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Reminiscence Therapy for Prevention of Post-Stroke Anxiety and Depression in Adults

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Reminiscence therapy for prevention of post-stroke anxiety and depression in adults

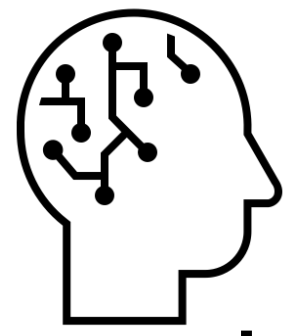
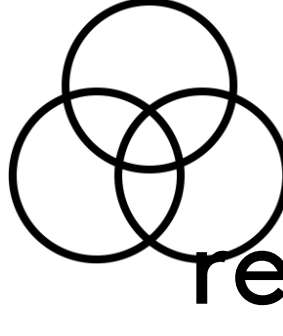

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Introduction

Anxiety and depression are prevalent after a stroke.^{1,2} Peer support is a non-pharmacologic intervention utilized to manage post-stroke anxiety and depression with inconsistent results.³ Reminiscence therapy is an intervention that has been studied in the dementia population but is a relatively new intervention for the stroke population and has the potential to impact the psychological care provided to stroke patients.⁴

Methods

Literature search conducted through Scott Memorial Library in PubMed, Google Scholar, and Ovid.

-  Over 18 years old, ischemic & hemorrhagic stroke
-  Peer support vs. reminiscence therapy
-  Post-stroke anxiety and depression

Results		
Post-stroke anxiety		
Peer support	<ul style="list-style-type: none"> • Meta-analysis not conducted due to limited results; however, the two studies included showed reduced rates of anxiety³ • Earlier recovery of anxiety symptoms and quicker improvement in HADS score⁵ 	
Reminiscence therapy	<ul style="list-style-type: none"> • Statistically significant decrease in SAS⁶ • Lower HADS-A scores at month 12 and lower SAS scores at month 9 and month 12⁷ <ul style="list-style-type: none"> ○ Fewer patients with anxiety based on HADS-A and SAS results after 12 months⁷ • Lower HADS-A scores at month 9 and month 12⁸ • HADS-A scores similar at all time points⁹ 	
Post-stroke depression		
Peer support	<ul style="list-style-type: none"> • Meta-analysis conducted and showed that symptoms of depression were significantly reduced³ • Depression symptoms significantly reduced at month 1, 3, and 6⁵ 	
Reminiscence therapy	<ul style="list-style-type: none"> • Statistically significant decrease in SDS score⁶ • Reduction of HADS-D and SDS scores at month 9 and month 12⁷ <ul style="list-style-type: none"> ○ Same rate of patients with depression based on HADS-D and SDS results after 12 months⁷ • Reduction in HADS-D scores at month 12 only^{8,9} 	
Statistical Significance		Weaknesses
Peer support	Post-stroke anxiety not depression	<ul style="list-style-type: none"> • No consistent structure or timepoints for peer support • One peer support study intended to improve symptoms rather than prevent symptoms
Reminiscence therapy	Post-stroke anxiety and depression in one out of four studies	

Conclusions

Peer support alleviates symptoms of anxiety and depression earlier in the months following a stroke.

Reminiscence therapy showed decreased anxiety and depression scores 12 months after a stroke. Scheduling sessions once vs. twice a month did not appear to make a difference in outcomes.

Future research:

1. Standardize framework
2. Patients with aphasia
3. Rural communities

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