15
Post-Stroke Depression and CBT with Older People

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Understanding the Context of CBT for Post-Stroke Depression

The empirical evidence as it pertains to Stroke and CBT is at an early stage. There are many issues that remain unresolved and there remains a great deal of psychological research that requires to be undertaken, especially as recent meta-analyses have concluded that while CBT may improve mood post-stroke, there is insufficient evidence for the routine use of psychotherapy for the treatment of post-stroke depression (PSD) (Anderson, Hackett, & House, 2004; Hackett, Anderson, & House, 2004).

While the research evidence in favour of CBT as a treatment for PSD is limited, this should not deter further research into the application of CBT as it seems an especially good fit to meet the needs of people who have become depressed after a stroke. CBT is based on a here and now conceptualisation model that perfectly matches the immediate nature of stroke survivors’ concerns. CBT adopts a skills enhancing, problem-solving focus that fits with the aims and needs of people who have survived a stroke when learning to manage the personal consequences of their stroke. CBT monitors and evaluates the cognitions of stroke survivors, many of whom have ‘objectively’ made a good recovery but whose subjective appraisal is to see only failure. Finally, the primary aim of CBT is symptom reduction, with an emphasis on reducing symptoms of depression such as apathy, hopelessness and low mood. These symptoms of depression are likely to result in excess disability, i.e. the impact of a stroke is magnified by depressive symptoms, resulting in decreased levels of functioning. For these reasons, CBT may be considered to be of great potential as a treatment for PSD.

Stroke can be seen to be a post-acute acquired impairment with chronic consequences for an individual’s functioning resulting in disability and handicap. CBT interventions are based on the simple premise that behaviour can change, and in working with individuals who have survived a stroke it is important to conceptualise the nature of an individual’s problem within a behavioural frame of reference (Laidlaw, Thompson, Dick-Siskin, & Gallagher-Thompson, 2003).
CBT also has utility in the overall rehabilitation of an individual after a stroke, as it provides a means of reducing depression after stroke and this can be very important for the individual’s post-stroke recovery generally (Hibbard, Grober, Gordon, Aletta, & Freeman, 1990).

Rather than acting as a deterrent, the relative lack of empirical evidence for CBT of PSD ought to motivate researchers and clinicians to provide definitive answers to the questions of efficacy and the application of psychotherapy in an area of high unmet-need. Thus, this chapter sets out to provide a summary of the empirical evidence for CBT as a treatment for PSD, but equally, this chapter provides clinical suggestions for therapists working with, or planning to work with this population.

Stroke

In the western world, stroke is the third leading cause of death in older people and the main cause of disability in later life (Kinsella & Velkoff, 2001). On average in the US, someone has a stroke every 45 s (American Heart Association, 2003). In the UK stroke affects approximately 130,000 people a year and in the US, 600,000 people a year are affected. At any one time, there are 4.5 million stroke survivors in the US (Casper et al., 2003) and in the UK stroke care directly costs the National Health Service £2.8 billion per year, with informal care costs (that provided by families) estimated to cost an additional £2.4 billion per year (Source: National Audit Office, 2005).

Women typically tend to live longer than men, thus they are more likely to die as a result of a stroke with 61% of all stroke deaths occurring in women (American Heart Association, 2003). The effect of increased numbers of older people surviving a first stroke is likely to be amplified by demographic change as the developed and developing world is on the threshold of a substantial increase in the relative numbers of older people (United Nations, 2003). As stroke is primarily but not exclusively a condition found in old age, and given that mortality rates after stroke have declined in recent years this will result in increased numbers of older people in need of stroke rehabilitation and psychosocial interventions to deal with the emotional consequences of experiencing a stroke. Stroke therefore is likely to become an important issue for therapists working with older people.

Post-Stroke Depression

Depression following a stroke is a common complication that can inflate mortality and morbidity levels and may impair an individual’s ability to participate fully in rehabilitation treatment (Turner-Stokes & Hassan, 2002). The prevalence of depression can change depending upon the methodological differences in detecting and measuring depression in stroke, with House (1987) reporting prevalence rates for PSD 18–61% and Turner-Stokes and Hassan reporting prevalence rates from 0 to 55%. Hackett, Yapa, Parag, and Anderson (2005) used different sources