Emotional and Behavioural Changes after Stroke

Different parts of the brain control different parts of the body. Brain injury from a stroke may affect how a survivor moves, feels, thinks and behaves.

Left Brain Injury

Those with left-brain injury and a paralysed right side (called right hemiplegia) are more likely to have problems with speech and language. They also tend to be cautious, hesitant, anxious and disorganized when faced with an unfamiliar problem. People with right hemiplegia need frequent assurance that they are doing okay, with lots of immediate positive feedback. Breaking down tasks into steps with lots of practice will often aid learning.

Right Brain Injury

Those with right-brain injury and a paralysed left side (called left hemiplegia) may have problems with spatial-perceptual tasks such as judging distance, size, position, rate of movement, form, and how parts relate to a whole. People with severe spatial-perceptual deficits may have more trouble with self-care. They may not be able to read a paper – not because they cannot read, but because they lose their place on the page. They tend to have a behavioural style that is too quick and impulsive, and behave in a way that makes it easy to overestimate their abilities. They are often unaware of their deficits and may think themselves capable of tasks they are not (eg, driving).

Some common changes in people after a Stroke are:

- Emotional lability. This is also known as 'reflex crying' or 'labile mood' and is characterised by rapid mood changes that include crying or laughing. These changes may not fit a person's mood or may last longer than seems appropriate. However, this does settle once people begin to recover from their stroke and gain increased emotional control.
- Depression. This is very common in people who have had a stroke and is characterised by feelings of sadness, hopelessness or helplessness. They may suffer irritability and changes in eating, sleeping and thinking. Grieving following a stroke can cause similar symptoms, but depression symptoms are more pervasive and persistent (six weeks or more). Depression needs to be treated as soon as possible by your doctor.
- Short retention span. People with an affected retention span might only remember part of a complicated message. For example, in a series of instructions, they may remember only two or three steps and may struggle with learning something new. Some stroke survivors may also have problems transferring learning from one setting to another. For example, they may know how to get in and out of bed in hospital themselves, but be unable to perform the same task at home. Caregivers can help by: establishing a fixed routine, keeping messages short, presenting new information one-step at a time and teaching tasks in settings that resemble the environment where the task will be done.

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- Social judgment. Even minor damage from a stroke can affect a memory related area of behaviour called quality control. This refers to how well individuals check and control their own behaviour and do the 'right' thing at the 'right' time in social situations. For example, a previously fastidious person may fail to bathe or zip his fly, or a formerly polite person may become rude and profane. The person may be able to control behaviour when with relative strangers (eg: with the doctor) but become quite uninhibited with family or people they know well. These problems are often annoying and irritating for the stroke survivor and are not well understood by caregivers who often incorrectly interpret this type of behaviour as stemming from an emotional or psychological problem rather than a problem with memory and the 'reading' of social situations. By giving stroke survivors cues, positive feedback and praise for doing well, caregivers can help with a stroke survivor's behavioural and social readjustment.
- Feelings of frustration. This often results from difficulty completing everyday tasks as quickly or with the same precision as previously. Caregivers can help by acknowledging the stroke survivor's frustration and by patiently assisting them to develop alternative ways of achieving the same end. Physical aids can also be of great benefit and the physio or occupational therapist will be able to suggest useful tips and provide recommendations on useful aids for daily living.
- Lack of motivation. This can be related to a number of factors including fatigue, depression, and difficulty planning and initiating tasks. If you would like our information sheet on 'Fatigue', go to our website www.stroke.org.nz to order or download a copy, or ask your Field Officer, or call 0800-78 76 53.

Strategies to help deal with these psychological changes

For the stroke survivor and their family/whanau:

1. Emotional and behavioural changes are quite common after a stroke and usually improve with time. Specific things may trigger certain behaviour and you may have to learn how to avoid these, or learn what to say or do to minimise the problem. Above all, try not to over react.
2. Accept help offered by others. Expert help from a psychologist can be very helpful in understanding and minimising the problem.
3. Seek advice about how to solve daily living problems.
4. Everybody needs time out in a normal relationship. Make sure you arrange this and have time for yourself.
5. Sharing your feelings is often helpful. The Stroke Foundation has stroke clubs, which provide a social network. Call 0800-78 76 53 for your nearest club or ask your Field Officer.

REMEMBER -recovering from a stroke is often a long, slow process. Be kind to yourself. We all have our good and bad days. Try and see the good in each and every day. Set goals and remember to reward yourself when you have achieved them.

If you would like any further information about this topic or anything else in relation to your stroke, please contact the Stroke Foundation on 0800-78 76 53 or visit our website *www.stroke.org.nz*