Having a stroke can result in many changes. On a physical level, it can lead to people finding it difficult to move and swallow. Having a stroke can also cause stress, worry and sadness, and affect the way in which people think and feel. There is a strong link between depression, anxiety and stroke.

It can sometimes be difficult to know whether people are feeling down because of all the changes in their lives, or if they have symptoms of anxiety and depression, or both. A doctor will be able to help you decide whether treatment is needed and if so, which types are likely to be suitable. It is important to seek help as soon as possible – anxiety and depression are both common and treatable.

What is a stroke?
A stroke occurs when blood flow to the brain is interrupted. Blood contains oxygen and nutrients that are important for brain cells to function properly.

In a haemorrhagic stroke, the wall of the blood vessel bursts, allowing blood to leak into the brain. This stops the delivery of oxygen to the brain, causing cells to die. About 15 per cent of all strokes are a haemorrhagic stroke.

An ischemic stroke is more common. In this case, a clot blocks a blood vessel that is either too small for it to pass through, or where fat build up has narrowed it. This deprives the nearby tissue of oxygen causing cells to die.

What is anxiety?
Anxiety is more than just feeling stressed or worried. Anxious feelings are a normal reaction to a situation where a person feels under pressure and usually pass once the stressful situation has passed, or ‘stressor’ is removed.

However, for some people these anxious feelings happen for no apparent reason or continue after the stressful event has passed. For a person experiencing anxiety, anxious feelings cannot be brought under control easily. Anxiety can be a serious condition that makes it hard for a person to cope with daily life.

There are many types of anxiety and many people with anxiety experience symptoms of more than one type.

Living with stroke is one of many things – such as a family history of mental health conditions, stressful life events and personality factors – that may trigger anxiety. The combination of chronic physical illness, lost educational or employment opportunities and financial worries can lead to the development of anxiety.

Anxiety is common and the sooner a person gets help, the sooner they can recover.

Signs of anxiety
The symptoms of anxiety can often develop gradually over time. Given that we all experience some anxiety, it can be hard to know how much is too much. In order to be diagnosed with an anxiety condition, it must have a disabling impact on the person’s life.

Anxiety can be expressed in different ways such as uncontrollable worry, intense fear (phobias or panic attacks), upsetting dreams or flashbacks of a traumatic event.

Some common symptoms of anxiety include:

• hot and cold flushes
• racing heart
• tightening of the chest
• snowballing worries
• obsessive thinking and compulsive behaviour.

There are effective treatments available for anxiety. For more information on anxiety and treatments see the beyondblue Understanding anxiety fact sheet or visit the beyondblue website www.beyondblue.org.au/anxiety

“I lost everything and I knew that it was going to be very difficult... It was like my mind was in a bit of a fog. Everything that I did, the amount of effort it took my brain to work out... I was getting so frustrated and unable to deal with my emotions.”

– Tracey, 44 at the time of her stroke
What is depression?

While we all feel sad, moody or low from time to time, some people experience these feelings intensely, for long periods of time (weeks, months or even years) and sometimes without any apparent reason. Depression is more than just a low mood – it’s a serious condition that has an impact on both physical and mental health.

Depression affects how a person feels about themselves. A person may lose interest in work, hobbies and doing things he or she normally enjoys. Some people may lack energy, have difficulty sleeping or sleep more than usual, while some people feel anxious or irritable and find it hard to concentrate.

The good news is, just like a physical illness, depression is treatable and effective treatments are available.

“I was terribly cranky and very depressed and that manifested itself by total lack of interest in everything and a feeling of incredible sadness. I didn’t realise it was so deep. You find yourself curled up on the bed in a ball and total lack of motivation and total sadness inside. That’s what made me think perhaps I should see someone.”

– Don, 55 at the time of his stroke

Signs of depression

A person may be depressed if he or she has felt sad, down or miserable most of the time for more than two weeks and/or has lost interest or pleasure in usual activities, and has also experienced some of the signs and symptoms on the following list.

It’s important to note that everyone experiences some of these symptoms from time to time and it may not necessarily mean a person is depressed. Equally, not every person who is experiencing depression will have all of these symptoms.

The symptoms will not provide a diagnosis – for that you need to see a health professional – but they can be used as a guide.

Some common symptoms of depression include:

- not going out anymore, loss of interest in enjoyable activities
- withdrawing from close family and friends
- being unable to concentrate and not getting things done at work or school
- feeling overwhelmed, indecisive and lacking in confidence
- increased alcohol and drug use
- loss or change of appetite and significant weight loss or gain
- trouble getting to sleep, staying asleep and being tired during the day
- feeling worthless, helpless and guilty
- increased irritability, frustration and moodiness
- feeling unhappy, sad or miserable most of the time
- thoughts such as, “I’m a failure”, “Life’s not worth living”, “People would be better off without me”.

As with anxiety, there are effective treatments available for depression. For more information on depression and treatments see beyondblue’s Anxiety and depression: An information booklet or visit www.beyondblue.org.au/depression

“It’s not a matter of going back to my normal self because that just won’t happen, but once you accept it, you’re much happier and you can then make a new life for your own.”

– Emma, 24 at the time of her stroke

What are the links between anxiety, depression and stroke?

Research indicates that there is a link between anxiety, depression and stroke. More than 3 million people in Australia are living with depression or anxiety. One in five women and one in eight men will experience depression at some time in their life.
and on average one in four people will experience anxiety.¹

Up to one-third of people who have a stroke will experience depression afterwards.² This is more common in the first year after the stroke. Around 20 per cent of people will develop anxiety, most commonly in the first three to four months after the stroke.³

- Having a stroke can result in a loss of relationships, independence, work and income, mobility and flexibility. These losses are risk factors for developing anxiety and depression.
- Stroke has an impact on carers, family members and friends who can also be at risk of developing anxiety and depression.
- Anxiety and depression can often go unrecognised and undiagnosed in people who have had a stroke because the conditions have many symptoms in common, such as problems with memory, difficulty controlling emotions, tiredness and being moody.
- Strokes often occur in older people and depression may be dismissed as being a normal part of ageing. It’s important to note that depression is not a normal part of ageing and that effective treatments are available.
- Anxiety and depression can make it hard for people to manage the treatment for their stroke effectively. People with untreated mental health problems can find it difficult to concentrate, stay motivated, keep appointments and stick to treatment plans, including medication.

“I thought it [depression] was just sadness and part of the stroke. When you go to the doctor and mention something strange happening to you after a stroke, they say ‘Oh well that’s just a by-product of the stroke’. I got used to people saying ‘that’s a by-product of the stroke’.” – Don

“I just felt so trapped. I felt really demeaned and isolated and forgotten. I felt very lost because I couldn’t go backwards to my old job and my old life, but there was nothing to go forward to. I think it took me about a year of grieving before I could feel that it [stroke] does happen to young people.” – Emma

Depression and aphasia

Stroke can result in brain changes such as aphasia [also known as dysphasia], which causes difficulty with understanding, finding words and communicating. Between 25 per cent and 40 per cent of people get aphasia as part of a stroke.⁴ Depression is very common in people who experience aphasia as a result of a stroke, as they have additional stresses.

When people have aphasia as part of their stroke, they find it more difficult to explain their symptoms, talk about what has happened and describe how they feel.

Aphasia can also disrupt work, social and family life. Difficulty talking and understanding can mean changes in employment, having to take on different roles in the family and losing touch with friends. All these changes can put people at greater risk of depression.

More information and useful resources are available from the Australian Aphasia Association www.aphasia.org.au

“I would suggest to people not to just sit down and feel sorry for themselves as I used to. I read a lot now and I walk a lot and I believe walking is the answer to a lot of problems.” – Don

What are the treatments for anxiety and depression?

Managing anxiety and depression can improve wellbeing and quality of life. People with anxiety and/or depression can find it difficult to take the first step in seeking help. They may need the support of family, friends and a health professional.

There is no one proven way that people recover from anxiety or depression and it’s different for everybody. However, there is a range of effective treatments and health professionals who can help people on the road to recovery. There are also many things that people with anxiety and depression can do to help themselves to recover and stay well.

The important thing is finding the right treatment and the right health professional that works for you.

Different types of anxiety and depression require different types of treatment. This may include rehabilitation exercises where possible and lifestyle changes for preventing and treating mild anxiety or depression, through to psychological and medical treatment for more severe conditions. Often, a combination of treatments is most useful and treatment will depend on the severity of the anxiety or depression and stroke.

Getting the best treatment for stroke and anxiety and/or depression involves a coordinated approach that monitors both the symptoms of stroke and anxiety or depression, including using a stroke-recovery management plan. It may be a case of trial and error before the most suitable treatment is found. The success of a particular treatment may vary between individuals. It’s a good idea to talk to a doctor or mental health professional to help work out what is the best approach for you.

Psychological treatments

Psychological therapies may not only help with recovery, but can also help prevent a recurrence of anxiety or depression. These therapies help build skills in coping with stressful life circumstances and can be provided by a psychologist, psychiatrist or other trained health professional.

- Cognitive behaviour therapy (CBT) is an effective treatment for people with anxiety and depression. It teaches people to evaluate their thinking about common difficulties, helping them to change their...
thought patterns and the way they react to certain situations.

- **Interpersonal therapy (IPT)** is also effective for treating depression and some types of anxiety. It helps people find new ways to get along with others and to resolve losses, changes and conflict in relationships.

Sometimes, people who have had a stroke can have difficulty talking or communicating. In such instances, psychological therapies such as CBT and IPT may prove challenging. Depending on the effects of the stroke, the health professional should be able to tailor treatment to a person’s particular needs.

**Medication**

**Antidepressant medication**, alongside psychological therapies, can also play a role in the treatment of moderate to severe depression and some anxiety conditions. Making a decision about which antidepressant is best for a person can be complex. The decision will be made in consultation with a doctor, after careful assessment and consideration. The doctor should discuss differences in effects and possible side-effects of medications and review any current medication for the treatment of stroke, including over-the-counter medications and herbal or natural remedies. Stopping antidepressant medication should only be done gradually, with a doctor’s recommendation and under supervision.

A doctor or treating health professional will take into account several factors when suggesting the most suitable treatment. Regular contact with and ongoing assessment by a doctor to check that treatments are working effectively is an important part of becoming and staying well. Most people taking medication will also benefit from psychological therapies, which will reduce the likelihood of relapse after the person has stopped taking the medication.

“I rejected counselling early on because I was maybe younger and foolish – I always thought I could do things by myself. It took me over 10 years before I would admit that I needed help. (The nurse) said ‘Now when you go home, I don’t want you saying to people my husband has suffered a stroke. You say we have suffered a stroke’. It’s not just the person who’s ill, it affects everybody.”

– Lucy, Don’s wife

**Who can assist?**

A **General Practitioner (GP)** is a good first step to discuss your concerns. A good GP can:

- make a diagnosis
- check for any physical health problem or medication that may be contributing to the condition
- discuss available treatments
- work with the person to draw up a Mental Health Treatment Plan so he or she can get a Medicare rebate for psychological treatment
- provide brief counselling or, in some cases, psychological therapies
- prescribe medication
- refer a person to a mental health specialist such as a psychologist, social worker or psychiatrist.

It is recommended that people consult their regular GP or another GP in the same clinic, as medical information is shared within a practice.

**Psychologists** are health professionals who provide psychological therapies such as cognitive behaviour therapy (CBT) and interpersonal therapy (IPT). Psychologists are not doctors and cannot prescribe medication in Australia.

**Psychiatrists** are doctors who specialise in mental health. They can make medical and psychiatric assessments, conduct medical tests, provide therapy and prescribe medication. Psychiatrists often use psychological treatments such as CBT, IPT and/or medication. If the condition requires hospital admission, a psychiatrist will be in charge of the person’s treatment.

**Mental health nurses** are specially trained to care for people with mental health conditions. They work with psychiatrists and GPs to review a person’s mental health, monitor medication and provide information about mental health conditions and treatment. Some have training in psychological therapies.

**Social workers in mental health** are specially trained to work with people who are experiencing difficulties in life. Social workers can help people find ways to manage more effectively some of the situations that trigger these conditions such as family issues, financial problems, work stress and living arrangements. Mental health social workers can also provide focused psychological self-help strategies.

**Occupational therapists in mental health** help people who, because of a mental health condition, have difficulty participating in normal, everyday activities. Mental health occupational therapists also provide focused psychological self-help strategies.
Aboriginal and Torres Strait Islander mental health workers understand the mental health issues of Indigenous people and what is needed to provide culturally safe and accessible services. Some may have undertaken training in mental health and psychological therapies. Support provided by Aboriginal and Torres Strait Islander mental health workers might include, but is not limited to, case management, screening, assessment, referrals, transport to and attendance at specialist appointments, education, improving access to mainstream services, advocacy, counselling, support for family and acute distress response.

The cost of treatment from a mental health professional varies. However, in the same way that people can get a Medicare rebate when they see a doctor, they can also get part or all of the consultation fee subsidised when they see a mental health professional for treatment of anxiety or depression. For more information see beyondblue’s Getting help – How much does it cost? fact sheet at www.beyondblue.org.au/resources

To find a mental health practitioner in your area, visit www.beyondblue.org.au/find-a-professional or call the beyondblue support service on 1300 22 4636.

**Helpful strategies and tips**

Mental health conditions can slow down the process of recovering from a stroke. It’s important to be aware of the signs of anxiety and depression and to seek help if you think you may need it. Effective treatments are available and recovery is possible. If you suspect that you or someone you know has anxiety and depression, these tips may help.

- If you have had a stroke, be kind to yourself. Think about how you have faced previous stressful situations in your life and what helped you cope (and what didn’t).
- Learn as much about depression, anxiety, stroke and its management as you can and get support and encouragement from friends and family.
- Speak to your doctor about your concerns and go to a doctor for regular check-ups. You may find it helpful to take a family member or friend with you.
- A sudden stroke is life altering and feelings of sadness and loss are common. If you are having trouble adjusting and/or have aphasia, you may find it helpful to be with other people in the same situation so you can learn from them and share your experiences.
- Ask about joining a stroke rehabilitation program, where you can learn more about risk factors, medications and lifestyle changes. Learning to start exercising again safely and staying active will help you to feel better both physically and mentally.
- Avoid becoming isolated. Try to become involved in support groups and social activities.
- Eat well, including a wide variety of nutritious foods, and achieve and maintain a healthy weight. You can find more tips about staying well at www.beyondblue.org.au/staying-well

Remember that, like stroke, depression and anxiety can be treated. Following your doctor’s advice about medications and lifestyle will help you to manage both conditions. It’s important to seek help early – the sooner the better.

"The best thing that happened to me post-stroke was going to the Stroke Foundation’s stroke awareness groups. It makes you aware that you’re not the only person who feels as you do.”

– Don

"To ensure that I stayed emotionally on track, I found it was really important being around people, being around my friends so I didn’t feel like I missed out too much.”

– Emma

Advice for carers

When a person has a stroke, anxiety or depression, it can affect family and friends. It’s important for family and friends to look after their own health and wellbeing as well as looking after the person who has had a stroke.
• Recognise that it’s a tough job.

• Educate yourself and your family about anxiety, depression and stroke so you can understand what the person is experiencing. There are many organisations and support groups that can provide more information.

• Encourage and support the person who may be depressed to seek help from their GP or other health professional.

• Help the person to follow his or her treatment plan – for example, practising coping techniques or problem-solving skills learnt during psychological therapy, and taking medications as prescribed.

• Encourage the person to follow recommended lifestyle changes. Try making the changes together – everyone can benefit from eating healthily, exercising and learning to relax.

• Be supportive. People with depression and anxiety can feel alone and isolated, especially if they are having memory or language difficulties. Being given consistent support and understanding is important to their recovery.

• Take time out. As a family member or carer of a stroke survivor, it’s important to look after yourself. Make sure you spend time doing things you enjoy.

• Don’t feel your problems aren’t important. It may be helpful to talk to your friends or family about how you’re feeling. If you’re having trouble coping and don’t feel comfortable talking with people you know, talk to a counsellor.

“...You have to do different things for them, but encourage them, and encourage them in the things that they want to do. You don’t have the save them. You have to respect them and make sure they keep their dignity.”

– Lyn, Emma’s mum

References


Where to find more information

beyondblue
www.beyondblue.org.au
Learn more about anxiety and depression, or talk it through with our support service.

1300 22 4636
Email or chat to us online at www.beyondblue.org.au/getsupport

mindhealthconnect
www.mindhealthconnect.org.au
Access to trusted, relevant mental health care services, online programs and resources.

National Stroke Foundation
1800 787 653
www.strokefoundation.com.au
Information for stroke survivors including treatment and life after stroke.

Australian Aphasia Association
1800 274 274
www.aphasia.org.au
Support and advocacy for people with aphasia, their families and the professionals who help them.

Donate online www.beyondblue.org.au/donations

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