

Anxiety and Depression

Depression and anxiety are common problems that may be experienced after a stroke or brain injury. A person may feel uneasy or apprehensive and/or sad, discouraged or helpless.

Depression and anxiety can be problems in daily life by interfering with a person's ability to take on new challenges, learn new things and/or participate fully in therapeutic activities.

A person may act very upset or overwhelmed when learning new tasks or when there is a change in the daily schedule. Frequent or unnecessary questions may be asked, or there may be a general resistance to trying new things. The person may be afraid to be alone or seek isolation from others. Tearfulness and irritability are also common.

Example 1

Jose is at a brain injury camp this summer. He is helping to set up for the dance this evening. He has asked the leader five times about whether he is decorating nicely. The leader encourages him and tells him he is doing a great job. While Jose is taping up balloons, he becomes very nervous. He then repeatedly asks the leader what time it is. He says that they will never be finished in time for the dance. Jose says he just can't get all of this done and can't help anymore. He goes back to his cabin. Jose's anxiety has interfered with his ability to help with the dance.

Example 2

Sarah has a brain injury. She left inpatient rehabilitation feeling sad and irritable. She did not feel like participating in outpatient rehabilitation, preferring to stay in bed and be alone. Sarah is depressed, which negatively impacts her recovery by interfering with her ability to fully participate in her outpatient rehabilitation.

Ways to Help

- Encourage rest periods and quiet time.
- Tell the person what is going to happen during an activity in order to prepare him/her so anxiety will be minimized.
- Orient the person to the situation (e.g., day, place, anticipated tasks, etc.).
- Maintain as much structure/routine in the daily schedule as possible. Introduce unanticipated changes slowly and calmly.
- When leaving usual surroundings, keep familiar items nearby, such as photographs, toys and special clothing.
- Start with small challenges and gradually progress as tolerated.

- Inform the doctor if anxiety and/or depression are interfering with daily activities, including active therapy participation.

Emotions

Most people with brain injury have some changes in emotional behavior. They may have "emotional lability" or a "flat affect." A person's "affect" can be thought of as the way he/she expresses his/her emotions via facial expressions.

Emotional Response

Emotional lability occurs when a person may **laugh** or **cry** in response to minor events.

The response is out of proportion or opposite to what would normally be expected, and the mood may change suddenly. The person's expression does not necessarily reflect his/her internal feelings.

For example, when being told of the death of a friend, the person may laugh out loud. The person may start crying when someone visits and says, "Good morning."

"Flat affect" on the other hand is a lack of emotional response. The person may show limited or no emotion to anything. There may be a general lack of smiling, laughing or crying in any type of interaction during the day. This can be mistaken for depression. It is important to ask your loved one about his/her mood rather than guessing it based on how he/she looks.

Problems with affect can occur as a result of the brain injury. Certain parts of the brain control normal emotional expression and response. In addition, the brain controls the ability to respond "correctly" in an emotional situation such as when sad news is talked about or a funny joke is told.

Your doctor may prescribe certain medicines to help with better control over his/her emotions. Some of these medicines work on a chemical in the brain called serotonin. Serotonin is thought to help improve mood as well as decrease feelings of despair and hopelessness. Common brand names include: Prozac, Zoloft, Paxil, Lexapro, Celexa and Effexor. Other medications, such as Seroquel, Geodon and Depakote affect other brain chemicals and may help reduce mood swings and irritability.

Example 1

Kate has a problem with flat affect since her stroke. She was normally very close with her husband and two grown sons. Bill, her eldest son is in the Navy and is currently stationed overseas. She has not seen Bill in over a year. Bill came home for a surprise holiday visit. When Kate saw Bill, she hugged him, but did not smile or act happy. She said hello and then went back into the kitchen to finish baking. Bill was very puzzled by his mother's lack of response to his visit.

Example 2

Joe has a problem with labile emotions. When his wife, Jane, came home from church, Joe said, "Hi," and began sobbing. Jane asked him if something had happened and Joe said, "No." He continued crying for another minute. Later that day, Jane tripped on the carpet. Joe saw her twist her ankle and began laughing. Jane was upset at Joe's laughter.

Ways to Help

- Don't take it personally when lability or flat affect is present.
- Be aware that these responses are part of the brain injury and are not being done on purpose.
- Encourage rest periods as suggested by the therapy team.
- Tell other friends and family members of the affect problems so they do not become upset with the person.
- Encourage a non-emotional distraction when a person becomes labile. For example, ask the person about the weather.
- Help the person become aware of affect by saying, "You look happy/sad. How do you feel?"