Prevalence of post-stroke depressive symptoms in elderly patients in acute, rehabilitation and community setting
Cheng JN (1)
(1) Department of Medicine and Geriatrics, Caritas Medical Centre, Hong Kong

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Introduction
Post-stroke depression is common. Early detection for timely intervention is crucial to prevent adverse outcomes. We believe routine screening of depressive symptoms in post-stroke patients can increase the detection of this important diagnosis.

Objectives
To study if routine screening can improve detection of post-stroke depressive symptoms in the hospital. To compare the prevalence of depressive symptoms in elderly patients with recent stroke in acute, rehabilitation and community setting and the risks factors of such symptoms

Methodology
It was a case-control study conducted in a single centre from May, 2012 to August, 2012. Elderly patients aged 65 years or older with recent stroke who were admitted to the acute, rehabilitation wards, and those from the community who attended the Geriatrics Day Hospital were recruited. Geriatrics Depression Scale (GDS) was employed to screen for the depressive symptoms in all recruited patients. Those screened likely to have depression (with GDS >8, Boey & Chiu) were referred to psychiatrists or clinical psychologists for further evaluations and interventions.

Result
There were in total 66 patients recruited in the study. The mean GDS score of all participants was 4.76, while the mean GDS score in acute ward was 4.51, in rehabilitation ward was 5.14 and in the geriatric day hospital was 4.71. 13 (19.7%) participants were found to have GDS score >8. 8 of them were in acute ward, 4 were in the rehabilitation ward and 1 was in the geriatric day hospital. After assessment by the psychiatrists, 6 of them were diagnosed to have adjustment disorder, 1 of them was diagnosed to have dysthymia, 2 of them were diagnosed to have depression. Among the 13 patients with GDS >8, only 1 of them had the depressive symptoms alerted by attending physicians or nursing staff before the screening. Post-stroke depressive symptoms are common in elderly and they are easily missed without routine screening. The inclusion of psychological assessment with appropriate follow
up for post-stroke patients are recommended.