



## Note on Neuropsychiatric Disorders Following Stroke

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### DESCRIPTION

Stroke produces a wide range of emotional disorders. Mental disorders associated with stroke are more common in patients without brain injury. These disorders include depression, anxiety disorders, psychotic disorders and apathy. In addition, however, there are other disorders that can occur after a specific stroke in patients with brain injury. These include disorders such as anosognosia, symptomatic laughter and crying, catastrophic reactions, and aprosody. Here discussed on depression, apathy, and anosognosia to emphasize the breadth of neuropsychiatric disorders associated with focal brain infarcts. Although depression has been the focus of clinical care and research in psychiatry for many years, apathy, driving and lack of motivation are often one of the main symptoms of patients with chronic schizophrenia and dementia, as well as a common phenomenon in patients with psychomotor retardation and depression [1].

In a study of post-stroke depression (PSD), studies examining the prevalence of depression included more than 7000 patients worldwide. Increasingly, geriatric psychiatrists find that a large percentage of late-life depression is associated with ischemic events in the brain, and magnetic resonance imaging scans show that the vascular disease that produces hypertension, or large-vessel disease that produces strokes, leads to many depressions. Beginning of life in patients without other severe debilitating illness.

Psychiatrists are increasingly asking to treat patients with depressive disorders associated with vascular disease, and this review includes all the randomized controlled studies that have been shown to be effective in treating PSD. In addition, evidence is being gathered that depression may have a significant effect on the long-term outcome of patients recovering from a severe stroke. Recovery in cognitive impairment, physical impairment, and survival is adversely affected by the presence of PSD. Some studies have shown that these adverse effects of PSD can be counteracted by the administration of antidepressants. However, a recent clinical trial using antidepressant therapy demonstrated the effectiveness of Escitalopram treatment in PSD prevention [2].

Numerous studies of post-stroke apathy have concluded that it is a common condition that occurs 1 in 4 or 1 in 5 survivors of a severe stroke. Syndrome of indifference includes disturbances in goal directed behavior, cognition, and emotions. A general consensus is that apathy is one of these 3 areas of passion that has led to an attempt to include apathy as a disorder in the emerging diagnostic and statistical manual of mental disorders. Although indifference is not expressed in public behavioral expressions, it can seriously affect patients and their families [3].

Anosognosia is manifested by the patient not knowing about a weakness such as hemiparesis, but not another like neglect or there may be several motor and sensory impairments. Anosognosia is the inability to perceive the facts of one's own condition. Unable to accept that a person has a condition that matches their symptoms or official diagnosis [4]. This occurs despite important evidence for the diagnosis and second and third medical opinions confirming the validity of the diagnosis. Anosognosia is the result of changes in the brain. It's not just stubbornness or outright denial; it's a protective approach that some people use when they face a difficult diagnosis. In fact, anosognosia is predominant in conditions such as schizophrenia or bipolar disorder [5].

### CONCLUSION

Over the past 20 years, significant progress has been made in diagnosing and treating depression after a stroke. In the future, antidepressant therapy may play a major role in the management of patients with severe stroke. More research is needed to identify the mechanisms of depression and why antidepressants can lead to better physical and cognitive recovery and a reduction in mortality.

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