



Tired of Being Tired After Stroke: Managing Post-Stroke Fatigue



Benjamin Tseng^{1*} and Colleen Marzilli²

¹Department of Health and Kinesiology, The University of Texas at Tyler, USA

²School of Nursing, The University of Texas at Tyler, USA

*Corresponding author: Benjamin Tseng, PhD, Laboratory of Brain Aging and Neuromotor Behavior, Department of Health and Kinesiology, The University of Texas at Tyler, 3900 University Blvd, Tyler, TX 75799, USA, Tel: 903.566.7042; Fax: 903-566-7065; Email: btseng@uttyler.edu

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Abstract

Although Post-stroke fatigue (PSF) has gained attention in recent years, clinicians and caregivers are still faced with the challenge of diagnosis and management of PSF. The purpose of this statement is to highlight the clinical significance of management in PSF for healthcare providers.

Keywords: Stroke; Stroke care; Post-stroke fatigue

Post-Stroke Fatigue is a Public Health Concern

The diagnosis of stroke is one that brings about great change for not only the patient, but the family, too. However, that does not consider the effect of Post-stroke fatigue (PSF) on the patient and the implications for the family. PSF occurs in more than half of stroke survivors around the world [1] and has a profound negative impact on a patient's daily activities such as decreased participation in physical activities [2]. PSF not only jeopardizes stroke rehabilitation, more importantly, it also has been linked with poor quality of life independent of depression and disability [3,4], and increased mortality [5]. Although the debilitating effects of PSF is recognized by healthcare providers, clinicians and caregivers are still faced with the challenge of long-term management of PSF. To date, no pharmacological intervention can effectively treat PSF symptoms [6]; current standard of care for chronic stroke relies on educational materials and does not incorporate any proactive countermeasure to alleviate PSF symptoms. The purpose of this statement is to highlight the clinical significance of management in PSF for healthcare providers.

PSF Presents Serious Burdens to Patients and Families

Following stroke, the family often experiences guilt even without any permanent disabilities of the patient. Families often ask, "Did our diet or eating habits cause the stroke?" This is only the tip of the iceberg describing the thoughts that the families of those with stroke experience. The patient is often racked with guilt over subjecting the family to this life-changing health condition. Patients with stroke are more likely to experience depression and anxiety related to their decline in health and possible need for assistance and permanent lifestyle modifications. When PSF is present, these

feelings of guilt, depression, and anxiety are often magnified. However, the healthcare provider may be able to support the patient and family by addressing activity and sleep, diet, and mental health.

Multidimensional Counter Measures by Health Care Provider

The health care provider should consider activity and a healthy sleep schedule. The level of activity should be tailored to the patient's individual needs including pre-stroke level of functioning and consider any residuals following the stroke. The family should be encouraged to participate in the activity level with the patient and help support the patient through a custom-tailored activity plan. Activities can be as simple as playing a card game to things like going for a walk or on a hike. Bird-watching and wood-working are examples of activities that the patient with post-stroke fatigue might find enjoyable through the process of managing post-stroke fatigue. The healthcare provider should counsel the patient on appropriate sleep hygiene and encourage a healthy sleep/wake routine. A scheduled bedtime with appropriate number of hours of sleep followed by a standard wake time with limited naps are helpful in managing post-stroke fatigue. The healthcare provider should counsel against indulging in too much sleep as this is counter-productive to managing post-stroke fatigue.

Two, diet and nutrition are essential for the healthcare provider to address following a stroke, and when post-stroke fatigue is present, this is essential to help manage the fatigue. The healthcare provider should consider a nutritional consult, and provide dietary resources such as websites for healthy food preparation and recipes. Managing diet and nutrition also includes educating the patient

about the use of caffeine and stimulants to combat the post-stroke fatigue as these are counterproductive to successfully managing the PSF and consumption can cause other health-related issues.

Three, it is paramount that the healthcare provider support the patient through post-stroke fatigue by addressing mental health such as any anxiety or depression that the patient may experience. Depression often occurs due to a decrease in function and/or quality of life and guilt related to lifestyle decisions and health behaviors that may have contributed to the initial stroke and the patient may experience anxiety with the realization that the chances of another ischemic event are likely. When PSF is present, these conditions can be magnified. The healthcare provider should screen for these conditions and provide referrals and treatment as needed. Medications and mental health care including counselling services may be indicated. Engaging in activity and consuming a healthy diet can also help address these.

Future Role of Health Care Provider

The healthcare provider not only can take on the role of partner in addressing PSF and consider activity and sleep, diet, and mental health for the patient and their family; they also play a key role in supporting the patient and family and really empowering through the process. Currently there is no evidence for effective pharmacological interventions in patients with PSF. On the other hand, non-pharmacological PSF intervention is inadequate and

offers only general education materials and advice patients and caregivers for dealing with PSF. The immediate urgency of advancing PSF management must focus on a multidimensional treatment strategy that is personalized to each individual patient's PSF contributing factors. It is also important to recognize that the healthcare provider is a great resource and helps for the patient with post-stroke fatigue and can offer many strategies to combat the effects.

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