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## ESCITALOPRAM IN TREATMENT OF POSTSTROKE DEPRESSION

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**Objective:** Poststroke depression (PD) occurs in approximately one third of the patients within first two years of a cerebrovascular event. However, no definite consensus has been reached on the best treatment option. The aim was to determine the efficacy and safety escitalopram, a selective serotonin reuptake inhibitor, in PSD treatment.

**Methods:** Patients with symptoms of depression within 6 months of a cerebrovascular event were included. Patients with Hamilton depression (HAM-D) score of  $< 13$ , mini mental standardized test score of  $< 23$ , schizophrenia, behavioral disorders, substance abuse, history of alcoholism, current use of antidepressants, and history of stroke or major depression within the last one year were excluded. Patients were administered escitalopram 10 mg/day for 3 months. HAM-D scores, stroke severity and extent of functional impairment were assessed and side effects were recorded; the relationship between HAM-D scores and sociodemographic variables and stroke localization was investigated.

**Results:** Totaly,35 patients (60% female; mean age,  $67 \pm 6$ ) were included. Depression was diagnosed  $3 \pm 1.2$  months after the stroke. HAM-D scores decreased significantly in all visits (days 15, 30, 45 and 90). The mean HAM-D score decreased from  $27.5 \pm 4.7$  to  $4.65 \pm 2.47$  at day 90 ( $p < 0.0001$ ). No significant correlation was found between HAM-D scores and cerebrovascular event localization, sociodemographic variables and medical history ( $p > 0.05$ ). Escitalopram was well tolerated. A total of 9 patients reported nausea, anxiety, drowsiness and dyspepsia.

**Conclusion:** In this open-label study escitalopram was found to be safe and effective for use in poststroke depression patients.

**Keywords:** Stroke, depression, Hamilton Depression scale, escitalopram