

Why am I so tired after my stroke?

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Abstract

Background: Fatigue is a common complaint after a stroke, and contributes to the large national burden of caring for stroke victims. Nevertheless, causes and cures for post-stroke fatigue are generally under-appreciated.

Discussion: Post-stroke fatigue can be organic, psychological, emotional, or a combination of these. A precise diagnosis will aid in treatment planning for effective return to normal levels of activity. Depending on the cause of fatigue, a post-stroke patient may benefit from physical therapy, occupational therapy, anti-depressants, counseling, and careful attention to basic needs. However, patients and care-givers should be patient and recognize that a stroke victims may never fully recover their abilities and dealing with fatigue may be a long-term issue.

Conclusion: Post-stroke fatigue can be vexing but multi-modal rehabilitation often allows at least some improvement. Additional research on effective therapy for different sources of fatigue will benefit our stroke patients in the future.

Key words: post-stroke fatigue, stroke nursing, stroke rehabilitation

J Vasc Interv Neurol 2008; 1(2):63-64

Introduction

Each year 780,000 people suffer either a new or recurrent stroke. It should be no surprise then, that stroke is the leading cause of serious, long term disability. With such a high incidence of disability it should also not be surprising that there are a large number of people who report feeling fatigued after their stroke. Fatigue effects between 39-72% of stroke survivors.

Fatigue is defined as physical and mental exhaustion that is triggered by stress, medication, overwork and mental and physical illness or disease. Fatigue is largely subjective and what one patient will tolerate may be different from what another patient can tolerate. Stroke patients may experience not only physical fatigue but emotional and mental fatigue as well. Family members and care givers may wonder whether the fatigue is from the actual stroke or from the challenges of disability and adjusting to changes in lifestyle, and the answer may be a combination of factors.

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There are some data that point to right hemispheric strokes being the cause of fatigue. Damage to the brainstem has also been linked to fatigue. However, fatigue is so prevalent in the general population of stroke victims, the two types of stroke listed above do not completely explain the cause.

Fatigue may improve with time but it can also be persistent and some patients may never be completely free of it. Tasks that may have come easily before the stroke may be harder and therefore require more energy than they previously would.

Management of fatigue is best done with lifestyle changes. Many patients are likely to become much more sedentary after a stroke, so encouraging regular physical activity is imperative. This may be frustrating for those patients who were previously much more active, but encouraging them to start slow, be persistent in their activity, and have patience with the recovery process is important. No two patients are the same, and it may be helpful to work with physical therapy to come up with an individual plan for exercise. Other things to be mindful of are making sure people are getting proper nutrition, adequate rest and relaxation.

Many people, before their stroke, may have often relied on caffeine to stave off fatigue. After the stroke they should be encouraged to stay away from caffeine, because, although it is an easy, quick fix, it may only make things worse. Pain medications may help or hinder some people, but they require a proper balance. Some patients may require some pain control to allow them to participate in exercises, but if they take too much, it may only make them tired and hinder their ability to be active.

Stroke brings new challenges for people that they may not feel mentally and physically equipped to deal with. Patients may experience anxiety and depression over loss of employment, financial stressors, change in family dynamic and fear of the future. These patients will require help with social support and it may also be helpful to have occupational rehabilitation to help them cope with these changes. Fatigue and depression do not go hand and hand but it is important to evaluate for signs and symptoms of depression in the fatigued patient because the two problems are treated differently although the goal in both cases is to restore normal levels of activity. For some patients who are experiencing fatigue, anti-depressants or counseling may address the mental aspects of fatigue and allow more directed therapy for the physical aspects. Counseling may also help patients with malaise, the feeling, sometimes irrational, that they just can't do things anymore. In some cases, a neurophysiological evaluation may help to identify underlying functional problems.

Fatigue is not something that can be easily fixed. It requires

patience and an open mind about each person's own feelings of fatigue. It is important to recognize the presence of fatigue, sort out the physical, mental, and emotional components, and help patients and family handle it appropriately. It may never go away but there are definite steps that can be taken to make it more manageable.

Every year we develop more ways to treat stroke and save more lives than in previous years. Sometimes post-stroke therapy seems to have diminished importance relative to the acute rescue of a stroke patient. Nevertheless, we need to recognize more mundane risks like fatigue. Evaluating and educating patients, family and caregivers early for fatigue may aid in a better and faster recovery. It is obvious that more research must be done on this phenomenon of post stroke fatigue so that we can provide a better outlook for our patients.