Post-Stroke Mood & Anxiety Disorder Clinic

A Collaboration Between
The Stroke Program Edmonton Zone,
RAH Stroke Prevention Clinic & Psychiatry

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Faculty/Presenter Disclosure

- **Faculty**: Shy Amlani
- **Relationships with commercial interests**: None
  - Grants/Research Support:
  - Speakers Bureau/Honoraria:
  - Consulting Fees:
  - Other:
Mitigating Potential Bias

- The Canadian Stroke Congress planning committee and speakers of this program have complete control over the content of this program. There has been no influence from the sponsors on the content.
- No sponsors or their representatives are members of the CSC program planning committee or any working groups related to the Canadian Stroke Congress.

Personal Conflicts –
- None
Stroke Program Edmonton Zone

• 3,551 stroke patients within Edmonton Zone (2015-16)
• 2 Comprehensive stroke centres
• 3 Sites with acute inpatient stroke units
• Comprehensive stroke inpatient & outpatient rehabilitation centre
• Community rehabilitation program
• 3 Stroke Prevention Clinics: 5,716 visits (2015-16)
Post Stroke Depression (PSD)

- Effects approximately 1/3 of stroke survivors
- Has a negative impact on functional recovery
- Is associated with greater social isolation & cognitive decline
- Post stroke mental health disorders are associated with increased risk of mortality
- Pharmacological treatment of PSD is associated with improved recovery
Canadian Stroke Best Practice Recommendations & Accreditation Canada’s Stroke Distinction Standards:

- Encourage teams to screen for depression at various transition points post-stroke \(^2,3\)

PHQ-9 implemented across the continuum of care
Challenge: Limited community resources available for management of post-stroke depression within the Edmonton Zone
Gaps in Care

- Follow-up with SPC, primary care givers and psychology not sufficient for some patients
  -Persistent affective changes
  -Review pharmacotherapy
  -Score >9 on PHQ-9
“Wow, now that’s what I call self-help! Has it helped your wife’s depression, too?”
Data Collection

- August to October 2015

<table>
<thead>
<tr>
<th>SPC:</th>
<th># of Patients for Potential Referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>GNCH</td>
<td>10</td>
</tr>
<tr>
<td>RAH</td>
<td>4 - 6</td>
</tr>
<tr>
<td>UAH</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>24-26 patients/3 month period</td>
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Post-Stroke Mood & Anxiety Disorder Clinic

- A collaborative approach to the management of PSD
- Clinic opened in March 2016
- ½ day per week (up to 3 patients/week)
- **Target**: stroke in past one year *plus* an identified mood or anxiety disorder (PHQ-9 score>9)
- Single psychiatric consultation with treatment recommendations to the general practitioner
- Referrals accepted from 3 SPC’s & Glenrose Rehabilitation Hospital (inpatient & outpatient)
# Post-Stroke Mood and Anxiety Disorder Clinic

**Referral (Edmonton Zone)**

Fax this form to: RAH Stroke Prevention Clinic (fax) 780-735-5888 (ph) 780-732-9023

All fields must be completed. Incomplete forms will result in assessment delays.

Referrals from PHYSICIANS ONLY will be accepted. Please indicate your referring location:
- [ ] UAH Stroke Prevention Clinic
- [ ] RAH Stroke Prevention Clinic
- [ ] GNCH Stroke Prevention Clinic
- [ ] GRH (Inpatient or Outpatient)

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Date of Birth</th>
<th>PHN</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alternate Contact Name</td>
<td>Phone</td>
<td>Referring Physician</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Family Physician</th>
<th>Date of Stroke</th>
<th>Type: Ischemic □</th>
<th>Hemorrhagic □</th>
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**Location of Stroke**

<table>
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<tr>
<th>PHQ9 Score</th>
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**Reason for Referral**

- This clinic offers one time psychiatric consultation/assessment for individuals who experienced stroke within the past year.
- This clinic does not accept requests for third party assessments (AISH, WCB etc.)

**Psychiatric History**

- Currently followed by psychiatrist? □ Yes □ No
  - If Yes, name of psychiatrist:
  - Current Substance Use and/or Substance Use History

**Medical History**

**Current Medications**
Results

• Collaboration between programs enabled Edmonton Zone to establish a new psychiatric clinic for patients experiencing PSD

• We believe optimal treatment of PSD improves outcomes post-stroke, including better patient awareness, self-monitoring, and compliance with risk factor reduction strategies

• 31 referrals and 28 visits from May to August 2016
Future Plan

• To evaluate the impact of this clinic
  – Utilization
  – Result of encounter
• Feasibility and appropriateness of referring from other areas across the continuum
References

3. Accreditation Canada’s Stroke Distinction Standards; https://accreditation.ca/stroke-distinction
Acknowledgements

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- Dr. Naeem Dean
- Dr. Helen Bondurant & colleagues
- Dr. Carmen Tuchak
- Natalie Houseman
- Laurel Morrison
Thank You!