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Journal study highlights:

- About half of previously employed people return to paid employment after stroke.
- Depression and disability are treatable factors influencing the return to work.
- In high-income nations, about 20 percent of strokes occur in people young enough to still be in the workforce.

American Heart Association rapid access journal report:

Depression, disability keep about half of stroke survivors from working

DALLAS, March 28 – Post-stroke depression keeps nearly as many patients from returning to work as physical disability, researchers report in *Stroke: Journal of the American Heart Association*.

In an Australian/New Zealand collaborative study that followed 210 men and women (average age 55) who had paying jobs in the month before their stroke, 55 percent (112 people) returned to work within six months. That’s comparable to rates noted in a U.S. hospital registry study in which 53 percent of patients had returned to work after a year.

“It can be quite heartening to families and clinicians that more than half of stroke patients go back to work,” said lead author Nick Glozier, M.D., Ph.D., associate principal director of The George Institute for International Health in Sydney, Australia. “But physicians should continually assess patients’ mood after stroke, because it’s an important predictor of whether patients will go back to work.”

Glozier said stroke is often considered a disease related to aging and measured in terms of fatality and dependency, but the social impact is often overlooked. In high-income nations, about 20 percent of strokes occur in people young enough to still be in the workforce, according to the study.

“A striking number of people have strokes when they are of working age, and returning to employment is vital to their well-being and to their role in society. Since younger adults have responsibilities for generating an income and supporting family members, returning to work is a key goal in recovery,” he said.

Researchers used data from the third Auckland Regional Community Stroke (ARCOS) study examining the outcomes of people who were alive at least six months after a first stroke in 2002-2003.

The strongest predictor of not returning to work was physical disability. A week following their strokes, patients were assessed with the Barthel scale, which rates the ability to independently perform basic self-care and daily living activities. Of those working at six months, 71 percent had

been rated as “independent” on the Barthel index. In contrast, of those who did not return to work, only 32 percent had been rated physically “independent.”

“If someone is functioning pretty well after a stroke, ask about vocational rehabilitation. Stroke guidelines from various countries identify vocational rehabilitation as a priority research area, but they don’t have the research evidence to make firm recommendations, so this aspect of post-stroke care can be hit and miss,” Glozier said.

A month after the patients had a stroke, nurses asked the patients about their psychological symptoms using the General Health Questionnaire, a tool widely used to screen for post-stroke depression and psychological distress. Of those working six months after stroke, 33 percent had post-stroke depression, compared with 45 percent of those who were not working.

Patients were more likely to have post-stroke depression if they were younger, had a more severe stroke, or had previously been treated for depression, according to the study.

“There is some evidence that antidepressants work in post-stroke depression, and there are indications that we may be able to prevent depression with psychological intervention, such as cognitive behavioral therapy-style motivational interviewing,” Glozier said.

In the study, only 30 percent of people with post-stroke depression had received any treatment six months after their stroke.

Patients were also less likely to return to work if they had diabetes, worked only part-time prior to the stroke, and were of non-European ancestry, according to the study.

“If family members pick up on someone being depressed after a stroke, ask the physician to assess them and intervene if necessary,” Glozier said. “Post-stroke depression can be successfully treated, and treatment can help the patients, their families and society.”

Glozier said future studies should assess both unpaid and paid work and the specific requirements of different types of work.

Co-authors are: Maree L. Hackett, Ph.D.; Varsha Parag, Ph.D.; and Craig S. Anderson, M.D., Ph.D., for the Auckland Regional Community Stroke (ARCOS) Study Group.

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Editor’s note: For more information on stroke, visit the American Stroke Association Web site: strokeassociation.org.

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