

Psychiatric morbidity after cerebrovascular accidents

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The aim of this work to study the relation between the site of cerebral dysfunction in patients with cerebrovascular accidents and the resulting psychiatric morbidity. Method: 103 patients with cerebrovascular stroke within the year preceding the assesment were selected, and only patient with definite psychiatric diagnoses are subjected to further assesment for the site of dysfunction in the form of Physical and neurological examination, SCID I, CT scan of the brain, EEG for all patients and BEAM in 30 patients, LNNB, Harris test Barthel index and SCID-II. In addition, a control group(50 individuals). matching for demographic data and that has no neurologic or psychiatric disorders is subjected to physical examination and CT scan in some cases, conventional EEG and BEAM (done in 13 cases), SCID-II and LNNB. Results: In patients with post-stroke depression, CT scan shows significant association with left anterior lesions(cortical and subcortical), followed by right posterior lesions. However, BEAM and LNNB show broader extent of dysfunction involoving also left temporal, left centroparietal as well as other hemispheric affection. EEG showes increased temporal activity in patients with right hemispheric lesions and major depression. Post-stroke mania is associated with right hemispheric dysfunction, mainly right temporal. Patients with post-stroke anxiety and associated major depression show left hemispheric dysfunction and in patients with anxiety disorder alone, no significant difference between both hemispheres is found by CT scan. Psychotic symptoms after stroke is found to occur with both right and left hemispheric lesions. Conclusion: Post-stroke depression is mainly associated with left sided lesion while post-stroke maina is mainly associated with right sided lesion. Psychotic symptoms are not associated with specific side lesions.