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Editorial

Addressing the Complexities of Post-Stroke Psychiatric Disorders

Vaibhav Oberoi[1]* and Ashish Sarangi[2]

[1]*Department of Neurology, Government Medical College and Hospital, Amritsar, Punjab, India*

[2]*Department of Psychiatry, University of Missouri, Columbia, MO, USA*

***Corresponding Author:** Vaibhav Oberoi, Department of Neurology, Government Medical College and Hospital, Amritsar, Punjab, India.

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In comprehensive stroke care, the focus historically has been on physical rehabilitation and preventing secondary cardiovascular events. However, the growing recognition of post-stroke psychiatric disorders, as highlighted in recent comprehensive reviews and studies, highlights the urgent need for a paradigm shift in stroke management. Beyond physical weakness, stroke survivors often suffer from a range of psychiatric ailments such as depression, anxiety, cognitive impairment, psychosis, and even rare conditions like post-stroke mania and delirium. These conditions not only impair quality of life but also complicate rehabilitation efforts and increase the risk of recurrent stroke [1-7].

The prevalence rates alone paint a stark picture: post-stroke depression affects approximately 27% of survivors at any time point post-stroke, while anxiety disorders and cognitive impairment are also distressingly common [5,8]. These psychiatric sequelae can arise acutely or develop over time, influenced by a wide array of factors including genetic predispositions, neurobiological changes, and environmental stressors. Understanding the interplay of these factors is crucial for effective interventions.

The need for comprehensive care

Traditional stroke care pathways must expand to encompass comprehensive psychiatric assessments and targeted interventions. Early identification using validated screening tools like the 4-AT for delirium or structured psychiatric interviews including exposure therapy, and CBT, for anxiety disorders is essential [5,9]. Timely interventions, whether pharmacological or non-pharmacological, can significantly mitigate the impact of these disorders on patients' lives.

Advancements in treatment approaches

Recent research highlights promising treatment modalities. Pharmacologically, SSRIs, SNRIs, and mood stabilizers show efficacy in managing post-stroke depression and mania [10,11]. Acetylcholinesterase inhibitors are beneficial for cognitive impairment, while antipsychotics like risperidone and quetiapine are used to manage post-stroke psychosis [7,12]. Non-pharmacological approaches such as acupuncture, tai chi, and even virtual reality therapy are emerging as valuable adjuncts or alternatives, addressing both mental and physical rehabilitation needs [13-15].

Challenges and future directions

Despite these advancements, challenges remain. Research gaps persist, particularly in understanding the precise mechanisms underlying these psychiatric disorders post-stroke and validating optimal treatment algorithms. Also, disparities in access to specialized psychiatric care and the integration of these services into stroke rehabilitation programs must be addressed.

Holistic care models that incorporate multidisciplinary teams comprising neurologists, psychiatrists, rehabilitation specialists, and social workers are significant. Such collaborative efforts ensure that stroke survivors receive not only medical treatments, but also

psychosocial support, rehabilitation, and long-term care planning tailored to their individual needs.

Conclusion

As we navigate the complexities of post-stroke psychiatric disorders, ongoing research initiatives and concerted clinical efforts are crucial. By advancing our understanding and refining treatment approaches, we can significantly improve outcomes and enhance the quality of life for stroke survivors. The integration of psychiatric care into routine stroke management protocols represents a pivotal step towards achieving holistic and patient-centered care. Ultimately, addressing the multifaceted challenges posed by these disorders requires a united effort across disciplines, guided by empathy, innovation, and a commitment to improving the lives of those affected by stroke.

These editorial aims to highlight the critical importance of recognizing and addressing post-stroke psychiatric disorders in clinical practice, underscoring the need for integrated care pathways and ongoing research to optimize patient outcomes.

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