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Neuropsychiatric disorders: post-stroke depression. A review

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Introduction: Post-stroke depression (PSD) is the most common neuropsychiatric disorder after stroke, and also the main factor limiting recovery and rehabilitation in stroke patients, which leaded to poor quality of life. A prevalence of 30% is estimated between 1 to 5 years after stroke. More than half of all cases are neither diagnosed nor treated.
Objectives: The aim of this paper is to review the latest updates regarding post-stroke depression and progress in its diagnosis and treatment.
Methods: A systematic review of the scientific and clinical literature on PSD was conducted. The review included databases such as PubMed and Cochrane, covering articles from the past 10 years. The scientific evidence obtained was analyzed and synthesized.
Results: Currently, the diagnosis of PSD is mainly based on the DSM guidelines and combined with various depression scales. Symptoms usually occur within the first three months after stroke, the patient presents symptoms of a depressive episode such as low mood, anhedonia, loss of appetite, sleep disorders, vegetative symptoms or social withdrawal. Several mechanisms, including biological, behavioural, and social factors, are involved in its pathogenesis. The main predictors are personal history or cognitive impairment, as well as sequelae of the stroke. Left hemispheric strokes are those with the highest risk of early depression, as well as small subcortical vessel pathology. Treatment is mainly pharmacological, with SSRIs. The probability of recovery is between 15 and 57% in the first year, with a recurrence of 38% at two years, up to 100% at 15 years. In addition, there is an increase in mortality, especially in those under 65 years of age.
Conclusions: There are still many unanswered questions in the treatment of PSD, such as the best time to start treatment or the effects of antidepressants on cognition and motor function, among others. Although great advance has been made by researchers, the mechanism of PSD is not completely clear.

Disclosure of Interest: None Declared

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Successful Pharmacological Management of a Severe Suicide Attempt

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Introduction: Psychotic depression, a severe subtype of major depressive disorder with delusions or hallucinations, increases suicide risk due to distressing symptoms and hopelessness. Suicide attempts in psychotic depression can be severe and violent. Combining antidepressants and antipsychotics shows promise in reducing suicidal ideation and improving prognosis. This case presents a patient with a severe suicide attempt and self-harm in the context of psychotic depression, highlighting successful treatment with a combination of antidepressants and antipsychotics.
Objectives: To present a case study of a patient with a depressive episode that progressed to psychotic features.
Methods: A comprehensive literature search was conducted to identify relevant studies on the treatment of depression with psychotic features. A case report was then developed, detailing the patient's clinical presentation, diagnosis, and treatment regimen.
Results: A 53-year-old male was hospitalized following a serious suicide attempt. The patient had a history of a recent work-related accident, leading to a depressive episode that progressed to psychotic features, including delusions of guilt and economic ruin, attempted suicide using a firearm, leading to significant self-inflicted injuries. Emergency surgical intervention was required for tendon and arterial damage. Psychiatrically, the patient exhibited profound hopelessness, delusional guilt, and active suicidal ideation. Following hospital admission, the patient was treated with a combination of sertraline, olanzapine, and mirtazapine, which resulted in significant improvement in mood, a reduction of delusions, and cessation of suicidal ideation over a three-weeks period. The patient returned to social activities and expressed interest in resuming his professional responsibilities, with no recurrence of psychotic symptoms or suicide attempts.
Conclusions: This case illustrates the severity of suicidal behavior in psychotic depression and the critical importance of combining antidepressants with antipsychotics for effective management. Research has consistently shown that psychotic depression carries a heightened risk of severe suicide attempts due to the intensity of delusions and hopelessness. Antidepressant-antipsychotic combinations, particularly those involving selective serotonin reuptake inhibitors (SSRIs) like sertraline, and atypical antipsychotics such as olanzapine, have demonstrated efficacy in reducing both depressive and psychotic symptoms, thereby mitigating suicide risk. In this case, the patient's marked improvement and remission of psychotic features underscore the role of combined pharmacotherapy in stabilizing mood and preventing future suicidal behavior.

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ECT: A Rapid and Sustained Response in Treatment-Resistant Psychotic Depression in the Elderly

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Introduction: Electroconvulsive Therapy (ECT) is a proven treatment for treatment-resistant depression (TRD), especially in elderly patients. Managing depression in this population is challenging due to comorbidities and medication intolerance. Research suggests that factors like melancholic features and early symptom improvement predict a positive response to ECT. ECT offers rapid and sustained antidepressant effects.

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