



Adherence to Canadian Best Practice Recommendations for Stroke Care:

Assessment and Management of Post-Stroke Depression in an Ontario Inpatient Stroke Rehabilitation Facility

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EBSR:

Evidence-Based Review of Stroke Rehabilitation

- An up-to-date review of current evidence in stroke rehabilitation, related to the effectiveness of both pharmacological and non-pharmacological interventions.
- Now in its 13th edition – expanded content including educational models
- Tool for knowledge translation

Canadian Best Practice Recommendations for Stroke Care: Summary

(updated 2008)





Let's see how we're doing...shall we?

- Access to a specialized inpatient stroke unit
- Great multidisciplinary team specializing in stroke care
- Committed leader – outspoken proponent of evidence-based care

Narrowing the field...

- Something prevalent
- Something with a significant impact
- Something treatable
- Something with clear, recommendations that seemed simple to implement
- PSD estimated prevalence = 35%
- Has a significant, negative impact on a range of variables
- Treatment for PSD is effective (pharm)
- Let's look at the Canadian recommendations

Canadian Best Practice

- 1. All patients with stroke should be screened for depression using a validated tool.**
- 2. Patients identified as at risk (screening) should be referred to a psychiatrist or psychologist for further assessment and diagnosis.**
- 3. Patients diagnosed with a depressive disorder should be given a trial of antidepressant medication, if no contraindication exists.**

What we did...(a pilot study)

- Retrospective chart review – all discharges over a 6-month period (n=123)
- Recorded – any mention of screening, psych referral or involvement, treatment for depression
- Also known risk factors for depression e.g. gender, stroke severity, previous history of depression/use of antidepressants.

Here is what we found...

- 5% of patients were screened.
- None of these were referred for assessment (although $\frac{1}{2}$ were treated with an antidepressant)
- Screening was not associated with the presence of risk factors.

Here is what we found...

- 12 individuals who were not screened, were referred for psychiatric assessment.
- 4 of these subsequently received treatment with an antidepressant.

Here is what we found...

- Antidepressant medications were prescribed for 32.5% of patients
- May have been influenced by previous depression, previous use of antidepressants, female sex & severity of deficits

Isn't that good?

- Were the right people treated?

We don't know.

- Accuracy of informal identification and diagnosis is reported to be approximately 33 – 48% (doctors) and 43% (nurses in an inpatient setting)

Mitchell et al. 2010; Mitchell & Kakkadasam, 2010)

- Lowe et al. (2004) – 40% (physician), 88% (HADS), 98% (PHQ-9) sensitivity

So...what now?

- We are beginning a multi-centred audit to examine the implementation of best practice recommendations for depression
- We continue to examine attitudes and barriers around screening and assessment

So...what now?

- We are engaging members of the multi-disciplinary team to examine ways to effectively implement recommendations at the local level
- Continuing similar “**gap analyses**” to pursue similar, ongoing initiatives in implementation in other areas of stroke care including cognition screening and assessment, therapy intensity and dysphagia



Questions?

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