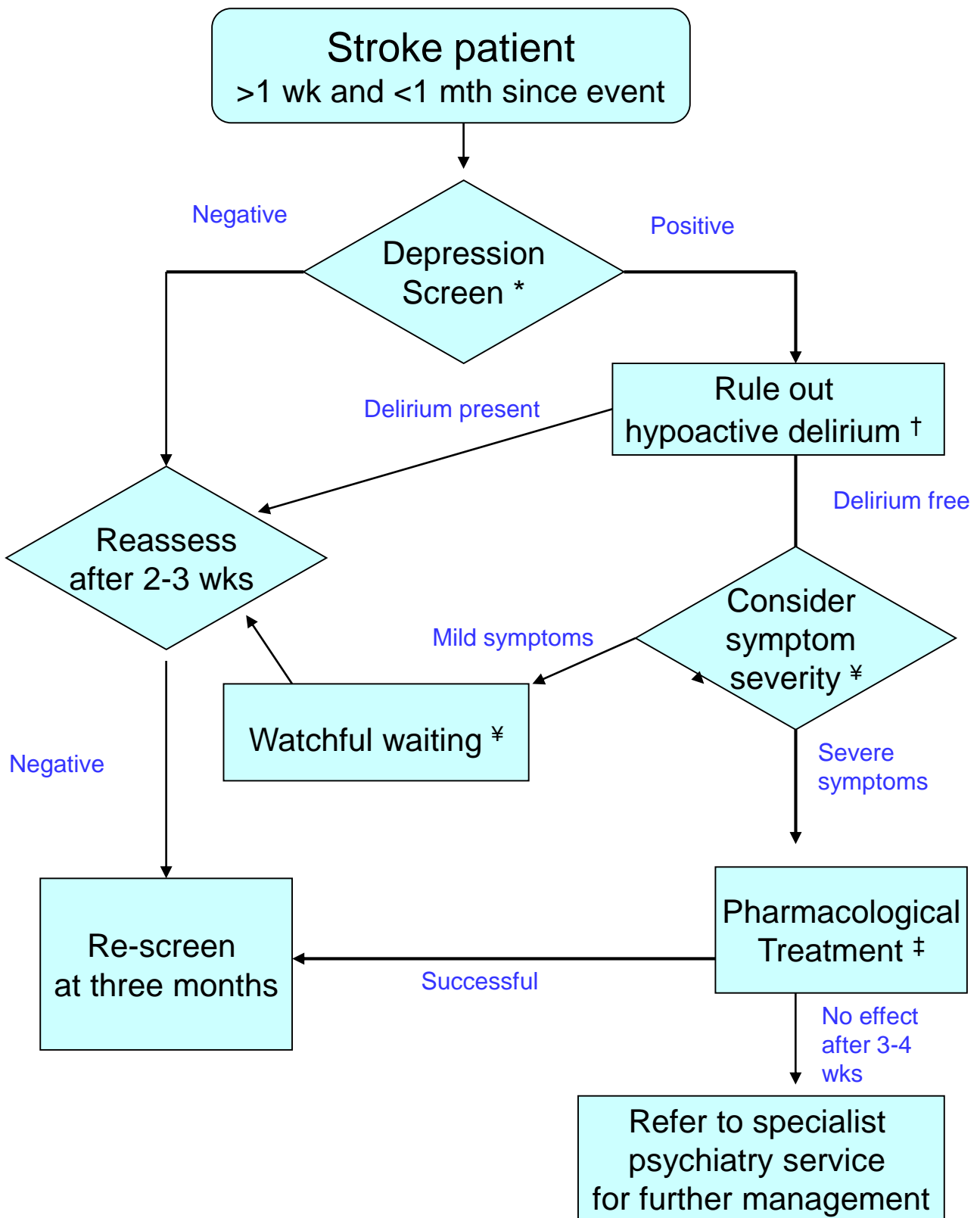


# Management of Post-stroke Depression. Care Pathway



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\* A number of depression scales have been found to be useful in stroke patients including the Geriatric depression scale (GDS), the Hospital Anxiety and Depression Scale (HADS), the Beck depression Inventory (BDI) and the Hamilton Depression rating Scale (HAMD). The Aphasic Depression Rating Scale may be useful for patients with language disorders.

† Hypoactive delirium is often mistaken for depression as it is frequently associated with psychomotor retardation and emotional distress. It should be considered if the patient presents with a sudden change in mood and behaviour with fluctuating cognition and prominent attentional deficits.

¥ Psychological interventions should be considered for all patients who have screened positive for depression i.e. at any level of symptom severity. Psychological interventions may reduce both psychological distress and incident depression post stroke. Structured psychotherapeutic interventions should be considered as an adjunct to pharmacotherapy in more severe cases.

‡ There are few head-to head comparisons of antidepressants following stroke. Anti-depressant therapy should be tailored to the individual's symptom profile. Care should be taken with the choice of antidepressant for individuals on numerous medications particularly when prescribing for those on warfarin therapy.

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