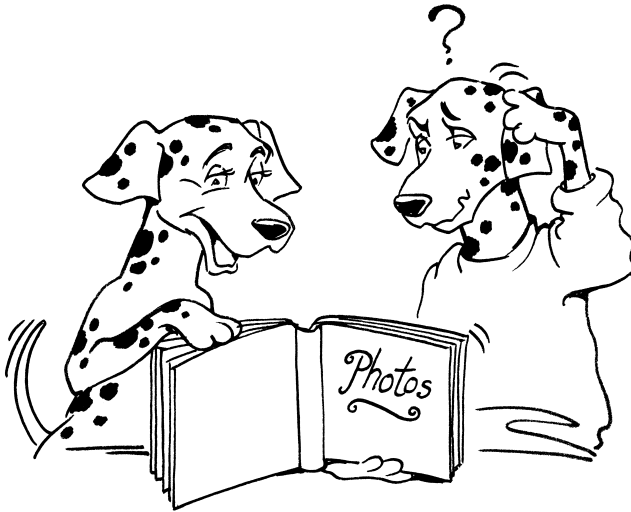

Memory, mood and sleep



A single stroke can, and in most cases will, affect some aspects of brain function, such as use of language – understanding, finding the right words and speaking – understanding abstract thinking, using arithmetic, writing, recognising objects and identifying familiar faces. People can have problems understanding time and place, and many other intellectual processes.

Unlike dementia, stroke will not affect all of these processes and they will not get progressively worse. Memory can be affected if the temporal lobe is involved in the stroke. Personality may change if the front part of the brain is damaged. However, as with other aspects of a person's stroke, these functions may well improve over time and with practice.

It is not uncommon for stroke survivors to become depressed. This is a natural reaction to the significant impact the illness will have on their lives but it is important to be alert to the possibility of severe depression, which can be treated.

Memory

My partner has been confused since having the stroke. Will he get better or does he have dementia now?

If he was not confused before the stroke, he does not have dementia now. The definition of dementia is ‘a progressive condition that has been developing for at least three months’. The two most common causes are Alzheimer’s disease and multiple small strokes (called multi-infarct dementia). You mention that your partner has had only one stroke, so it is unlikely that he has dementia now. A single stroke can often affect some of the ‘thinking’ aspects of a person’s brain. Unlike dementia, though, it will not affect all of them and will not keep getting worse.

The psychologist came to see my wife, but she’s not mad – she has just had a stroke. What was the psychologist doing?

A psychologist is not the same as a psychiatrist, although their work does overlap in some respects. Unfortunately, only a small proportion of hospitals treating stroke patients have access to psychologists, whose particular expertise is in recognising and treating problems with memory, personality and perception (awareness of and understanding one’s environment). Some of these difficulties will be obvious; others will only be spotted after formal testing and yet may have an important impact on recovery, particularly of higher level function such as getting back to work or regaining special skills that your wife worked hard to get earlier on in life. There are many occasions when a psychological assessment helps to identify why someone is having unexpected

difficulty with some aspects of rehabilitation. Having found where the problem is, it may then be possible to devise new ways of doing things to get around it.

An assessment by a psychologist usually involves a series of tests of memory, language, numeracy and perception that many people will have done before in the form of intelligence tests. They will include some measures to evaluate the level that your wife would have been performing at before the stroke. Because the tests require a lot of concentration, it is usually necessary to spread them over several sessions. Having identified the areas that have been affected by the stroke, the psychologist will then work in collaboration with the other members of the team to devise the most appropriate rehabilitation programme.

Some psychologists also work with physicians and psychiatrists to help treat ‘mood disturbance’, such as depression or anxiety. They may have counselling skills that are of use in helping the stroke survivor and their carer come to terms with the effects of the illness. Later on, when your wife might want to go back to work or resume previous activities and interests, the psychologist will be able to advise on what changes might be necessary and how best to achieve them.

My memory just isn’t what it was. Is that due to the stroke, and will it recover?

There are three reasons why your memory may seem worse following your stroke.

First, the stroke has caused damage to nerve cells, so it is not surprising that your memory is affected to some extent. Memory can recover but, even if it doesn’t, it is possible to learn to use what is left more effectively. Working out ways to overcome memory problems is something that many of us find we have to do as we get older, and is not a problem solely for people after stroke. Making more effort to remember the important things, consigning the trivial things to the mental dustbin, writing things down and using the memories of the people around you are all ways to get round the problem. It is common for particular areas of memory to be affected more severely than others. For

example, you may find it difficult to recognise faces or recall their names, even for people you know well. This can be very embarrassing, particularly if you have only just been introduced to someone. Sometimes people repeat the name frequently when talking to them, especially at the beginning. Americans often seem to do this. 'It's really good to meet you, Mrs Smith. Tell me, Mrs Smith, have you been here long? Do you know many people here, Mrs Smith?' And so on.

Secondly, a stroke can affect your ability to concentrate, which will affect how much you remember. This is likely to be a particular problem in the first few months after the stroke, when you may well be feeling tired all the time – you are having to learn all sorts of new things, you will have met a lot of new people and things around you feel strange. The problem with concentration will be made worse by worrying that you are losing your memory and developing dementia. As with many of the other effects of stroke, it is a question of giving yourself time to recover, not becoming totally preoccupied with it and yet at the same time exercising your brain to improve your concentration. A mistake that people often make is to attribute every single problem to the



stroke. It is unlikely that you were perfect before the stroke, yet it is only when you have had a major illness that you start looking at yourself in a critical way. Try not to become too introspective, because it will affect your ability to recover. It will take a lot of courage to force yourself back into situations where your memory and ability to concentrate are tested. Judging the right time to go back to work, for example, could be difficult and it would be worth discussing this subject with your doctor, employer and perhaps the company doctor.

One way of building up your memory and concentration skills is to listen to a radio or television programme and take notes. Or read a passage from a book and then write down the key points. You can gradually increase the length of the passage and the difficulty of the subject matter but don't expect to be as quick or as fluent initially as you think you used to be.

A third reason why your memory may not seem to be as good as before is if you have developed some depression. Even mild mood disturbance can affect your ability to concentrate and remember things. Severe depression, which is quite common after stroke, can manifest itself as profound memory loss. If you do have severe depression, it is very important to make sure that this is diagnosed, as treatment can be highly effective.

Mood

My husband is just so miserable all the time. The doctors say it's not surprising given the severity of his stroke, but that doesn't help him or me!

The doctors are right when they say that it is not surprising that he feels miserable. About four out of every ten people develop significant depression after their stroke. There are two explanations for this. The obvious one is that he has suffered a major loss very similar to a bereavement. He has lost a lot of independence. He may have lost his job, his status and often the respect of his friends and colleagues. Plans that you and he might

have made for the future will probably need to be rethought. The relationship between him and the rest of the family, including you, may have suddenly changed, which can have affected him deeply. Given these possible changes, it is perhaps surprising that more people don't become depressed.

It is also possible that the effect of the stroke on your husband's brain has produced mood disturbance regardless of how severe his disability is. There may be centres in the brain that control how we feel, and if they are damaged then depression will result.

The first thing to be done is to make sure that your husband *is* depressed and that there is not some other explanation.

- If he is in pain, this should be treated, as pain can cause great misery.
- Is he unhappy because he doesn't understand what is happening to him? Sometimes giving clearer explanations, allowing him to express what is worrying him and helping him to regain some control over his life will be enough to help lift his mood.
- If his stroke has resulted from damage to the right or 'non-dominant' side of his brain, he may have lost some of his ability to show emotion through facial expression and tone of voice, and this can sometimes be misinterpreted as depression.

The classic symptoms of depression include feeling as if everything is pointless and worthless, having low self-esteem, having little or no interest in the things going on, poor appetite and disturbed sleep. This last can either be difficulty in getting off to sleep or waking in the early hours of the morning and being unable to get back to sleep, usually lying awake worrying. Mornings are usually the worst times for people with depression. Going to bed, hoping they don't wake up in the morning and considering how they might end their life are symptoms of serious depression and need urgent attention.

You will be particularly aware of his change in personality. It can be very frustrating trying to inject some interest into his life

and not getting any response. He is likely to lose interest in you sexually, and if he does try he may well be unable to perform. This may only increase his sense of worthlessness. He may cry at the least provocation or become angry and withdrawn. All this can be terribly hard on you and can put a serious strain on your relationship just when it is important to support each other. Depression should be regarded as an infectious disease – it is quite common to see it happening in both partners.

My wife has been very depressed after her stroke. Is there any treatment available for her?

If you think depression is a possibility, seek help from her doctors. The answer might be for her to discuss her problem with an expert who can provide guidance and support. Alternatively, medicines may be considered. Antidepressants can be very effective, with no (or only minor) side effects. There are many different drugs that can be used and your doctor will try to choose one most appropriate for your wife. The older drugs mainly belong to the group called the tricyclic antidepressants. Examples are amitriptyline, imipramine, lofepramine, nortriptyline and maprotiline. The possible unwanted effects are drowsiness, confusion, dry mouth and, in men, difficulty passing urine (passing water).

A newer group of drugs are the ‘selective serotonin re-uptake inhibitors’ (SSRIs). Among these are fluoxetine (Prozac), paroxetine and sertraline. They have fewer side effects so it is common to start with one of these. They tend to stimulate rather than sedate, so are usually taken in the morning, unlike the tricyclic antidepressants, which are usually given at bedtime. They can, unfortunately, sometimes damp down the person’s appetite and this needs to be looked out for.

Any drug might cause side effects, but it is impossible to predict what or in whom. If a problem does develop, it can usually be resolved within a day or two of stopping the drug. Nevertheless, all these drugs are powerful and should be used only under a doctor’s supervision. All the antidepressants take at least two weeks, and sometimes as much as four or even six

weeks, before they begin to start working. So try not to give up on them until they have had a chance to produce an effect. If one drug doesn't work or causes an unacceptable side effect, there are plenty of others to choose from. Your wife should probably take the drug for at least three to six months before stopping it; otherwise, there is a good chance that her depression will return. None of the drugs we've mentioned is addictive, so there won't be any problems when your wife stops taking it. If the depression returns after your wife has taken the drug for three months, her doctor will probably advise that she starts taking it again and then continuing to take it long term.

Very occasionally, if someone's depression is very severe indeed and it hasn't responded to drug treatment, the psychiatrist may advise electro-convulsive therapy (ECT). This has had a very bad press, not helped by the portrayal of it in the film *One Flew over the Cuckoo's Nest*. In fact, it can be life saving in certain circumstances. It is given under general anaesthetic and so does not cause any distress. ECT is not often used in the immediate aftermath of a stroke as the risks of making it worse are too great, but if severe depression is still present after three months, it might be considered.

Depression is a disease that people sometimes try to hide, thinking that it indicates they are weak and unable to deal with the stroke. This is clearly not the case. It can happen to anyone, however robust their personality. The earlier it is brought to the attention of the doctors, the easier it will be to treat. Don't ignore it, hoping it will just disappear.

I think my son is depressed but it is so difficult to tell because he can't talk.

It is difficult to diagnose depression when people are unable to express their thoughts and feelings. If your son has lost his ability to speak as a result of the stroke, doctors have to depend on watching his behaviour and facial expressions to make the diagnosis. His family and friends are likely to be better than the health professionals at identifying changes, so if you feel that depression is possible, don't hesitate to tell the doctors. Often the

best way of confirming this is by starting treatment with an antidepressant and looking to see if there is improvement. The newer drugs are so safe that this is a perfectly reasonable strategy to adopt.

Sometimes my husband just bursts into tears without warning and at the slightest provocation. What am I doing wrong?

You are doing nothing wrong. Stroke can cause what is called *emotional lability* or *emotionalism*. People affected by this will cry or, less commonly, laugh for little or no reason. Sometimes they will switch rapidly from one to the other. We all have differing degrees of control over our emotions: men are usually taught early on that it is socially unacceptable to cry in public but this is not usually the case with women. Biologically, there is no reason why there should be a difference between the sexes – it is simply a difference in what our society or culture sees as ‘normal’. The emotions are sometimes very close to the surface after a stroke and are no longer under the same degree of voluntary control that they used to be.

You will probably find that your husband is more likely to start crying when he hears about things related to him, his family or home than by subjects not so closely related to his own life. This problem will be more severe if there is also an element of depression but can certainly exist even if he is not depressed. He might say that he doesn’t know why he is crying, as he doesn’t feel unhappy. It is a distressing symptom both for him and for you. Usually it settles as the stroke recovers. Treatment with fluoxetine (Prozac) can help, the benefits being evident within a few days – which is much quicker than when the drug is being used to treat depression.

Try not to be embarrassed by the crying, and avoid the temptation to keep all communication with him at such a bland level that the symptom is avoided. In the long run, that might only delay his ability to recover control over his emotions.