Predictors of Good Functional Outcome at Discharge in Stroke Patients with Depression in the FL-PR Collaboration to Reduce Stroke Disparities

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INTRODUCTION

Stroke is the 5th leading cause of death in the US and results in major disability. It is important to identify modifiable factors that increase risk of poor outcome to target for intervention. Depression is related to worse post-stroke outcomes, with Hispanics having a higher burden of stroke and depression than non-Hispanics. The goal of this study was to determine the effect of ethnicity and prior depression on post-stroke outcomes.

METHODS

We analyzed 80,687 cases (84 institutions) from the FL-PR Stroke Registry (2014-2017). Pre-existing depression was identified by prior history or anti-depressant medications as per Get With The Guidelines-Stroke data. Figure 1.

RESULTS

Table 1. Univariate Results

<table>
<thead>
<tr>
<th>Patient Characteristics</th>
<th>All</th>
<th>Depression</th>
<th>No Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, mean±SD</td>
<td>71.0±14.4</td>
<td>72±13.6</td>
<td>70.9±14.5</td>
</tr>
<tr>
<td>Sex, %</td>
<td>49</td>
<td>61</td>
<td>48</td>
</tr>
<tr>
<td>Female</td>
<td>62</td>
<td>74</td>
<td>60</td>
</tr>
<tr>
<td>FL-White</td>
<td>8</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>FL-Black</td>
<td>13</td>
<td>14</td>
<td>11</td>
</tr>
<tr>
<td>PR-White</td>
<td>6</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Vascular risk factors, %</td>
<td>68</td>
<td>83</td>
<td>66</td>
</tr>
<tr>
<td>HTN</td>
<td>40</td>
<td>56</td>
<td>37</td>
</tr>
<tr>
<td>Dyslipidemia</td>
<td>31</td>
<td>39</td>
<td>30</td>
</tr>
<tr>
<td>CAD</td>
<td>21</td>
<td>29</td>
<td>19</td>
</tr>
<tr>
<td>AF</td>
<td>19</td>
<td>21</td>
<td>19</td>
</tr>
<tr>
<td>Tobacco use</td>
<td>6</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>HF</td>
<td>6</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>PVD</td>
<td>3</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Carotid Stenosis</td>
<td>3</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Insurance status, %</td>
<td>36</td>
<td>41</td>
<td>35</td>
</tr>
<tr>
<td>Private</td>
<td>31</td>
<td>39</td>
<td>30</td>
</tr>
<tr>
<td>Medicare</td>
<td>9</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>No Insurance/Medicaid</td>
<td>25</td>
<td>13</td>
<td>26</td>
</tr>
<tr>
<td>NIHSS, median (ICR)</td>
<td>4 (8)</td>
<td>5 (9)</td>
<td>4 (9)</td>
</tr>
<tr>
<td>Arrival mode, %</td>
<td>64</td>
<td>68</td>
<td>63</td>
</tr>
<tr>
<td>EMS</td>
<td>35</td>
<td>31</td>
<td>36</td>
</tr>
<tr>
<td>Unknown/missing</td>
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<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 2. Multivariate Results

<table>
<thead>
<tr>
<th>Depression</th>
<th>No Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>N (%)</td>
<td>2,377 (38)</td>
</tr>
<tr>
<td>AOR (95% CI)</td>
<td>0.85 (0.78, 0.92)</td>
</tr>
<tr>
<td>Functional Status at discharge (Independent ambulation vs. unable/with assist)</td>
<td>N (%)</td>
</tr>
<tr>
<td>AOR (95% CI)</td>
<td>0.86 (0.80, 0.94)</td>
</tr>
</tbody>
</table>

CONCLUSIONS

Pre-stroke depression and other vascular comorbidities adversely affected functional outcomes at discharge. Antidepressant medications and intensive management of risk factors in the hospital may improve delayed outcomes.

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