



*Original Article*

***Prevalence and Diagnostic Approaches of Anxiety and Depressive Disorders in Patients with Stroke***

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**ABSTRACT**

According to the World Health Organization, stroke is one of the ten most significant medical and social problems. Along with motor and cognitive impairments, various emotional and affective disorders often occur after a stroke, such as post-stroke depression, anxiety, asthenia, apathy, pathological fatigue, negativism, irritability and emotional lability. Emotional and affective disorders significantly worsen the patient's quality of life and complicate rehabilitation measures. Post-stroke anxiety and depressive disorders negatively affect the rate of recovery of neurological functions and significantly reduce the survival of patients who have suffered acute cerebrovascular accidents. The most common emotional disorder in patients after a stroke is depression, which is usually combined with anxiety disorders. Numerous studies indicate that anxiety-depressive disorders are associated with higher mortality in the post-stroke period. It is obvious that anxiety-depressive disorders in patients after a stroke may be an understandable psychological reaction to a serious illness and disability. The reactive nature of emotional disorders is evidenced by the peak incidence of post-stroke depression in the first months after a stroke with subsequent gradual regression of their frequency. Risk factors for the development of anxiety-depressive disorders are different; The level of education negatively correlates with the risk of developing post-stroke emotional disorders, probably because poorly educated patients have a less clear idea of the seriousness of the disease and the severity of the consequences. The role of age as a risk factor for the development of anxiety-depressive disorders after stroke is considered ambiguously. A number of studies have shown that anxiety-depressive disorders are more pronounced in old age Other authors report that in the acute stage of stroke, anxiety-depressive disorders, on the contrary, are more often observed in young patients. There is also conflicting information about the relationship between anxiety-depressive symptoms of post-stroke depression and gender. An undoubted risk factor for post-stroke emotional disorders is similar disorders before the vascular event. That is, a stroke in some cases leads to an exacerbation of concomitant recurrent or chronic anxiety-depressive disorder. Some studies have shown that patients with post-stroke depression often have changes in the gene responsible for serotonin transport.

**Keywords:** *stroke, anxiety-depressive disorders, neurometabolic therapy, depression, Mexiprim*

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