

THE PROGRAM OF OCCUPATIONAL CORRECTION AND CEREBROLYSIN FOR MEN WITH POST-STROKE DEPRESSION

Maltseva M.N.^{1,2}, Melnikova E.V.^{1,2}, Shmonin A.A.^{1,2}

¹First St. Petersburg Pavlov State Medical University, St. Petersburg, Russia

²The Association of Support and Development Canis therapy, St. Petersburg, Russia

Introduction: Pharmacological drugs can potentiate the rehabilitation effects of non-drug therapy.

Purpose: to evaluate the effectiveness combination therapy of Cerebrolysin and ergotherapeutic correction for men with post-stroke depression.

Method. The study included 24 male patients aged 47 to 67 years with lacunar stroke 5–7 months before the start of the study, who had no motor and speech disorders. The criterion for inclusion in the study was the presence of depressive disorders and disadaptation. The Beck Depression Inventory (BDI) was applied to assess the severity of the depressive disorder. The Canadian Occupational Performance Measure (COPM) was applying for assessment of activity and social adaptation. We assessed before the rehabilitation course, immediately after infusion and on the 90th day. In the main group, during the first 14 days of training, Cerebrolysin was administered: intravenously, 10 ml daily, once a day. In the control group, a placebo preparation was administered in the same manner. The course of ergotherapy lasted for 3 months.

Results. In patients receiving Cerebrolysin was a significant decrease in the depression level estimated by BDI in comparison with the placebo group ($p=0.0000007$ and $p=0.00002$, respectively) in all end points. In the Cerebrolysin group was a faster and more complete recovery of activity in the social environment (shopping) and productive activities (work for money and cooking) of the COPM-rated performance and satisfaction compared with the placebo group after end of infusion and on the 90th day.

Conclusion. Combination of Cerebrolysin infusions and the course of occupational correction in patients with post-stroke depression are more effective for depression and social disadaptation than for a separate course of occupational therapy without drug support.