



Psychological effects

Memory and thinking

A Stroke does not affect all aspects of the brain equally. Neither does it affect all aspects of memory and thinking. Depending on the part of the brain that has been damaged, the severity and recency of the Stroke, varying problems with memory and thinking occur. Many people affected by Stroke find their ability to remember day-to-day events, people's names, or even faces, is not as good as previously. It may be difficult to follow instructions, or find one's way around new places. It is important to allow time to re-learn these things. Notes, prompts or other devices can assist. Others may find solving simple problems, reasoning through a task or organising themselves difficult, needing extra supervision and guidance. Management of home affairs such as budgeting, handling new equipment or organising a meal may require assistance.

Personality

Changes in personality following a Stroke are rare but often may be very disturbing to the family. Personality is the unique combination of an individual's thoughts, feelings and reactions toward themselves, others and their environment. After a Stroke, some may not seem the same person as before. The way in which they think, feel and react may be altered. Family and relatives need to understand the new and puzzling changes. Problems and activities, once tackled easily, may be difficult or impossible, while other tasks are unaffected. People may become confused, self-centred, uncooperative and irritable, and may have rapid changes in mood. They may not be able to adjust easily to anything new and may become anxious, annoyed or tearful over seemingly small matters.

Emotions

Loss of control over emotional expressions such as laughter or crying is called emotional lability. Physical changes within the brain itself can temporarily interfere with or destroy the normal controls over emotions. A person affected by Stroke may laugh or cry uncontrollably for no apparent reason and be unable to stop. Family and friends sometimes misinterpret the laughter or tears and attempt to scold or console them accordingly. Being able to understand that this is a result of the Stroke and offer support in these situations is the key.

A person affected by Stroke may experience decreased motivation and impaired ability to initiate an activity. These issues are a direct result of changes within the brain.

PLEASE TURN OVER



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With mild motivation problems, the person appears apathetic but carries out normal activities quite adequately, particularly familiar activities. In more severe cases, some people do little beyond simple self-care tasks, and to the observer, may appear disinterested. This is not the case, but simply a side effect of Stroke. Gentle guidance, prompting, support and encouragement will assist.

Depression

Depression often occurs in people who have had a Stroke. They mourn the loss of their previous self. They may have many fears, uncertainties and altered feelings about themselves, as well as experience losses in social activity, ponder questions about future prospects, financial security and returning to work. The person may see little purpose in living and express thoughts of death.

In situations such as these, depression may become an obstacle to rehabilitation. The person needs reassurance, time and understanding. People who talk of dying may be signalling for assistance, for someone to listen and share their problems.

Depression may be treated with medication and/or psychological counselling. There are varying degrees of depression and initial recognition that depression has developed is an important step. Depression is a highly under-recognised side effect of Stroke and it is necessary to persist until the condition is correctly diagnosed and treated.

According to a report in *Stroke, Journal of the American Heart Association*, "Because many Stroke patients are in the same age group in which Alzheimer's disease is prevalent, medical professionals can't always be sure of the causes of dementia. Robert G. Robinson, MD of the Department of Psychiatry at the University of Iowa, says, "The symptoms of dementia due to Stroke or Alzheimer's disease are similar. The difference is that, in Alzheimer's disease, the condition is progressive, but, in Stroke patients, the symptoms are at their worst at the time of the Stroke and then tend to improve somewhat."

"The situation is complicated by the fact that depression is often considered a 'natural' part of a person's post-Stroke condition and in many cases goes untreated. Our findings provide another compelling reason to evaluate all Stroke patients for depression and to treat depression aggressively when it's found" Robinson says. (For more details see the 'Depression after Stroke' information sheet).