

BACKGROUND

- Post-stroke depression affects 1 in 3 stroke survivors and has been linked to cognitive impairment¹
- Negative self-appraisals of abilities are a risk factor of poor mental health outside of stroke²
- It is unknown whether *objective* impairment, versus *subjective* evaluation of impairments, better predict post-stroke depression
- **STUDY AIM: To determine the predictive value of subjective and objective cognition to post-stroke depression**

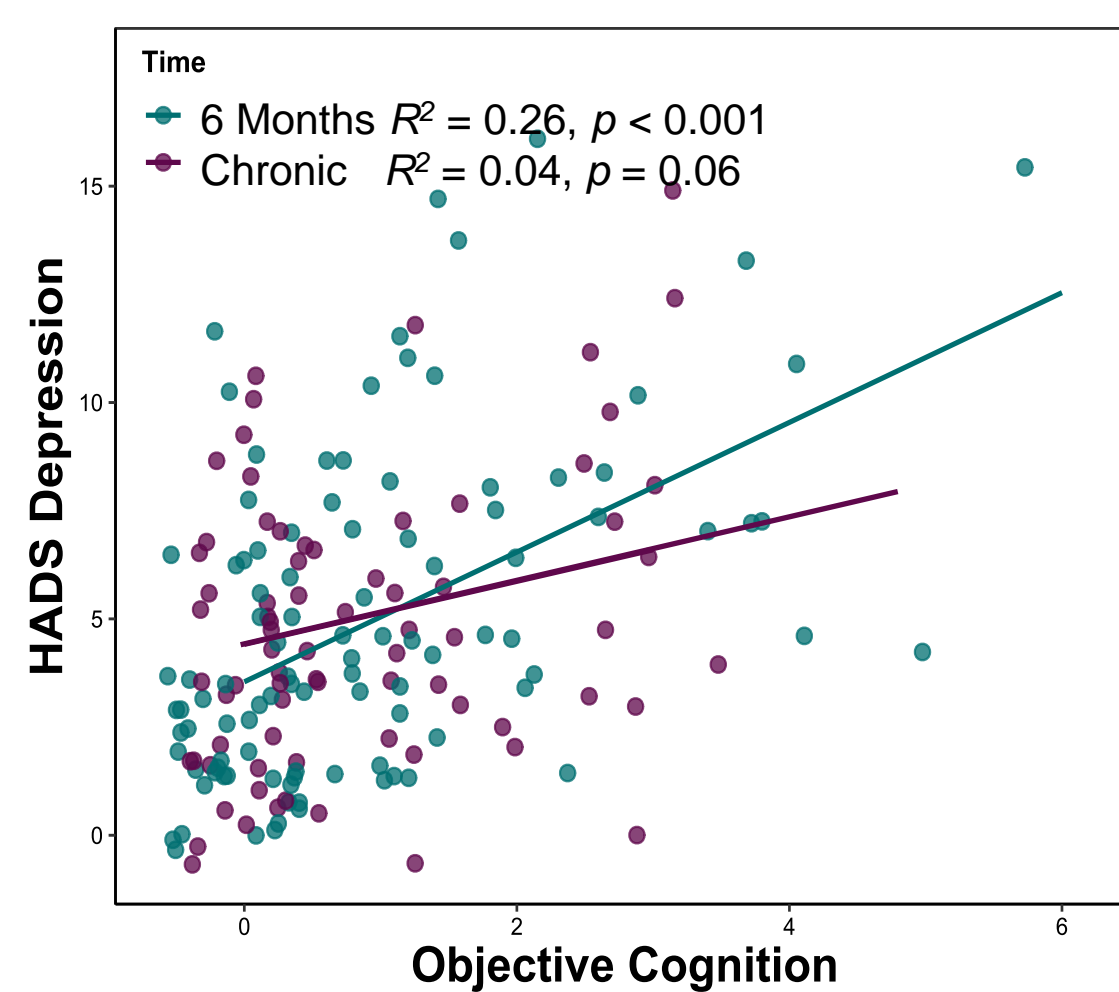
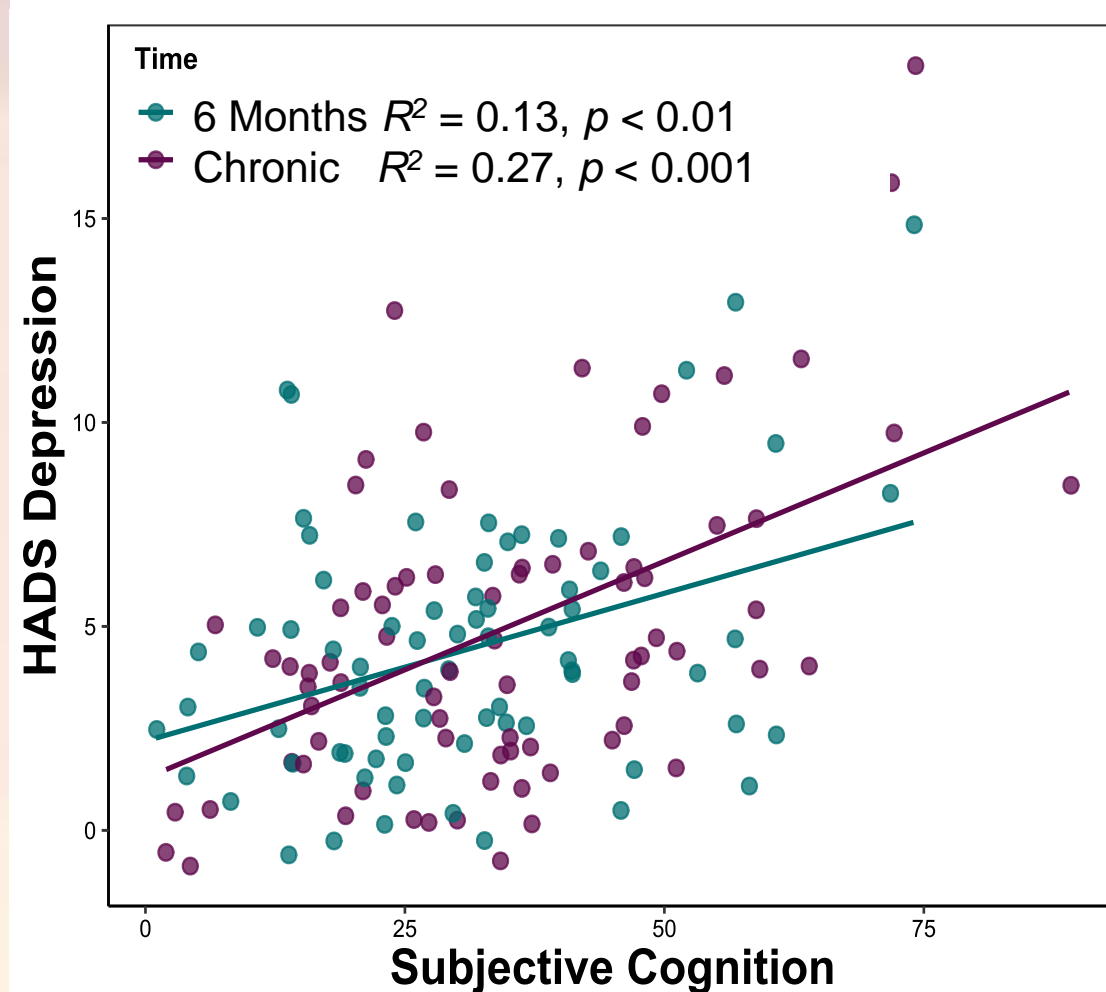
METHOD

- Secondary analysis of Oxford Cognitive Screening Programme data³
- Participants completed below measures at 6 months and chronic stroke (3+ years post-stroke)
 - Mood (HADS-Depression)
 - Objective cognition (Oxford Cognitive Screen; OCS)
 - Subjective cognition (Cognitive Failure Questionnaire; CFQ)
- Cross-sectional regressions and longitudinal mixed-effect models were used to analyse data

RESULTS

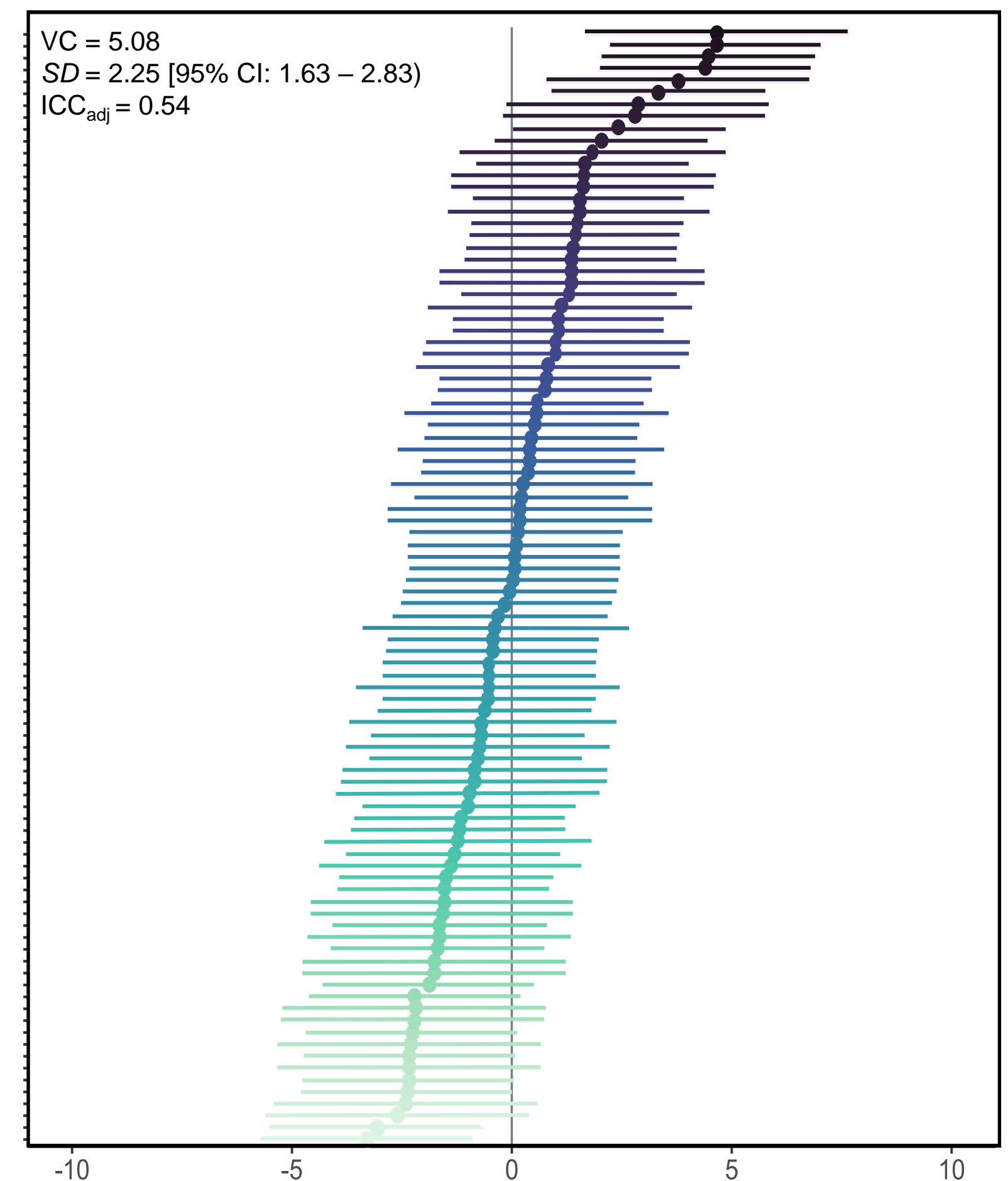
Stroke Participants (N = 105)

Age – Mean (SD)	72.92 (13.01)
Gender	59.05% Men
Years Since Stroke – Mean (SD)	4.52 (2.13)
Stroke Type	69.52% Ischaemic
Acute NIHSS – Mean (SD)	7.39 (6.25)



- Objective cognitive impairments were more strongly predictive of depression at 6 months, while subjective cognitive impairments were more strongly predictive in chronic stroke

Participant Level Random Effects Estimates



- Only subjective impairments predicted changes in depression severity from 6 months to chronic stroke ($b = 0.05$ [95% CI = 0.01 – 0.09], SE = 0.02 $t = 1.95$, Marginal $R^2 = 0.22$, $p = 0.05$)

DISCUSSION

- The importance of objective impairments to depression at 6 months post-stroke may reflect individuals coming to terms with new cognitive disability upon returning home
- Persistent subjective cognitive impairments may instead maintain depression in chronic stroke
- Both objective and subjective cognitive impairments are valuable to assess, but at different time points