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0521840074 - The Clinical Neuropsychiatry of Stroke, Second Edition
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The Clinical Neuropsychiatry of Stroke

This fully revised new edition covers the range of neuropsychiatric syndromes associated with stroke, including cognitive, emotional, and behavioral disorders such as depression, anxiety, and psychosis. Since the last edition there has been an explosion of published literature on this topic and the book provides a comprehensive, systematic, and cohesive review of this new material. There is growing recognition among a wide range of clinicians and allied healthcare staff that poststroke neuropsychiatric syndromes are both common and serious. Such complications can have a negative impact on recovery and even survival; however, there is now evidence suggesting that pre-emptive therapeutic intervention in high-risk patient groups can prevent the initial onset of the conditions. This opportunity for primary prevention marks a huge advance in the management of this patient population. This book should be read by all those involved in the care of stroke patients, including psychiatrists, neurologists, rehabilitation specialists, and nurses.

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Dedication

As with the first edition of this book, I want to dedicate it to all of my friends and colleagues whose hard work, dedication, intelligence and training made this work possible. The older I get, the longer is the list of colleagues who have worked with me on these studies and who deserve much of the credit for this new growth in our knowledge of poststroke neuropsychiatric disorders. I am particularly grateful to Dr. Thomas Price and the late Dr. Frank Benson who gave me the chance to begin these studies by sharing their enthusiasm, ideas and patients. Dr. Sergio Starkstein, Dr. Philip Morris, Dr. Rajesh Parikh and now Dr. Ricardo Jorge have been the backbone, guiding lights, and steam engine behind this work. Their dedication to research, their innovative ideas and their perseverance to see this work through to publication has brought us all to our current state of knowledge. My latest colleagues have written many of the new papers outlined in this book as part of their training as well as a reflection of their hard work, intelligence and commitment. Drs. Kishi, Kimura, Murata, Manes, Shimoda, Narurshima, Chemerinski and Takezawa have all contributed significantly to this work. To each and every one of you I express my eternal gratitude.

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Preface

In the second edition of *The Clinical Neuropsychiatry of Stroke*, I have tried to include all of the recent findings concerning the neuropsychiatric syndromes associated with stroke published since 1998 when the original edition of this text was released. Integrating the substantial amount of literature which has been generated over the past 7 years has been a large task. The number of publications related to the single topic of poststroke depression has more than doubled in the 7 years before the first edition of this text (i.e., from 1990 to 1997), compared with the 7 years since the first edition (i.e., 1998 to 2004) (source: <http://www.ncbi.nlm.nih.gov/>). This reflects the growing worldwide interest in poststroke depression as well as the numerous other stroke related neuropsychiatric disorders and the growing recognition by clinicians that neuropsychiatric syndromes are both common and have a negative influence on patients' emotional state, physical recovery, cognitive recovery, and even survival following stroke. Thus, identifying effective interventions based on controlled treatment trials represents an essential task in the care of patients with stroke. The recent demonstration by Rasmussen *et al.* (2003) (see Chapter 23) that the negative physical consequences of poststroke depression may be significantly reduced by prophylactic treatment with antidepressants represents a major advance in the care of patients with stroke. I do not know of any psychiatric disorder in which the initial onset of the condition has been prevented by therapeutic intervention (i.e., primary prevention). In fact, with the exception of infectious disease, primary prevention in all fields of medicine has not progressed as quickly as we would have hoped. In psychiatry, secondary and tertiary prevention (i.e., early treatment before the full syndrome appears and prevention of recurrence) has been demonstrated in a variety of conditions but primary prevention has not been established for any psychiatric disorder. Primary prevention requires the identification of a very high-risk population so that the risk of treating patients who would never have developed the disorder is outweighed by the benefit of preventing the disorder in the large number who would have developed it. Patients with stroke represent a high risk population for the development of several psychiatric disorders. This may lead to enhanced recovery, decreased suffering as well as decreased mortality and morbidity. Therefore, based on the significant advances in the field and the increased need for clinicians in all specialty areas to be aware of the importance of neuropsychiatric disorders in patients with stroke, a second edition seemed

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appropriate. Hopefully, the field will continue to advance and further therapeutic successes will establish even more effective methods of treating stroke victims in the future.

REFERENCE

Rasmussen, A., Lunde, M., Poulsen, D. L., *et al.* A double-blind, placebo-controlled study of sertraline in the prevention of depression in stroke patients. *Psychosomatics* (2003) 44(3): 216–221.

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