Article: 920
Topic: 45 - Depression

DIAGNOSTIC DIFFICULTIES IN POST-STROKE DEPRESSION: A CASE REPORT

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Introduction: The occurrence of a depressive disorder after a neurological disease is a condition classified in the International Classification of Diseases (ICD-10) as an Organic mood [affective] disorders [F06.3], and in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) as a Mood disorder due to a general medical condition [298.83]. Cerebrovascular disease is associated with an increased risk for depression, with incidence rates of 30-40%. Frequency of post-stroke depression is highest during the first month after the ischemic event, but remains high for several years.
Objectives/aims: The aim of this poster is to show and discuss some troublesome and complex issues on diagnosing and managing patients with post-stroke depression, based on a case report.
Methods: Herein we report a case of a 46-year-old woman, without significant prior psychiatric history, who presented with depressive symptoms after left middle cerebral artery stroke (with cardioembolic source) and right hemiplegia/hemiparesis and motor aphasia sequelae.
Results/conclusion: Depression has shown to be the most common psychiatric post-stroke complication, and the one associated with a worse poorer functional prognosis. It may be difficult to accurately diagnose a post-stroke depression, particularly in patients with aphasia, anosognosia and other cognitive dysfunctions.

https://doi.org/10.1016/S0924-9338(13)76075-9 Published online by Cambridge University Press