



Tuesday, 16th May

Coroners Court of Victoria
Manager, Coroners Prevention Unit
65 Kavanagh Street
Southbank VIC
3006

Registered Charity
ABN 42 006 173 379
Level 7, 461 Bourke Street
Melbourne VIC 3000
Telephone 03 9670 1000
StrokeLine 1800 STROKE
(1800 787 653)
strokefoundation.org.au

Dear Mr Boyle,

The Stroke Foundation works to prevent, treat and beat stroke through community partnerships, awareness raising and support to survivors, clinicians and researchers.

Stroke is an insidious disease that strikes without warning and is often devastating in its immediate impact. Rehabilitation of people with stroke is a process aimed at enabling them to reach and maintain their optimal physical, sensory, intellectual, psychological and social functional levels.

Mood is frequently affected after a stroke, with depression recognised as the most common mood disturbance affecting survivors.¹ Depression can be defined as depressed mood or anhedonia (loss of interest or pleasure) for 2 weeks or longer, plus the presence of at least four of the following symptoms when they are persistent and they interfere with daily life: substantial weight loss or gain, insomnia or hypersomnia, psychomotor agitation or retardation, fatigue or loss of energy, worthlessness or inappropriate guilt, diminished concentration, or indecisiveness. It is a chronic relapsing disorder.

Approximately one in three stroke survivors will be experiencing depression at any one time, in the first year after stroke. The proportion drops to one in four up to five years after stroke [Hackett et al 2014]. Identification and appropriate management of mood disorders is recommended as an essential component in the rehabilitation and recovery plans of people with stroke. Current data suggests that in many instances this is not occurring.

The Clinical Guidelines for Stroke Management (2010)² provide evidence-based recommendations for clinicians on the management of stroke. In regard to mood disturbance, the current guidelines make a number of recommendations related to identification, prevention and intervention, which include:

¹ Hackett ML, Pickles K. Part i: Frequency of depression after stroke: an updated systematic review and meta-analysis of observational studies. *Int J Stroke*. 2014; 9:1017–1025.

² <https://informme.org.au/Guidelines/Clinical-Guidelines-for-Stroke-Management-2010>

Identification

1. All patients should be screened for depression using a validated tool.
2. Patients with suspected altered mood (e.g. depression, anxiety, emotional lability) should be assessed by trained personnel using a standardised and validated scale.
3. Diagnosis should only be made following clinical interview.

Prevention

4. Psychological strategies (e.g. problem solving therapy, motivational interviewing) can be used to prevent depression after stroke.
5. Routine use of antidepressants to prevent post-stroke depression is NOT recommended.

Intervention

6. Antidepressants can be used for stroke patients who are depressed (following due consideration of the benefit and risk profile for the individual) and for those with emotional lability.
7. Psychological (cognitive-behavioural) intervention can be used for stroke patients who are depressed.

In addition to promoting clear clinical practice guidelines for the treatment of mood disturbances after stroke, the Stroke Foundation also provides support to people after stroke through its StrokeConnect Follow Up program. Following discharge from hospital to home, healthcare professionals make contact with consumers and provide information, advice, support and referral to assist in the recovery process.

Healthcare professionals trained in delivering Stroke Foundation follow up services receive guidance on assessing the mood of the consumer, and specific follow up action that can be taken if abnormal mood is identified as an issue.

In addition, the Stroke Foundation supports stroke sufferers and their families through a confidential telephone service called StrokeLine, and an online community support platform called enableme (<https://enableme.org.au/>). These services regularly help people navigate their stroke recovery, including identifying those at risk of depression, and providing guidance on accessing appropriate professional support.

ISSUES IN MANAGING MOOD DISTURBANCE IN STROKE CARE

Since 2008, the Stroke Foundation has been monitoring and measuring the delivery of stroke care in Australia through its National Stroke Audits³. Conducted annually, and alternating focus between the acute and rehabilitation settings, national audits have

³ <https://informme.org.au/stroke-data>

shown low rates of documented assessment of patients' emotional and psychological needs after stroke.

The National Stroke Rehabilitation Audit (2016) includes data collected from 32 Victorian hospitals and found that:

- › Nearly half (44%) of Victorian stroke patients did not have documentation of a mood assessment during their rehabilitation admission;
- › Of the 56% of patients who were assessed for mood, about half (51%) had an identified impairment (depression, emotionality and/or anxiety);
- › 14% of patients with an identified mood impairment received no documented treatment; and
- › 39% of patients with an identified mood impairment were seen by a psychologist.

Only 53% of hospitals in Victoria report regular involvement of clinical psychologists in the management of stroke patients.

Despite increased evidence of validated depression screening tools and treatment and strategies for prevention after stroke, there has not been a significant reduction in the proportion of people with depression after stroke.⁴

There is a lack of evidence about whether routine screening for depression in non-mental health settings improves management, reduces depression, outweighs the potential harms, or is cost effective.

The consistently high proportion of stroke survivors with depression and other mood disorders emphasises the importance of screening and assessment for mood disturbance by competent health professionals.⁵

DEVELOPMENTS IN MANAGING MOOD DISTURBANCE IN STROKE

The StrokeConnect Follow Up program has only been in operation in Victoria since March 2016, as a result of a grant from the Ian Rollo Currie Estate Foundation. Hospital participation is voluntary, and the future of the program in Victoria after the period of current funding support ends (in June 2018) is unclear.

The Stroke Foundation has recently completed an update of the Clinical Guidelines for Stroke Management 2010. Once approved, the revised Guidelines will summarise the most up to date evidence regarding best practice stroke care in an Australian context. The Guidelines have recently been submitted to the National Health and Medical Research Council for review and approval. The section pertaining to mood disturbance in the updated guidelines is attached.

⁴ Hackett et al 2014 [99]

⁵ Hackett et al 2014 [99]

RECOMMENDATIONS FOR IMPROVING THE MANAGEMENT OF MOOD DISTURBANCE IN STROKE

With regard to mood disturbance, the Stroke Foundation has a number of recommendations it believes would improve the quality and level of care being provided to people after stroke. These include, but are not limited to:

- › Specific training in recognising signs and symptoms of mood disorders among stroke care clinicians.
- › Strategies that provide stroke patients with greater access to clinical psychologists as part of a comprehensive rehabilitation program.
- › More research in the areas of identification, prevention and treatment of mood disturbance.
- › State wide delivery of Stroke Foundation StrokeConnect follow up services to survivors as they transition from hospital to home.

It is well recognised mental and emotional wellbeing can significantly alter rehabilitation outcomes and improve the quality of lives for patients and their families. Too many patients continue to miss out on assessment for conditions such as depression, and patients identified as needing support or treatment are not being provided with psychological assessments or necessary evidence-based care. System-wide changes and appropriate resourcing is required to enable healthcare professionals to provide the evidence-based care required to manage this debilitating condition.

Sincerely,



Bruce Campbell
Chair, Stroke Foundation Clinical Council

The Stroke Foundation Clinical Council brings together some of Australia's leading clinicians, academics and researchers in the area of stroke. The Council guides the Foundation in its policy, service delivery and provides ongoing advice.

