How can we beat depression?
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How can we beat depression? - preliminary results

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Background
In addition to the physical and cognitive sequelae, many people with an acquired brain injury (ABI) struggle with depressive symptoms. Studies have reported a prevalence around 30% for developing a depressive disorder after TBI or SIR (<6, 2015) (Schöttke, H. and Giabbiconi, CM, 2015). A new review has shown an increase in the prevalence of depression over time after a TBI (Scholten, A.C. et al., in press).

According to young people with ABI, Battista et al. (2014) found a connection between depression and health-related quality of life in youth post-TBI.

Method
The Ministry of Health and Elderly in Denmark has made a special initiative towards young people, years 15 - 30 with an acquired brain injury. Five regional outpatient clinics offer the young people an interdisciplinary examination.

Subgroups:
Young people between 15-30 years living in North Region Denmark with a diagnosis of possible ABI (TBI, Brain tumor, stroke, encephalopathy or CNS infection) were included in the study.

The discharging hospital department or the general practitioner referred patients to the clinic. The patients were both newly diagnosed patients and patients with an older injury. Furthermore, we sent a letter to newly diagnosed patients who were not referred to the clinic within one month after discharge.

Results
There is no difference between group 1 and group 2 according to gender (Chi²(1, N=86)=0,110, p=0,74) and age (unpaired t-test, t(84)=1,09, SD=0,94, p=0,25).

Examination:
A younger doctor, neuropsychologist, occupational therapist and physiotherapist examined all patients. The patients were examined with a standard battery of test, including NIHSS, FIM, SOS-L, Mini-Best TEST, HIMAT, Major Depression Inventory (MDI) and neuropsychological testing. The neuropsychologist were sitting beside the patient when answering the MDI-questionnaire. This to secure that the cognitive disabilities did not affect the understanding of the questionnaire.

After the examination, the interdisciplinary team evaluated the need of rehabilitation.

Discussion:
Young people living in North Region Denmark with a diagnosis that might cause a brain injury have a high risk of developing depressive symptoms. This is seen both when using the diagnostic criteria according to ICD-10 (11%) and the rating scale with cutoff on 20 points (36%). The prevalence according to the rating scale correspond to the prevalence reported in other studies. Even though only 1/3 of the patients with depressive symptoms meet the diagnostic criteria for a depression, the presence of the depressive symptoms can contribute to their rehabilitation and many of the patients need treatment for their depressive symptoms.

Conclusions and perspectives
• Young people between 15-30 years with an ABI have a high risk of developing depressive symptoms.
• There are a difference between prevalence of depression and depressive symptoms when comparing the diagnostic criteria according to ICD-10 and the rating scale.
• Many young people with an acquired brain injury have an unmet need of rehabilitation.
• The results indicates a connection between the need of rehabilitation and higher level of depressive symptoms.
• Young people with an acquired brain injury living in North Region Denmark will benefit from an interdisciplinary examination after discharge.

The results have raised further questions to answer:
• How do we diagnose depression after an acquired brain injury?
• Do young people with an acquired brain injury differ from other age groups in case of depressive symptoms and rehabilitation needs?
• How can the rehabilitation units and teams prevent the development of depressive symptoms?
• How do sequelae after an acquired brain injury and depressive symptoms affect quality of life among young people with an acquired brain injury?

References: