

A Parent's Stroke Often Affects Children

Behavioral problems, depression can be common reactions, a new study finds.

By Ed Edelson

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THURSDAY, Oct. 6 (HealthDay News) -- When a parent suffers a stroke, children often develop behavioral problems and depression that require professional treatment, a Dutch study found.

That finding in itself was not a major surprise, said Dr. Anne Visser-Meily, a rehabilitation specialist at the University Medical Center in Utrecht, and lead author of the report in the Oct. 7 issue of the journal *Stroke*.

"What was unexpected was the large number of children who had problems," she said. "One year after the stroke, one of every five children was visiting a professional for psychiatric or psychological care."

Visser-Meily and her colleagues interviewed 82 children, ranging in age from 4 to 18 years old, whose parents had been admitted to Dutch rehabilitation centers after strokes. The parents were 46 years old, on average, with moderate post-stroke disability.

There were three interviews -- just after the parents' admission, two months after their discharge, and one year after the stroke.

The researchers found that none of the children had major behavior problems beforehand. But 54 percent of them had depression or one of more behavioral problems, such as being withdrawn, anxious or aggressive, immediately after their parents' stroke. The proportion of children with such problems dropped to 23 percent two months later but rose to 29 percent at the final interview.

Problems emerged when the parents came home, Visser-Meily said. "An increase in child problems can be expected because the family realizes that at least some of the changes will be permanent and they will have to

reorganize family routines," she said.

"The kind of reaction that children have to a parent's stroke is seen with any kind of major illness," noted Dr. Charlotte Reznick, associate clinical professor of psychology at the University of California, Los Angeles.

The most important predictor of problems was a child's psychological well-being before the stroke, Visser-Meily said. "The other important predictors were depressive symptoms of the healthy parent and the marital relationship," she said. "The disability of the patient played a minor role."

The study shows that caring for children is an important part of the stroke-rehabilitation program, Visser-Meily said. "When stroke patients are admitted, we have to say to them and to the whole family that this is a domestic disease. We have to speak to the children about it and monitor them."

The kind of reaction that children have to a parent's stroke is seen with any kind of major illness, noted Charlotte Reznick, an associate clinical professor of psychology at the University of California, Los Angeles, who works with children.

A great deal depends on how the parents handle themselves, Reznick said.

"Your parent has to take care of himself first and then take care of the child," she said.

The children in the Dutch study "might be showing a typical reaction to a crisis," Reznick said, "either acting out or internalizing." Boys tend to show their fears openly, acting out, while girls are more likely to internalize their feelings, producing the problems found in the study, she said.

Help comes from giving the child "a lot of information, not only about stroke but also things they can do to help themselves," Reznick said. Methods such as relaxation techniques can be help "whether they are 4 or 14," she said.

Visser-Meily agreed, advising that children should be screened for potential problems in the early phase of the rehabilitation program, she said. Older children should be provided with information about Web sites and books on the subject of stroke. And teachers should be advised about how to deal with the children.

The message of the study is that "better outcomes will occur when stroke

rehabilitation is organized as family-centered care," she said.

More information

For more on stroke, visit the [American Stroke Association](#).

(SOURCES: Anne Visser-Meily, M.D., rehabilitation specialist, University Medical Center Utrecht, Netherlands; Charlotte Reznick, Ph.D., associate clinical professor of psychology, University of California, Los Angeles; Oct. 7, 2005, *Stroke*)

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