

Central Lancashire Online Knowledge (CLOK)

Title	Measures Associated With Early, Late, and Persistent Clinically Significant Symptoms of Depression 1 Year After Stroke in the AFFINITY Trial
Type	Article
URL	https://clock.uclan.ac.uk/id/eprint/40553/
DOI	https://doi.org/10.1212/wnl.0000000000200058
Date	2022
Citation	Almeida, Osvaldo P., Hankey, Graeme J., Ford, Andrew Hugh, Etherton-Beer, Christopher, Flicker, Leon and Hackett, Maree (2022) Measures Associated With Early, Late, and Persistent Clinically Significant Symptoms of Depression 1 Year After Stroke in the AFFINITY Trial. <i>Neurology</i> , 98 (10). ISSN 0028-3878
Creators	Almeida, Osvaldo P., Hankey, Graeme J., Ford, Andrew Hugh, Etherton-Beer, Christopher, Flicker, Leon and Hackett, Maree

It is advisable to refer to the publisher's version if you intend to cite from the work.
<https://doi.org/10.1212/wnl.0000000000200058>

For information about Research at UCLan please go to <http://www.uclan.ac.uk/research/>

All outputs in CLOK are protected by Intellectual Property Rights law, including Copyright law. Copyright, IPR and Moral Rights for the works on this site are retained by the individual authors and/or other copyright owners. Terms and conditions for use of this material are defined in the <http://clock.uclan.ac.uk/policies/>

eTable 3. Risk ratio of stroke participants showing evidence of clinically significant symptoms of depression as determined by a PHQ-9 score ≥ 9 [‡] over a period of 52 weeks according to their baseline characteristics.

		Early depression N=237 RR (95%CI) [†]	Late depression N=48 RR (95%CI)	Persistent depression N=76 RR (95%CI)
Age in years	< 60	1 (Reference)	1 (Reference)	1 (Reference)
	60-69	1.08 (0.75-1.56)	1.35 (0.62-2.92)	1.34 (0.70-2.57)
	≥ 70	1.02 (0.69-1.52)	1.58 (0.73-3.41)	2.57 (1.37-4.82)
Female sex		1.35 (0.98-1.85)	1.48 (0.80-2.75)	1.04 (0.62-1.77)
Marital status not married or partnered		0.681 (0.43-1.10)	0.92 (0.40-2.14)	0.36 (0.14-0.93)
Living alone		1.50 (0.82-2.72)	0.57 (0.17-1.85)	0.93 (0.27-3.22)
Country	Vietnam	1 (Reference)	1 (Reference)	1 (Reference)
	Australia / New Zealand	1.91 (1.31-2.77)	2.65 (1.30-5.39)	1.58 (0.87-2.84)
Mild to moderate disability pre-stroke		1.99 (0.85-4.68)	2.69 (0.73-9.95)	1.18 (0.25-5.57)
Stroke classification	POCS	1 (Reference)	1 (Reference)	1 (Reference)
	Haemorrhagic	1.40 (0.81-2.39)	1.05 (0.32-3.51)	0.42 (0.16-1.11)
	LACS	1.79 (1.08-2.95)	1.89 (0.69-5.21)	0.63 (0.26-1.50)
	PACS	0.96 (0.61-1.52)	1.60 (0.65-3.92)	0.76 (0.39-1.46)
	TACS	1.24 (0.62-2.48)	0.84 (0.16-4.41)	0.66 (0.23-1.86)
Uncertain*		—	7.73 (0.67-89.26)	3.81 (0.34-42.41)
Doubling of NIHSS		2.05 (1.65-2.54)	1.52 (1.03-2.24)	2.82 (1.95-4.09)
Depression before stroke requiring treatment		2.48 (1.16-5.31)	2.79 (0.86-9.06)	5.00 (1.84-13.59)
Assigned treatment with placebo [#]		1.13 (0.84-1.53)	1.24 (0.68-2.25)	1.03 (0.63-1.68)

[‡]Early depression indicated by a PHQ-9 ≥ 9 at baseline or weeks 4 or 12 only; late depression indicated by PHQ-9 ≥ 9 at weeks 26 or 52 only; persistent depression indicated by both PHQ-9 ≥ 9 before or at week 12 and again at week 26 or 52.

The analyses were limited to the 1159 participants who were alive and had not been lost by week 52.

[†]Risk ratio (RR) derived multinomial logistic regression. All listed measures were entered simultaneously in the model and the reported risk ratios indicate the main effect of the exposures. Bold print used to highlight statistically significant associations.

95%CI: 95% confidence interval.

mRS: Modified Rankin Scale.

LACS: Lacunar stroke; PACS: Partial Anterior Circulation stroke; POCS: Posterior Circulation stroke; TACS: Total Anterior Circulation stroke

*Uncertain includes 3 cases with unrecorded classification and 4 whose diagnosis of stroke was questionable.

[#]Participants were randomly assigned treatment with fluoxetine or placebo for 26 weeks (6 months).