Gillen, R., Tennen, H., Gernert-Dott, P., Eberhardt, T., & Affleck, G.
Screening for Depression in Stroke: Relationship to Rehabilitation Efficiency.
In a previous study of acute stroke patients referred for cognitive evaluation (Gillen et al., in press), patients reporting more symptoms on a depression screening instrument (Geriatric Depression Scale-GDS) had longer hospitalizations and used rehabilitation services less efficiently than patients with fewer depressive symptoms. The current study attempts to extend this research with a larger sample of consecutive stroke admissions. One hundred and twenty-three admissions to an acute inpatient stroke rehabilitation program were screened for depression using the GDS and administered a brief cognitive screening exam (Neurobehavioral Cognitive Status Examination) during the first week of admission. Functional impairment was measured at admission and discharge utilizing the Functional Impairment Measure (FIM). Consistent with previous research suggesting high rates of depressive symptoms in this population, 31% exceeded the standard cut-off (>10) on this instrument. Rates were higher in females (37%) than males (25%). Patients with higher GDS scores were hospitalized approximately 4 days longer ($t = 1.92$, $p < .05$) than patients with lower GDS scores. Elevated GDS scores were also associated with poorer functional status at admission ($r = -.24$, $p = .008$) and more severe cognitive impairment ($r = .29$, $p = .001$). Compared to the contribution of initial functional status, the relationship between GDS and length of stay was relatively weak. However, on a measure assessing the efficiency with which rehabilitation services were utilized (FIM efficiency) independent of initial functional status, patients with higher GDS scores tended to utilize services less efficiently than those with lower scores ($t = 1.84$, $p < .07$). Severity of cognitive impairment was not associated with either length of stay or rehabilitation efficiency. Overall, consistent with the initial study, the current study suggests that patients with more depressive symptoms progress more slowly in rehabilitation than those with fewer symptoms. The relationship between depressive symptoms and length of stay was not as strong in the current sample of consecutive admissions as in the previous sample comprised exclusively of patients referred for cognitive evaluation. The relationship between depressive symptoms, cognitive impairment, and progress in rehabilitation is most likely very complex. The current study supports the value of screening stroke patients for depression at the time of rehabilitation admission. This allows identification of individuals at risk to progress more slowly, more comprehensive assessment of mood, and if appropriate, rapid intervention.

Lafleche, G., & Fischer, R. S.
Disposition After Stroke and Its Relationship to Motor Planning.
Functional outcome following stroke has become increasingly important in the face of our changing health care environment. Recent studies have shown that functional recovery and eventual home discharge among stroke survivors could be reliably predicted by age and the severity of their functional impairments as measured by the Functional Independence Measure (FIM). Patients with low ratings (<40) have been found to be more likely to be discharged to a nursing home, whereas patients with high ratings (>80) are more likely to be discharged home. However, the prediction of functional outcome for patients in the “middle band” (FIM >40–<80), remains poorly understood. We report 10 stroke patients whose degree of functional disability on admission as measured by FIM fell into this middle band range and equated them for level of cognitive impairments on a global measure, length of stay, degree of functional improvement, and psychosocial circumstance to determine if specific neuropsychological factors can predict their eventual discharge. Preliminary results suggest that the functional outcome of stroke survivors with moderate disability on admission to rehabilitation can be predicted.