1004-1009), 00392499

Publication Date: 01 March 2007

Abstract: BACKGROUND AND PURPOSE: The purpose of this study was to determine whether motivational interviewing, a patient-centered counseling technique, can benefit patients' mood 3 months after stroke. METHODS: A single-center, open, randomized, controlled trial was conducted at a single hospital with a stroke unit. Subjects consisted of 411 consecutive patients on the stroke register who were over 18 years of age and who did not have severe cognitive and communication problems that would prevent them from taking part in an interview; were not known to be moving out of the area after discharge; and were not already receiving psychiatric or clinical psychology intervention. All patients received usual stroke care. Patients in the intervention group received 4 individual, weekly sessions of motivational interviewing with a trained therapist in addition to usual stroke care. The primary outcome was the proportion of patients with normal mood at 3 months poststroke measured by the 28-item General Health Questionnaire (normal, <5; low > or=5) using a mailed questionnaire. RESULTS: Eighty-one of 207 (39.1%) patients in the control group and 100 of 204 (49.0%) patients in the intervention group had normal mood at follow up. A significant benefit of motivational interviewing over usual stroke care (OR: 1.60, 95% CI: 1.04 to 2.46, P=0.03) was found. CONCLUSIONS: Our results suggest motivational interviewing leads to an improvement in patients' mood 3 months after stroke.

Source: CINAHL

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44. Effects of recreational therapy on functional independence of people recovering from stroke.

Author(s) Williams, Richard, Barrett, James, Vercoe, Heather, Maahs-Fladung, Cathy, Loy, David, Skalko, Thomas
The purpose of this study was to examine the effects of recreational therapy (RT) on the functional independence of people recovering from stroke. Participants were adolescents and adults (N = 960) receiving recreational therapy and other treatment from an acute care hospital. Dependent variables were change scores (from admission to discharge) on the motor subscale, cognition subscale, and total Functional Independence Measure (FIM). Independent variables were number of treatment units of RT, physical therapy, occupational therapy, speech therapy, and psychological services. Data were analyzed using separate stepwise multiple regressions for each dependent variable. RT was a significant predictor of change scores for all three dependent variables. Results confirm the therapeutic value of RT services in the treatment of stroke.

Source: PsycINFO

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45. Treatment for post-stroke depression

Author(s) Li F., Gu D.-X.

Citation: Chinese Journal of Clinical Rehabilitation, October 2006, vol./is. 10/38(129-132), 1671-5926 (15 Oct 2006)

Abstract: Objective: To probe into the effectiveness and significance of treatment for post-stroke depression based on its temporal status. Data Sources: A computer-based search of Medline was conducted to collect English articles related to post-stroke depression and therapy published between January 2000 and January 2006 by using the key words of "Stroke, depression, therapy". Study Selection: 548 retrieved articles were screened, and 34 articles about treatment for post-stroke depression were collected. Articles with similar contents published in the past five years in authoritative journals were enrolled preferentially. Repetitive studies were excluded. Data Extraction: Totally 679 cases of post-stroke depression were involved in 42 related articles, of which 17 articles were associated with drug therapy, 7 articles associated with psychological treatment and other 13 articles associated with other therapies. Data Synthesis: Occurrence of post-stroke depression was associated with factors of psychology, society factors and rehabilitation etc., and the antidepressants were selective serotonin re-uptake inhibitors (SSRIs), tricyclic antidepressants (TCAs), monoamine oxidase inhibitor (MAOI), noradrenergic specific serotonergic antidepressant (NaSSA) and so on. Explanation of knowledge about cerebral vascular disease, synthetic therapy by psychoanalysis and psychotherapy, electroconvulsive therapy as well as reinforcement of family supporting all could be adopted for treatment of post-stroke depression, and accordingly reduce or avoid the occurrence of depression. Conclusion: Antidepressant and psychotherapy, electroconvulsive therapy as well as supporting from family and society are effective in the treatment of post-stroke depression, which are good to the rehabilitation of patients with post-stroke depression. However, more word must be done on whether they can ameliorate the neurological impairment of patients with stroke.

Source: EMBASE


Author(s) Redfern J, McKevitt C, Wolfe CD

Citation: Stroke (00392499), 01 September 2006, vol./is. 37/9(2410-2419), 00392499

Abstract: BACKGROUND AND PURPOSE: Stroke care is complex, requiring input from professionals, patients and carers. Identifying and developing appropriate intervention components to meet these complex needs is difficult. The Medical Research Council
(MRC) Framework for developing and evaluating ‘complex’ (nonpharmacological) interventions aims to improve intervention development. This study uses the Framework to review complex interventions in stroke care. METHODS: Systematic review with multiple search strategies (electronic databases, recent journals, gray literature) was used. The MRC Framework was used to guide the search strategy and assess study quality. ‘Complex interventions’ were defined as educational/psychosocial interventions to change knowledge, beliefs or behaviors. RESULTS: Sixty-seven studies were included: 39 randomized controlled trials (RCT) and 28 other designs. Complex interventions targeted healthcare professionals (17), and patients, carers and the general population (21 targeting primary or secondary prevention; 30 targeting adjustment and recovery after stroke). Compared with recovery studies, primary and secondary prevention studies were significantly less likely to have been evaluated in RCTs. Interventions evaluated in RCTs were significantly less likely to influence primary outcomes (26%) compared with other designs (44%). Theoretical grounding to support intervention choice was reported in 40 studies but only 14 were theoretically ‘well developed’; 21 RCTs listed multiple primary outcome measures, with 10 listing 5 or more. Of these only 3 reported considering statistical power before recruitment and none was sufficiently powered. CONCLUSIONS: Few complex interventions in stroke care have been adequately developed or evaluated. This may explain failures to demonstrate efficacy. In future, greater attention is needed to theoretical development and methodological quality.

**Source:** CINAHL

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47. The effect of cognitive-sentiment and sensorium impairment on swallowing functional recovery after stroke

**Author(s)** Yang W., Guo K., Wang J.

**Citation:** Chinese Journal of Rehabilitation Medicine, April 2006, vol./is. 21/3-4(330-332), 1001-1242 (April 2006)

**Publication Date:** April 2006

**Abstract:** Objective: To assess the effect of cognitive-sentiment and sensorium impairment on the outcomes of training for swallowing function in patients with dysphagic stroke. Method: Thirty four patients with dysphagic stroke were divided into 2 groups on the basis of MMSE score, in which 16 patients (group A) are dysphagia complicating cognition functional impairment and 18 patients (group B) were just swallowing functional disturbance. All patients accepted treatments including swallowing functional training and acupuncture therapy. Moreover, cognitive-sentiment functional training and psycho therapy were applied for group A. Result: Before treatments, TIANWASHI scores and level of facial apraxia drooling, meal duration, logagnesia and oral sense in group A and group B were different significantly (P<0.05). After 1 month treatments, TIANWASHI scores in two groups were all improved obviously compared to pre-therapy (P<0.05), but no difference was found between them(P>0.05). The MMSE score of group A were raised significantly after cognitive-sentiment functional training (P<0.05). The analysis of correlation showed that the score of cognitive function and the level of dysphagia were negative correlation (r=-0.650 and - 0.51). Conclusion: After cerebral infarction, the degree of swallowing handicap are aggravated by cognitive impairment, while the amelioration of cognitive function would facilitate the recovery of swallowing function.

**Source:** EMBASE

48. One-year follow-up study of affecting factors and psychological intervention of general well-being feeling in stroke patients


**Citation:** Chinese Journal of Clinical Rehabilitation, November 2005, vol./is. 9/41(1-3), 1671-5926 (07 Nov 2005)
Abstract: Aim: To investigate the changes and factors influencing general well-being feeling in patients with stroke after psychological intervention. Methods: The investigation was conducted between September 1997 and December 2000. 206 patients with stroke, who were treated at Department of Neurology, Liaocheng Municipal Fourth People's Hospital, Department of Neurology, Jinan Municipal First People's Hospital and Department of Neurology, Qilu Hospital, were selected. They all agreed to join the investigation. They were assigned into 2 groups at random with 1 to 1 pairing: intervention group and control group with 103 in each group. 1 The patients in the intervention group were intervened after onset at the end of the first month, mainly using psychological intervention. When needed, the drug was used, once 20-30 minutes, once a week, totally 5 or 6 weeks continuously. 1 The patients in the control group were not intervened. General well-being were evaluated with general well-being schedule (GWB) in patients from the two groups (totally 33 items, the higher the score, the higher the well-being was). The domestic test sample used the mean score of former 18 items of this schedule, 75 points in males, and 71 points in females. This investigation only used the former 18 items.). Time of evaluation was within 1 month, the end of the 3rd month, the end of the 6th month and the end of one year after onset, respectively. The comparative analysis of general well-being score in patients from the two groups was performed. Results: 103 stroke patients in the intervention and 103 in the control group were all involved in the result analysis, without drop. 1 Comparison of general well-being score in patients of the two groups: Well-being scores of GWB in the patients from intervention group in the 1st, 2nd and 3rd after intervention were all higher significantly than those in the control group [77.7+/−12.8, 80.0+/−13.2, 82.7+/−14.0; 72.3+/−14.2, 71.9+/−13.3, 71.4+/−16.1 (t=2.86-5.37, P < 0.01)], and it was higher in the intervention group after psychological intervention in the 1st, 2nd and 3rd than those before intervention (68.7+/−14.5) (t=−7.01 to −4.71, P < 0.01). 1 Multiple factor analysis of score of GWB in stroke patients: After stroke the general well-being was affected by patient's condition, various social psychic factor and data factor of demography. Conclusion: General well-being feeling of stroke patients is related to patient's condition, various social psychic factor and data factor of demography. Active psychological intervention can enhance effectively general well-being in stroke patients, improve their quality of life.

Source: EMBASE

49. Psychological treatment for post-stroke depression

Author(s) Zhang X.-M.

Citation: Chinese Journal of Clinical Rehabilitation, June 2005, vol./is. 9/24(120-121), 1671-5926 (28 Jun 2005)

Abstract: Objective: To probe into the effectiveness and significance of psychological treatment for post-stroke depression based on the temporal related studies. Data sources: A computer-based search of Medline was conducted to collect the English articles related to post-stroke depression and early rehabilitation published between January 1997 and August 2004 by using the terms "stroke, rehabilitation, depression". Meanwhile, the related literatures in Chinese published between January 2002 and August 2004 were retrieved in search of Wanfang database with the same terms in Chinese. Study selection: Among the more than 110 articles, more than 22 articles about psychological treatment for post-stroke depression, and 3 reviews were excluded. Articles with similar content published in the last five years or in authoritative journals were enrolled preferentially. Data extraction: Totally 124 cases of post-stroke depression were involved in the 17 related articles. Six articles were associated with neuro-anatomic factors and Non-neural factors, 3 articles associated with abnormal biochemical metabolism, and 8 articles associated with psychological treatment for post-stroke depression. Data synthesis: Despite of neuro-anatomic factors, occurrence of post-stroke depression was associated with genetic factors, psychosocial factors, drug factors and brain injury. Its biochemical basis was involved in several neurotransmitter systems, especially noradrenaline system and 5-serotonin system. Psychological treatment as primary prevention for treatment of post-stroke depression could decrease effectively, and even avoid depression after stroke. Conclusion: Occurrence of post-stroke depression is associated with multiple factors, and psychological
treatment as primary prevention is greatly effective in the treatment of post-stroke depression at an early stage of stroke.

Source: EMBASE

50. Impacts of rehabilitative therapy on post-stroke depression and the ability of daily life

Author(s) Feng S.-Z., Zhang M.-Y., Dai Z.-H.

Citation: Chinese Journal of Clinical Rehabilitation, April 2005, vol./is. 9/13(154-155), 1671-5926 (07 Apr 2005)

Publication Date: April 2005

Abstract: Background: Post-stroke depression (PSD) is the most common emotional change after stroke. It has high morbidity, which also seriously affects the near and long term functional prognosis of the patients and affects the quality of life (QOL) of the patients during convalescence. Objective: To investigate the impacts of integrated rehabilitative therapy on post-stroke depression and ability of daily life (ADL) through interventional therapy in patients with post-stroke depression. Design: A randomized controlled study with the patients as subjects based on diagnosis. Setting: Department of cadre in a university hospital. Participants: Sixty cases including 34 males and 26 females hospitalized in the Department of Cadre of the General Hospital Affiliated to Tianjing Medical University between October 2001 and March 2002 were randomly divided into rehabilitation group (n = 30) and control group (n = 30). Interventions: Patients of rehabilitation group received both routine medication and integrated rehabilitative therapy (cinesiotherapy + psychotherapy) while the patients of control group only received routine medication (decompression, improving cerebral circulation and symptomatic therapy). Barthel index (BI) and Hamilton rating scale for depression (HAMD) were used to assess the patients at admission, the 3rd month and the 6th month during the course of the disease. Main outcome measures: BI and HAMD score at the 3rd and 6th month in patients of rehabilitation group and control group. Results: BI at 3rd month or 6th month was (68.0 +/- 2.9) or (70.0 +/- 3.5) in patients of rehabilitation group, which was significantly higher than (62.0 +/- 3.3) at 3rd month and (65.0 +/- 3.8) at 6th month in patients of control group (P < 0.001, 0.01). HAMD score at 3rd month or 6th month was (8.9 +/- 4.9) or (8.7 +/- 5.1) in patients of rehabilitation group, which was significantly lower than (15.2 +/- 5.6) at 3rd month or (14.9 +/- 8.1 ) at 6th month in patients of control group (P < 0.05). Conclusion: Integrated rehabilitative therapy can effectively improve the ADL of patients with post-stroke depression and relieve depression.

Source: EMBASE

51. Living ability and cognitive function ameliorated by low frequency repetitive transcranial magnetic stimulation in patients with post-stroke depression: Comparison with drug plus psychological treatment

Author(s) Du D.-Q., Wu Y.-B.

Citation: Chinese Journal of Clinical Rehabilitation, April 2005, vol./is. 9/16(22-23), 1671-5926 (28 Apr 2005)

Publication Date: April 2005

Abstract: Aim: To investigate the effect of low frequency repetitive transcranial magnetic stimulation on the ability in activities of daily life and cognitive function in patients with post-stroke depression accompanied by cognitive obstacles. Methods: Sixty patients with post-stroke depression accompanied by mild cognitive obstacles, who were treated in the First Affiliated Hospital, Medical College of Shantou University between May 2001 and May 2002, were randomly divided into treatment group(n = 30) and control group(n = 30). All the patients in both groups received routine drug treatment of vasodilators and neuronutrition, fluoxetine was taken at one draught 20 mg per day for 8 weeks as a course, besides, patients in the treatment group were treated with low frequency repetitive transcranial magnetic stimulation, their bilateral frontal lobes were stimulated with 60% of the maximal stimulus intensity, 30 times for each side, the frequency was 0.5 Hz, one sequence every day for continuous 5 days as a course, they were treated for 4 weeks successively with an
interval of 2 days between courses. The depressive symptoms were assessed with Hamilton depressive scale (24 items, if the score was lower than 8, it was taken as no depression, and more than 24 as severe depression), cognitive function was evaluated with mini-mental state examination, and the abilities in activities of daily life were assessed with Barthel index (10 items, and 10 points for each item; the higher the score, the better the ability) before treatment and 8 weeks after treatment respectively. Results: According to actual treatment, all the 60 patients completed the treatment. 1 Depressive status: The score of Hamilton depressive scale in the treatment after treatment group was obviously ameliorated and lower than that before treatment and that in the control group after treatment (6 +/- 5, 21 +/- 8, 13 +/- 7, P < 0.01); 2 Cognitive function: The score of mini-mental state examination after treatment in the treatment group was significantly increased as compared with that before treatment, also higher than that in the control group after treatment (24 +/- 7, 14 +/- 4, 18 +/- 6, P < 0.01); 3 Abilities in activities of daily life: The Barthel index after treatment in the treatment group was higher than that before treatment and that in the control group after treatment (78 +/- 12, 34 +/- 9, 53 +/- 10, P < 0.05). Conclusion: Low frequency repetitive transcranial magnetic stimulation can relieve the depressive symptoms of patients with post-stroke depression, it also promotes the recoveries of their emotion, cognitive function and abilities in activities of daily life. Its effect is superior to that of drug plus psychological treatment.

Source: EMBASE

52. Psychological defense and psychological intervention for patients with stroke in acute period

Author(s) Wang Y.-Y., Wang Y.-J.

Citation: Chinese Journal of Clinical Rehabilitation, March 2005, vol./is. 9/9(138-140), 1671-5926 (March 2005)

Publication Date: March 2005

Abstract: Objective: To expound the characteristics of psychological defense mechanism and the skills of psychotherapy intervention, which were used in acute stroke patients, to increase the application and research on psychological intervention in stroke patients. Data sources: Using the key terms "stroke patients, psychological defense psychotherapy", we searched Medicine for the articles related to psychological intervention in stroke between January 1995 and August 2004 in English. Meanwhile, using the key terms "acute phase, stroke patients, psychological defense and psychological intervention", we searched Chinese database CNKI between January 1995 and August 2004. At the same time, we searched recently correlative journals and books by hand. Study selection: All articles were selected firstly, those were relevant to prevalence survey of stroke patients in acute period (in three-month onset) and randomized controlled clinical trials were collected. The articles that were not obviously correlative and overview articles were excluded. Data extraction: A total of 3 Chinese and 4 English articles were collected, which were relevant to psychological defense mechanism and psychotherapy intervention in patients with stroke. Data synthesis: Totally 7 articles evaluated the psychological defense in stroke patients and investigated and communicated the characteristics of psychological defense and the skills of psychotherapy intervention. From the whole, we found that psychological defense was effective for stroke patients. The author summarized all data on psychological defense and intervention strategy by combining the theory of psychological defense. Conclusion: The incidence rate of stroke is high. Psychosomatic stress led by stroke and stroke recoveries have intimate relation. If learning and acting psychological stress intervention after stroke timely, it will be satisfactorily preventive function to reduce the occurrence of emotion disorders and inter-current diseases after stroke. According to the clinical experience, the intervention to psychological defense mechanism in stroke patients has very important practical importance and foundation. The combination of psychological defense mechanism theory and skills of intervention can do psychological debugging to patients' subconsciousness, for reducing, preventing emotion disorders after stroke and improving the survival quality.

Source: EMBASE

53. Mindfulness-Based Cognitive Therapy (MBCT) for stroke survivors: An
application of a novel intervention.

Author(s) Moustgaard, Amy K

Citation: Dissertation Abstracts International: Section B: The Sciences and Engineering, 2005, vol./is. 65/11-B(6054), 0419-4217 (2005)

Publication Date: 2005

Abstract: Stroke can affect neurological, cognitive, and emotional functioning and have a negative impact on overall quality of life (QoL). Published research in the area of psychological intervention for stroke patients suggests that therapy directed toward managing depression and anxiety can result in general improvement in emotional health and QoL. The purpose of this study was four-fold: (1) to adapt and implement Mindfulness Based Cognitive Therapy (MBCT) for stroke survivors; (2) to evaluate the psychometric properties of generic and stroke-specific measures; (3) to evaluate the effectiveness of MBCT on aspects of quality of life, emotional factors, and adjustment for participants, as well as caregiver burden; and (4) to determine the predictors of success. Participants (n = 23) completed questionnaires on initial assessment, after the 9-week MBCT Program, and at 3-month follow-up. Questionnaires included the Beck Anxiety Inventory (BAI), Hospital Anxiety and Depression Scale (HADS), Beck Depression Inventory - II (BDI-II), Short Form-36 General Health Survey (SF-36), Stroke Specific Quality of Life Scale (SSQoL), and the Mental Adjustment to Stroke Scale (MASS). Overall, findings indicate that MBCT lends itself to be adapted to clinical groups. Psychometric analysis of measures used showed moderate to strong internal consistency (alpha = .57-.95), significant convergent and divergent validity, and adequate responsiveness with moderate to large effect sizes (0.32-1.43) on the non-physical indices. Independent t-test analyses showed significant improvement (p < .05) in participant scores (n = 8) on the BAI, BDI-II, HADS, and QoL indices when compared with dropout control scores (n = 4) in the initial control arm (Phase I). Phase II repeated measures analysis of variance for all completers (n = 21) reflected significant change from baseline to program completion, with maintained improvements at follow-up in all domains, including those related to anxiety (F BAI = 20.42, p < .001; FHADS-A = 35.99, p < .001), depression (F BDI-II = 32.07, p < .001; F HADS-D = 14.66, p < .001), and QoL (F SF-36, MCS = 9.38, p < .01; F SF-36, PCS = 19.95, p < .001; F SSQoL = 9.96, p < .01). A decrease in scores on the MASS helplessness/hopelessness subscale significantly correlated with improvement in emotional constructs. MBCT may be useful in the treatment and prevention of depression and anxiety and may improve QoL and facilitate adjustment to changes secondary to stroke. Randomized controlled multi-center trials will be required to provide further evidence. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

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54. Management of anxious disorders in neurological diseases.

Author(s) Bruggimann, Laure, Annoni, J. -M

Citation: Schweizer Archiv fur Neurologie und Psychiatrie, December 2004, vol./is. 155/8(407-413), 0258-7661 (Dec 2004)

Publication Date: December 2004

Abstract: Neuropsychiatric sequelae are a significant cause of morbidity in neurological patients. Current studies suggest that anxiety is frequent (about 20 to 30%) in all these conditions. Neurobiological, environmental and dispositional factors may be implicated in the development of anxiety suggesting that several ways of intervention are worth to be considered, e.g. pharmacological, socio-educative or psychotherapeutic interventions. Anxiety disorders following medical problems are often undiagnosed or inadequately treated. This may reflect difficulties with the diagnosis of affective disorders among people with neurological affections, but may also reflect uncertainty about the effectiveness of interventions in this setting. This review addresses the emergence of anxiety disorders in three classical neurological conditions, namely stroke, dementia and multiple sclerosis. Prevalence of anxiety, characteristics, contributing factors and associated cerebral lesions are discussed for each of these neurological conditions. Existing research literature on
psychological and psychotherapeutic interventions to manage anxiety is then reported. Pharmacological therapy is not considered. Any psychotherapeutic treatment is necessarily limited by the cognitive and the behavioural disorders characterising each neurological condition. Consequently, usefulness of the intervention should always be evaluated in the context of a specific disease. The paucity of research and the methodological limitations in existing studies prevent a conclusion as any psychological intervention has empirical support for its effectiveness. However, different approaches seem to be worthy of further investigation. Cognitive behaviour therapy (CBT) is an appropriate treatment for some anxious or depressed patients with cerebrovascular disease or multiple sclerosis. This approach includes identification and modification of unhelpful thoughts and beliefs, activity scheduling and graded task assignment. There are very few controlled studies, but they suggest that this kind of therapy may have the same effect as pharmacological treatments. Mood, anxiety, adherence to medications and appraisal of self-control are susceptible to improvement after cognitive behaviour therapy. Interesting results may also be obtained using educative programmes. Preliminary results indicate that a brief intervention designed to change patients’ illness perceptions can result in improved functional outcome after severe medical affections. Combined with cognitive behaviour therapy, such an approach is promising. Therapy has to be adapted particularly in dementia, where cognitive and behavioural disorders are the most pronounced. Group interventions based on verbal or non-verbal (e.g. painting) interactions reveal interesting therapeutic effects such as the dissolution of anxiety into the group, the acceptance of aging or the reaffirmation of oneself through the act of creating. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Source: PsycINFO

55. Crisis intervention with individuals and their families following stroke: a model for psychosocial service during inpatient rehabilitation.

Author(s) Palmer S, Glass TA, Palmer JB, Loo S, Wegener ST

Citation: Rehabilitation Psychology, 01 November 2004, vol./is. 49/4 (338-343), 00905550

Publication Date: 01 November 2004

Abstract: Reduced length of stay for inpatient rehabilitation challenge psychologists to develop new models of psychosocial service. Crisis intervention is a useful model that can be adapted to meet the needs of stroke patients and their families. The authors describe a 1-session intervention, utilizing crisis intervention and psychoeducational and cognitive behavioral techniques with stroke survivors and primary family caregivers in the inpatient rehabilitation setting. A case study illustrates the process and potential benefits of this approach. The intervention is feasible within the confines of the inpatient setting and well tolerated by participants. A controlled trial is necessary to establish the broad efficacy of this intervention.

Source: CINAHL

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56. Recent effects of early psychological intervention for patients with post-stroke depression

Author(s) Guan W.-B., Gao D.-J., Li A.-M., Ouyang S., Dai Z.-C.

Citation: Chinese Journal of Clinical Rehabilitation, November 2004, vol./is. 8/31 (6832-6833), 1671-5926 (November 2004)

Publication Date: November 2004

Abstract: Aim: To evaluate the effect of early psychological intervention in improving the depressive disorder and activities of daily living (ADL) in patients with acute post-stroke depression (APSD) during the first 3 months. Methods: A total of 86 patients with APSD [Hamilton depressive scale (HAMDS) was above 8] in the Department of Neurology, Baiyin Hospital of Lanzhou Medical College, were randomly divided into study group (n = 43) and control group (n = 43). During the study, 11 cases exited for lost to the follow up
and bad compliance, and 2 cases died, so there were 38 cases in the study group and 35 cases in the control group at last. All the patients received general routine treatment, and besides, those in the study group received psychological intervention within two weeks after attack. HAMD and ADL scale were used to evaluate the curative effect before, 1 and 3 months after treatment. Results: One month after treatment, the score of HAMD in the study group was 12.18 +/- 2.39, significantly different from that in the control group (17.25 +/- 3.64) (t = -3.58, P < 0.05), but there was no significant difference in the score of ADL (P > 0.05). Three months after treatment, the score of HAMD in the study group (6.35 +/- 2.86) was significantly different from that in the control group (12.68 +/- 2.43) (t = -4.32, P < 0.05), and there was also significant difference in the score of ADL between the study group (78.26 +/- 13.49) and control group (63.48 +/- 10.95) (t = 6.49, P < 0.05). Conclusion: Early psychological intervention can not only ameliorate the depression, relieve neurologic impairment and improve the quality of life for the patients with acute post-stroke depression, but also results in insignificant side effects, which is an effective and safe therapeutic method.

Source: EMBASE


Author(s) Khan F

Citation: Australian Family Physician, 01 October 2004, vol./is. 33/10(831-834), 03008495

Publication Date: 01 October 2004

Abstract: BACKGROUND: Poststroke depression (PSD) is common and often unrecognised. The diagnosis can be difficult due to deficits of stroke such as impaired self reporting and cognition, poor insight and dysphasia. Untreated PSD can interfere with recovery and adversely affect functional and social outcomes. OBJECTIVE: This article outlines the diagnosis, pathophysiology and treatment for PSD. DISCUSSION: The natural history of PSD suggests that most PSD is not immediate but develops over months with peak prevalence between 6 and 24 months, and in some cases persists up to 3 years following stroke. General practitioners and treating specialists need to actively monitor patients for PSD. While antidepressant medication is the mainstay of treatment for PSD, psychotherapeutic interventions are important. Treatment should include patient and family education, reestablishment of sleep pattern, addressing functional difficulties, increasing community participation, improving diet and regular exercise.

Source: CINAHL

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58. Poststroke depression.

Author(s) Khan F

Citation: Australian Family Physician, October 2004, vol./is. 33/10(831-4), 0300-8495;0300-8495 (2004 Oct)

Publication Date: October 2004

Abstract: BACKGROUND: Poststroke depression (PSD) is common and often unrecognised. The diagnosis can be difficult due to deficits of stroke such as impaired self reporting and cognition, poor insight and dysphasia. Untreated PSD can interfere with recovery and adversely affect functional and social outcomes. OBJECTIVE: This article outlines the diagnosis, pathophysiology and treatment for PSD. DISCUSSION: The natural history of PSD suggests that most PSD is not immediate but develops over months with peak prevalence between 6 and 24 months, and in some cases persists up to 3 years following stroke. General practitioners and treating specialists need to actively monitor patients for PSD. While antidepressant medication is the mainstay of treatment for PSD, psychotherapeutic interventions are important. Treatment should include patient and family education, reestablishment of sleep pattern, addressing functional difficulties, increasing community participation, improving diet and regular exercise.
59. Effect of psychotherapy on the motor functional rehabilitation in patients with post-stroke depression

**Author(s)** Su X.-L., Xiao X.-C.

**Citation:** Chinese Journal of Clinical Rehabilitation, July 2004, vol./is. 8/19(3720-3721), 1671-5926 (July 2004)

**Publication Date:** July 2004

**Abstract:** Aim: To explore the psychological characteristics of patients with post-stroke depression (PSD) and to study the effect of comprehensive psychotherapy on the motor functional rehabilitation of PSD. Methods: Fifty-eight patients diagnosed as having PSD in accordance with the diagnostic criteria of multimodel approach (MMADD) were randomly divided into treatment group (treated by normal rehabilitation therapy and psychotherapy) and control group (treated by rehabilitation therapy only). Both two groups were examined with MMADD and simple Fugl-Meyer assessment (FMA) before and after therapy. Results: After 8 weeks of treatment, the FMA scores of upper limbs and lower limbs of patients in the treatment group (41.16 +/- 8.63, 37.59 +/- 10.33, respectively) and control group (32.73 +/- 9.91, 30.48 +/- 15.76, respectively) had significant difference (t = 5.46, 4.39, respectively, P < 0.01); the scores of Beck depression inventory and Hamilton rating scale for depression in the treatment group (3.84 +/- 0.59, 4.01 +/- 0.67, respectively) and control group (6.13 +/- 0.57, 5.96 +/- 0.91, respectively) had significant difference (t = 2.57, 6.48, respectively, P < 0.01). Conclusion: Psychotherapy plays an important role in promoting motor function of PSD patients.

Source: EMBASE

60. Effects of the treatment for post-stroke depression on the recovery of motor function and ability of daily living

**Author(s)** Li W.-D., Huang B.-B.

**Citation:** Chinese Journal of Clinical Rehabilitation, May 2004, vol./is. 8/13(2410-2411), 1671-5926 (May 2004)

**Publication Date:** May 2004

**Abstract:** Aim: To study the role of the intervention in post-stroke depression (PSD) in the motor function and abilities of daily living (ADL). Methods: Totally 60 PSD patients were divided randomly into three groups, including control group (routine drug therapy), rehabilitation group (drug therapy plus early rehabilitation) and intervention group, (drug therapy, early rehabilitation, ADL training, antidepressant and psychological treatment). Results: The intervention group scored 6.90 +/- 4.22 for the National Institutes of Health Stroke Scale, 74.65 +/- 24.12 for Fugl-Meyer assessment, 81.80 +/- 21.58 for modified Barthel index and 4.75 +/- 0.60 for Hamilton rating scale for depression, which was superior to the rehabilitation and control groups (P < 0.01). Conclusion: The therapy for PSD can promote the recovery of motor function and improve the ADL of PSD patients.

Source: EMBASE

61. Evaluation of rehabilitation on recovery of neural function of post-stroke depression patients at different stages

**Author(s)** Chang W.-G., Liu Y.-P., Du G.-H., Chen H.-G.

**Citation:** Chinese Journal of Clinical Rehabilitation, May 2004, vol./is. 8/13(2406-2407), 1671-5926 (May 2004)

**Publication Date:** May 2004

**Abstract:** Aim: To study the impacts of post-stroke depression (PSD) on the rehabilitation
of neural function in different stages. Methods: Hamilton rating scale for depression (HAMD), NFA, Fugl-Meyer motor assessment (FMA) and Barthel index (BI) were used to assess the effects of clinic treatment and rehabilitation training in 124 cases of patients with stroke. Results: After 3 months and 6 months of clinic treatment, psychotherapy and rehabilitation training, the patients with moderate and severe PSD demonstrated much lower scores in HAMD(20.78 -14.23), NFA(16.80 - 13.82), FMA (34.63 - 38.40) and BI(38.56 - 38.25) as compared with the patients with mild PSD or without PSD(t=2.002 - 10.336, P < 0.05, 0.01). Conclusion: To patients with stroke, PSD has some disadvantageous impacts on the recovery of neural function at different stages.

Source: EMBASE

62. Interventions for preventing depression after stroke.

Author(s) Anderson CS, Hackett ML, House AO

Citation: Cochrane Database of Systematic Reviews, 2004, vol./is. /2(CD003689), 1361-6137;1469-493X (2004)

Publication Date: 2004

Abstract: BACKGROUND: Abnormal mood is an important consequence of stroke and may affect recovery and outcome. However, depression and anxiety are often not detected or inadequately treated. This may in part be due to doubts about whether anti-depressant treatments commenced early after the onset of stroke will prevent depression and improve outcome.OBJECTIVES: To determine if pharmaceutical or psychological interventions can prevent the onset of depression, including depressive illness and abnormal mood, and improve physical and psychological outcomes, in patients with stroke.SEARCH STRATEGY: We searched the Cochrane Stroke Group trials register (June 2003). In addition we searched the following electronic databases: Cochrane Central Register of Controlled Trials (The Cochrane Library, Issue 3, 2002), MEDLINE (1966 to September 2002), EMBASE (1980 to September 2002), CINAHL (1982 to September 2002), PsychINFO (1967 to September 2002), Applied Science and Technology Plus (1986 to September 2002), Arts and Humanities Index (1991 to September 2002), Biological Abstracts (1969 to September 2002), General Science Plus (1994 to September 2002), Science Citation Index (1992 to September 2002), Social Sciences Citation Index (1991 to September 2002), and Sociofile (1974 to September 2002). Reference lists from relevant articles and textbooks were searched, and authors of known studies and pharmaceutical companies who manufacture psychotropic medications were contacted.SELECTION CRITERIA: Randomised and quasi-randomised controlled trials comparing different types of pharmaceutical agents (eg selective serotonin reuptake inhibitors) with placebo, or various forms of psychotherapy against standard care (or attention control), in patients with a recent clinical diagnosis of stroke, where the treatment was undertaken with the explicit intention of preventing depression.DATA COLLECTION AND ANALYSIS: The primary analyses focussed on the proportion of patients who met the standard diagnostic criteria for depression applied in the trials at the end of follow-up. Secondary outcomes included depression or mood scores on standard scales, disability or physical function, death, recurrent stroke, and adverse effects.MAIN RESULTS: Twelve trials involving 1245 participants were included in the review. Data were available for nine trials (11 comparisons) involving different pharmaceutical agents, and three trials of psychotherapy. The time from stroke onset to entry ranged from a few hours to six months, but most patients were recruited within one month of acute stroke. The duration of treatments ranged from two weeks to one year. There was no clear effect of pharmacological therapy on the prevention of depression or on other measures. A significant improvement in mood was evident for psychotherapy, but this treatment effect was small and from a single trial. There was no effect on diagnosed depression.REVIEWERS' CONCLUSIONS: This review identified a small but significant effect of psychotherapy on improving mood, but no effect of either pharmacotherapy or psychotherapy on the prevention of depressive illness, disability, or other outcomes. More evidence is therefore required before any recommendations can be made about the routine use of such treatments to improve recovery after stroke.

Source: Medline

Available in fulltext at Wiley
63. Early Comprehensive-Intervention on Post-Stroke Depression.

**Author(s)** Guang'an, Li, Jinfang, Li, Lixin, Cheng

**Citation:** Chinese Mental Health Journal, January 2004, vol./is. 18/1(15-17), 1000-6729 (Jan 2004)

**Publication Date:** January 2004

**Abstract:** Objective: To investigate therapeutic effects of early onset of comprehensive intervention (psychotherapy plus antidepressant) in treatment of depression after stroke and its effect on functional outcome. Methods: A controlled prospective design was applied in this study of 114 patients with depression after stroke. Several scales were used for functional measure. Results: All cases were observed. 57 patients (study group) received comprehensive therapy and routine treatment of post stroke, 57 patients (control) received routine only. At the 5th week after treatment and 3, 6 or 12 months after stroke, study group were significantly shown more effective than control group by reduction in 17-item Hamilton Depression Rating Scales (HAMD-17)and by increased Barthel Index (BI). The study group had significant differences than control group by reduction in Neurological Functional Deficit Scores (NFDS) at the 5th week after therapy. In all patients' NFDS, there was no difference between study group and control group at 3, 6 or 12 months after stroke. In study group, the effective rate of antidepressant therapy was 100% and the cure rate was 89.5%. These results were significantly better-than the counter parts of control group (12.3% and 3.5% respectively, P<0.001). Conclusions: Early onset of comprehensive intervention has good efficacy in post-stroke depression. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Source:** PsycINFO

Available in print at ULHT journal article requests. Complete the online form to obtain articles.

64. Family function and stroke recovery: a review.

**Author(s)** Palmer S, Glass TA

**Citation:** Rehabilitation Psychology, 01 November 2003, vol./is. 48/4(255-265), 00905550

**Publication Date:** 01 November 2003

**Abstract:** Objective: Literature on family function in stroke rehabilitation is reviewed in 3 areas: the impact of family function on recovery from stroke, the impact of stroke on family function, and psychosocial intervention in stroke. Study Design: Literature review. Results: Family function influences stroke rehabilitation. Family-based interventions are emerging but have not been proven effective. Health system changes have expanded the family's role in stroke care, increasing the need for psychosocial intervention research. Conclusions: Family function appears to influence stroke outcomes; a familysystems perspective promotes understanding of psychosocial outcomes in stroke; research has focused mainly on individual rather than family-systems models; tools to evaluate family process after stroke are inadequate; and more research is needed to develop and test optimal family intervention strategies.

**Source:** CINAHL

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65. Effect of early psychological intervention in rehabilitation of patients with cerebral stroke

**Author(s)** Xia W.-M., Hu Y.-Q.

**Citation:** Chinese Journal of Clinical Rehabilitation, November 2003, vol./is. 7/28(3842-3843), 1671-5926 (November 2003)

**Publication Date:** November 2003
Abstract: Aim: To explore the clinical effect of early psychological intervention in rehabilitation of patients with cerebral stroke during rehabilitation. Methods: Seventy-six cases with cerebral stroke were randomly divided into treated group (n = 38) receiving psychological rehabilitation besides routine treatments for 6 weeks and control group (n = 38) receiving routine treatments only. By the end of the second, fourth and sixth weeks after treatment, the scores of Fugl-Meyer Assessment (FMA), Modified Barthel Index (MBI) and Hamilton depression Scale(HAMD) were compared. Results: By the end of the second, fourth and sixth weeks after treatment, the patients in the treated group got much better scores in FMA (41.4 +/- 9.4 - 70.4 +/- 16.2), MBI (43.7 +/- 13.0 - 66.2 +/- 14.7) and HAMD (12.3 +/- 4.2 - 7.7 +/- 2.6) than those of the control group, and the difference was significant (t = 0.13 - 3.96, P < 0.01 - 0.001). Conclusion: Psychological rehabilitation can promote the rehabilitation of the patients with cerebral stroke and improve their quality of life.

Source: EMBASE

66. Cerebrovascular diseases and depression.

Author(s) Ghoge H, Sharma S, Sonawalla S, Parikh R

Citation: Current Psychiatry Reports, July 2003, vol./is. 5/3(231-8), 1523-3812;1523-3812 (2003 Jul)

Publication Date: July 2003

Abstract: Cerebrovascular diseases constitute a leading health hazard. The association between stroke and depression has been recognized for many years. Depression is the most common psychiatric disorder associated with cerebrovascular diseases, most episodes of post-stroke depression occur in the first 2 years after a cerebrovascular accident. Studies have found an association between lesion location, physical impairment, cognitive impairment, aphasia, and post-stroke depression. The location of the lesion in terms of proximity to the left frontal pole of the brain has a profound impact on the frequency and severity of post-stroke depression. Treatment modalities include pharmacotherapy, psychotherapy, electroconvulsive therapy, and rehabilitation. Understanding the psychologic and physical morbidity of post-stroke depression, as well as its timely, comprehensive treatment, are important for effective management.

Source: Medline

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67. Influence of early psychological intervention on mental health in hemiplegias after stroke

Author(s) Xie S., Zhu M., Cui H., Liu H.

Citation: Chinese Journal of Clinical Rehabilitation, April 2003, vol./is. 7/7(1208-1209), 1671-5926 (April 2003)

Publication Date: April 2003

Abstract: Aim: To observe the influence of psychological intervention on mental health of hemiplegias after stroke. Methods: 82 hemiplegias after stroke were divided into control and intervention groups in certain conditions. Patients in control group received only routine treatment, while patients in intervention group received psychological intervention as well. Symptom Checklist was adopted to measure the mental health of patients. Results: The scores of panic, anxiety, depression and stubborn in intervention group were significantly lower than that in control (P < 0.05 or P <0.01). Conclusion: Early psychological intervention can improve the mental health of hemiplegias after stroke.

Source: EMBASE

68. The effect of psychological intervention combined with amitriptyline on patients with depression after stroke

Author(s) He C.
69. Treatment to Depression After Silent Cerebral Infarction.

Author(s) Chang, Liu, Yu, Zhang

Abstract: Objective: To explore the effective treatment to the depression after silent cerebral infarction (SCI). Methods: Seventy-three patients suffering from depression after SCI were treated for three months with a mono-blind experiment. Results: There was significant difference between the effect of antidepressants and the effect of nonantidepressants (P < 0.01). The effect of antidepressants with psychological intervention and neural medication was best; the points of Hamilton 24 depression scale decreased from 29.10 +/- 2.60 to 7.90 +/- 0.88. Conclusion: The antidepressant with psychological intervention and neural medication should be adopted to the depression after SCI.

Source: PsycINFO Database Record (c) 2012 APA, all rights reserved (journal abstract)

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70. Psychopathology and autobiographical memory in stroke and non-stroke hospitalized patients.

Author(s) Sampson, Mark John, Kinderman, Peter, Watts, Sue, Sembi, Sundeep

Abstract: Psychopathology and autobiographical memory were investigated in a cohort of stroke and non-stroke hospitalized patients. Both these cohorts have been identified as having high levels of psychopathology (Katon and Sullivan 1990; Burvill et al., 1995). Difficulties recalling specific autobiographical memories (overgeneral memory) have been identified as important psychological variables in depression and predictors of outcome (Williams and Scott 1988; Brittlebank et al., 1993). Intrusive autobiographical memories have also been found to be associated with depression and overgeneral memory in depressed women (Kuyken and Brewin, 1995) and depressed cancer patients (Brewin et al., 1998a). This study looked at levels of psychopathology and autobiographical memories in stroke and non-stroke hospital patients. 417 patients were screened, of the 176 eligible 103 agreed to participate (54 stroke and 49 non-stroke). Participants were assessed for overgenerality using the Autobiographical Memory Test and intrusiveness of memories using the Impact of Events Scale. Also assessed were PTSD-like symptoms (PCL-S), mood (HADS, GHQ-28) and cognitive ability (MMSE, verbal fluency, digit span and estimated pre-morbid IQ). No significant differences were found between stroke and non-stroke patients on severity of depression, anxiety, severity of PTSD-like symptoms or autobiographical memories. Backward multivariate regression analyses for combined data (stroke and non-stroke) indicated that overgeneral memory recall, intrusive memories of past events and intrusive memories of illness were significant independent predictors of depression (HADS). Avoidance of intrusive memories and reported childhood distress were not predictors of overgeneral memory recall. Significant predictors of overgeneral memory recall were; Gender, antidepressant medication, and estimated IQ. Significant levels of psychopathology were identified in this cohort. However, there were no significant differences in the levels of depression, anxiety, PTSD symptoms and autobiographical memory between stroke and non-stroke hospitalized patients. Of particular interest was the finding that PTSD-like symptoms did not appear to be influenced by the nature of the
person's illness. In combined data (stroke and non-stroke) autobiographical memories (intrusive images of their illness, intrusive memories of other events and overgeneral memory recall variables) were significant predictors of depression in this cohort. This suggests that psychological intervention of memory processes may be a worthwhile target in psychological intervention for depression in these cohorts. Gender, cognitive impairment, antidepressant medication, and estimated IQ were significant predictors of overgeneral memory recall and further investigation into the validity of these findings are warranted. Suggestions for further research and limitations of the study are also discussed.

Source: CINAHL
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71. Cognitive behavioral psychotherapy for depression following stroke: a randomized controlled trial.

Author(s) Lincoln NB, Flannaghan T
Citation: Stroke (00392499), 01 January 2003, vol./is. 34/1(111-115), 00392499
Publication Date: 01 January 2003
Abstract: BACKGROUND AND PURPOSE: There is inconclusive evidence of the effectiveness of psychological interventions for depression after stroke. We report the results from a randomized controlled trial of cognitive behavioral therapy (CBT).
METHODS: Stroke patients admitted to hospital were invited to complete mood questionnaires 1, 3 and 6 months after stroke. Patients who were depressed were invited to take part in a trial and randomly allocated to receive CBT (n=39), an attention placebo intervention (n=43), or standard care (n=41). Outcome assessments were undertaken at 3 and 6 months after recruitment, on the Beck Depression Inventory, Wakefield Depression Inventory, Extended Activities of Daily Living scale, London Handicap Scale, and a rating of satisfaction with care. RESULTS: There were no significant differences between the groups in patients' mood, independence in instrumental activities of daily living, handicap, or satisfaction with care. CONCLUSIONS: CBT in the treatment of depression following stroke was found to be ineffective in this study. However, because of the small sample size, method of recruitment, and selection criteria, further randomized trials are required.

Source: CINAHL
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Author(s) Barton J, Miller A, Chanter J
Citation: Nursing Times, 04 June 2002, vol./is. 98/23(33-35), 09547762
Publication Date: 04 June 2002
Abstract: Many people find it difficult to come to terms with having had a stroke and the resulting physical disability. This article reports on the setting up and running of psychological therapeutic groups to provide emotional and psychological support to patients about six months after their stroke. A flexible approach has allowed different groups to take different approaches to dealing with individuals' situations. Initial evaluations suggested that the groups help patients in the emotional processing of their experience of stroke and in promoting psychological adjustment to their changed circumstances. Group members have identified other gaps in service provision, such as a need for stroke education, and these gaps have been addressed.
73. Curative effect comparison of mental rehabilitation and drugs therapy in patients with post-stroke depression

Author(s) Min L.-Q., Li X., Zhang H.-M.

Citation: Chinese Journal of Clinical Rehabilitation, April 2002, vol./is. 6/7(945-946), 1671-5926 (April 2002)

Publication Date: April 2002

Abstract: Objective: To investigate the incidence rate and to evaluate the effect of mental rehabilitation in patients with post-stroke depression (PSD). Methods: First, by Hamilton depression scale, to fulfill investigation of the incidence rate of PSD, then perform appropriate antidepressant drugs and psychological rehabilitation therapy. Results: The incidence rate of post-stroke depression was 62.75%. The antidepressant drugs therapy had quickly curative effect and there was slight side-effect. Psychological rehabilitation therapy had relatively slower curative effect and no side-effect, and long-term therapy. Conclusions: The psychological rehabilitation therapy is a new safe treatment method that has curative effect and reliable in treating stroke as well as PSD. It has very important application value.

Source: EMBASE

Some additional results:

1. Stroke: Prevention and management

Author(s) Tyrrell P.

Citation: Clinical Therapeutics, April 2012, vol./is. 34/4 SUPPL. 1(e17), 0149-2918 (April 2012)

Publication Date: April 2012

Abstract: Stroke is the third most common cause of death and the most common cause of adult neurologic disability in the Western world. It can have devastating effects on patients and their families. It is increasingly recognized as a potentially preventable and treatable disease, and over the past decade there have been very significant changes in service provision and treatment, with improvement in outcomes. Primary prevention of stroke does not differ from the prevention of vascular disease in general. Encouragement of a healthy lifestyle (avoidance of smoking, increased exercise, and a healthy diet), together with blood pressure management, detection, management of diabetes and dyslipidemia, and detection and management of atrial fibrillation, are the cornerstones of stroke prevention, both primary and secondary. Immediate recognition and management of transient ischemic attack (TIA), including early detection of symptomatic carotid stenosis and appropriate intervention (eg, carotid endarterectomy), reduces subsequent stroke risk. In the United Kingdom, daily TIA clinics have improved the speed with which patients are assessed and treated. When a stroke occurs, very rapid treatment is likely to improve outcome significantly. Around 10% to 15% of strokes are due to primary intracerebral hemorrhage, while most are secondary to ischemia. Secondary excitotoxic and inflammatory processes rapidly damage tissue, so that the early treatment is essential ("time is brain"). Thrombolysis with tissue plasminogen activator given within 4.5 hours of symptom onset (following computed tomography to rule out hemorrhage) reduces subsequent disability. There is currently no available neuroprotective treatment, but early admission to a stroke unit and early aspirin administration reduce the risks for death and dependency. There is
some evidence of benefit of hemicraniectomy for people with "malignant middle cerebral artery infarction" and of intra-arterial interventions including thrombectomy for selected patients. Treatment of intracerebral hemorrhage is unsatisfactory, with a high mortality rate. There is equipoise about the benefit of surgery in these patients, and apart from rapid reversal of anticoagulation, treatment is generally supportive. Many patients are left with significant disability following a stroke, and early mobilization and appropriate positioning, together with early therapy interventions, can improve outcome. Patients benefit from early supported discharge programs and need continued support, particularly psychological and social support-sometimes lifelong. There is good evidence that care in a stroke unit and follow-up by an experienced multidisciplinary team can have a significant effect on whether a patient is able to return to a normal life following a stroke. Secondary prevention of further stroke is a vital part of poststroke management.

Source: EMBASE

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2. Implementation of psychological therapies for anxiety and depression in routine practice: Two year prospective cohort study

Author(s) Richards D.A., Borglin G.

Citation: Journal of Affective Disorders, September 2011, vol./is. 133/1-2(51-60), 0165-0327;1573-2517 (September 2011)

Publication Date: September 2011

Abstract: Introduction: Worldwide, health systems are improving access to empirically supported psychological therapies for anxiety and depression. Evaluations of this effort are limited by the cross sectional nature of studies, short implementation periods, poor data completeness rates and lack of clinically significant and reliable change metrics. Objective: Assess the impact of implementing stepped care empirically supported psychological therapies by measuring the prospective outcomes of patients referred over a two year period to one Improving Access to Psychological Therapies service in the UK. Method: We collected demographic, therapeutic and outcome data on depression (PHQ-9) and anxiety (GAD-7) from 7859 consecutive patients for 24 months between 1st July 2006 and 31st August 2008, following up these patients for a further one year. Results: 4183 patients (53%) received two or more treatment sessions. Uncontrolled effect sizes for depression were 1.07 (95% CI: 0.88 to 1.29) and for anxiety was 1.04 (0.88 to 1.23). 55.4% of treated patients met reliable improvement or reliable and clinically significant change criteria for depression, 54.7% for anxiety. Patients received a mean of 5.5 sessions over 3.5 h, mainly low-intensity CBT and phone based case management. Attrition was high with 47% of referrals either not attending for an assessment or receiving an assessment only. Conclusions: Recovery rates for patients receiving stepped care empirically supported treatments for anxiety and depression in routine practice are 40 to 46%. Only half of all patients referred go on to receive treatment. Further work is needed to improve routine engagement of patients with anxiety and depression. 2011 Elsevier B.V. All rights reserved.

Source: EMBASE

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3. Improving psychological support after stroke in Dorset

Author(s) Leonard S., Varley S., Day S., Goeting N.L.M., Lough S., Persey H., Waller A.

Citation: International Journal of Stroke, December 2011, vol./is. 6/(29), 1747-4930 (December 2011)

Publication Date: December 2011

Abstract: Introduction: To promote collaborative working, enabling delivery of psychological support to stroke patients/carers within existing resources, aligned with QM 13 of the National Stroke Strategy and the ASI Programme. Method: NHSmental and physical health teams, adult services, The Stroke Association and stroke survivors/carers...
agreed an evidence based pathway for psychological support following stroke. Training needs analysis informed the development of training for staff in the pilot area including: Registered staff: Identifying signs of anxiety/depression, providing low level psychological support, referring to specialist mental health services for persistent sub-threshold/moderate anxiety/depression. Primary care mental health staff: managing communication issues (aphasia), supporting psychological issues after stroke. Patients/carers worked with teams to develop resource packs to support care. Results: Increased knowledge and skills in: normal adjustment processes, psychological issues following stroke, coping, health and functioning, screening for anxiety/depression using formal tools, possible cognitive deficits after stroke: how to screen, distress and coping, supporting distressed service users, referring for formal/intensive input, improving coping/wellbeing after stroke. Conclusion: Rehabilitation staff are better placed to screen for psychological issues after stroke in the community. They can provide low level support for psychological issues ensuring integrated, holistic care. Primary care mental health teams are better equipped to support stroke survivors (including mild aphasia) and carers needing more specialist input, referring those with complex needs to clinical neuropsychology.

Source: EMBASE

Available in print at ULHT journal article requests. Complete the online form to obtain articles.

4. Management of stroke: A clinical approach

Author(s) Prasad K., Kumar A.

Citation: Journal of the Indian Medical Association, June 2009, vol./is. 107/6(392-399), 0019-5847 (June 2009)

Publication Date: June 2009

Abstract: Stroke is defined as rapidly developing symptoms or signs of loss of cerebral function with no apparent cause other than vascular origin. The issues to be addressed when making diagnosis of stroke are: (1) Is it a stroke? (2) What pathological type of stroke? (3) Where is the lesion? (4) What caused it? Differential diagnosis of stroke is chronic subdural haematoma, brain tumour, hypoglycaemic, metabolic encephalopathies, postictal neurological deficit and functional. CT or MRI is important investigation while dealing with a stroke patient. In treating acute stroke one has to go through the objectives eg, optimising the patient's chance of survival, minimising the risk and degree of disability and preventing recurrence. One has to think of genera care required in management of stroke. Control of blood pressure and blood sugar is important. Specific treatment includes aspirin, t-PA, low molecular weight heparin, calcium antagonists though some reservation persists over efficacy. Psychological support, cognitive impairment, motor and sensory impairment are to be addressed. Functional rehabilitation interventions, log-term management and secondary prevention are to be cared for.

Source: EMBASE

Available in print at ULHT journal article requests. Complete the online form to obtain articles.


Author(s) Pancrazi MP, Metais P

Citation: Presse Medicale, May 2005, vol./is. 34/9(667-72), 0755-4982;0755-4982 (2005 May 14)

Publication Date: May 2005

Abstract: When psychological and behavioral disorders of Alzheimer's disease appear suddenly, somatic, iatrogenic and reactive or relational psychological causes must be ruled out or treated before concluding that the cause is lesional. Non-pharmacological interventions should be privileged for the prevention and management of behavioral manifestations of mild to moderate intensity: psychological support of the patient (short
therapies), training the caregiver, work on daily habits, reorganization of the home, behavioral measures against apathy and especially agitation, rehabilitation strategies, and therapy involving music, light, aromas, etc. Pharmacological therapies are only moderately effective in these disorders. They must be targeted and follow a sequence of prescription that maximizes tolerance and distinguishes treatment of acute and chronic states. Anticholinesterase agents may be useful in this domain to prevent or ease some symptoms (especially apathy). The efficacy of memantine must be confirmed by additional data. Some selective serotonin reuptake inhibitors agents may be useful not only in depression but also anxiety, emotional disturbances, irritability and compulsiveness. Atypical neuroleptics are better tolerated than the classic ones. They are most effective in this context but must be reserved for specific indications and limited in time because of the increased risk of stroke. Other psychotropics (benzodiazepines, carbamates, antiepileptics) should be used cautiously in this context.

Source: Medline

Available in print at ULHT journal article requests. Complete the online form to obtain articles.


Author(s) Lai JC, Woo J, Hui E, Chan WM


Publication Date: 2004

Abstract: Community resources for stroke clients are underdeveloped in Hong Kong and stroke survivors often face difficulties in community reintegration. We have examined the feasibility of using videoconferencing for community-based stroke rehabilitation. The sample comprised 21 stroke patients living at home. All the subjects participated in an eight-week intervention programme at a community centre for seniors. The intervention, which comprised educational talks, exercise and psychosocial support, was conducted by a physiotherapist via a videoconference link. The Berg Balance Scale (BBS), State Self-Esteem Scale (SSES), Medical Outcomes Study 36-item Short Form (SF-36) and a stroke knowledge test were administered at the start and end of the programme. In addition, at the start of the study the Geriatric Depression Scale 15-item Short Form, the Elderly Mobility Scale and the Lawton Instrumental Activities of Daily Living Scale were used to assess subjects' baseline status, and a focus group was also held at the end of the programme to gather qualitative findings. Nineteen subjects completed the eight-week intervention. The baseline functional status was high, although 52% had symptoms of depression. After the intervention, there were significant improvements in BBS, SSES and knowledge test scores and scores on all subscales of the SF-36. All the subjects accepted the use of videoconferencing for delivery of the intervention. The pilot study demonstrated the feasibility, efficacy and high level of acceptance of telerehabilitation for community-dwelling stroke clients.

Source: Medline

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Effects of Psychological Intervention on Post-stroke Depression and Neurological Rehabilitation in the Elderly [J]


Objective To explore the effects of psychological intervention on post-stroke depression and neurological rehabilitation in the elderly. Methods One hundred and twenty cases of post-stroke depression were divided into 3 groups: observation group (n= 40) were
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