POST-STROKE DEPRESSION: A CASE REPORT AND A REVIEW

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Albuquerque M.¹, Esteves –Sousa D.¹, Espada-Santos P.¹, Silva-Costa M.¹, Facucho-Oliveira J.¹, Peta J.² Cintra P.¹, Tropa J.¹

1. Department of Psychiatry and Mental Health, Hospital de Cascais

2. Department of Psychiatry, Centro Hospitalar Psiquiátrico de Lisboa

BACKGROUND

Portugal is the western European country with more deaths from stroke. Depression is both consequence and risk factor for stroke. Approximately one third of the survivals present symptoms of depression¹, with an increased risk in mortality (short and long-term) including by suicide². Besides, it has a major impact in functional outcome and recovery^{3,4}. The high prevalence of both disorders make their association a social and public health problem.

We aim to present a case of a 62-year-old woman, admitted to Mental Health Department of Hospital de Cascais after a suicidal attempt (2019) by setting her house on fire. The patient has developed a depressive episode after a stroke, a year before (2017). After we will review the literature concerning the mechanisms and treatment of post stroke depression with a special emphasis on the antidepressant of choice in this case.

METHODS

Patient assessed at Hospital de Cascais and clinical data from the hospital informatics system and subsequent non-systematic review of the literature on the topic available in scientific databases: pubmed, science direct and google scholar. Articles in English, Portuguese and Spanish in a total of 12.

CONCLUSIONS

The pathophysiology of post stroke depression is probably multifactorial, involving multiple neurobiological dysfunctions induced by the psychosocial stress. These complex mechanisms make prevention and treatment a difficult task. In the future, more developments concerning the pathophysiology may elucidate the mechanisms of the disease, improving prevention and treatment options.

O.M., female, 61 y-o

Hospitalized in the beginning of 2018 due to an ischemic stroke. After being discharged, the patient developed a depressive episode. In June 2018, she was observed in a consultation of Psychiatry and prescribed with venlafaxine and quetiapine. By the end of 2018 the symptomatology worsened and at the beginning of 2019 the patient was admitted to the emergency room with burnings all over the body. She set fire to her house “because all the previous attempts to die were unsuccessful and this seemed more lethal”. She was hospitalized and a switch to sertraline was made. After three weeks she was discharged.

RESULTS

Stroke is simultaneously risk factor and consequence for depression^{5,6}. It is not common practice to evaluate the mental state after stroke⁷. And it is not know which is the best tool to evaluate depressive symptoms (since cognitive and somatic symptoms of stroke could interfere)⁷. The treatment of post-stroke depression is mainly pharmacological however, the ideal antidepressant or the duration of treatment is not clear (possibly 4-6 months)^{8,9}. The prophylaxis is not recommended⁸. The selective serotonin reuptake inhibitors (SSRIs) seem to have a pleiotropic effect making them the best pharmacological choice⁶. Vortioxetine can be a good choice for the effects in cognition, apart from the effects in depressive symptoms^{6,10}.

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