

Aneurysmal subarachnoid hemorrhage neuropsychiatric disturbance

Neuropsychiatric disturbance has often been neglected.

In a high proportion of patients with favorable outcome after [aneurysmal subarachnoid hemorrhage](#) (aSAH), [neuropsychological deficits](#), [depression](#), [anxiety](#), and [fatigue](#) are responsible for the inability to return to their regular premorbid life and pursue their professional careers.

Standardized neuropsychological assessment will lead to a more comprehensive assessment of the patient, facilitate the detection and subsequent treatment of previously unrecognized but relevant impairments, and help to determine the incidence, characteristics, modifiable risk factors, and the clinical course of these impairments after aSAH ¹⁾.

A cross-sectional observational four-center study was carried out in Hong Kong. Neuropsychiatric outcome (Neuropsychiatric Inventory Chinese Version [CNPI]) assessments were conducted cross-sectionally 1-4 years after ictus. Pathological factors considered were early brain injury as assessed by admission World Federation of Neurosurgical Societies grade, aneurysm treatment (clipping versus coiling), delayed cerebral infarction, and chronic hydrocephalus. One hundred and three aSAH patients' spouses or caregivers completed the CNPI. Forty-two (41%) patients were reported to have one or more domain(s) of neuropsychiatric disturbance. Common neuropsychiatric disturbance domains included agitation/aggression, depression, apathy/indifference, irritability/lability, and appetite/eating disturbance. Chronic neuropsychiatric disturbance was associated with presence of chronic hydrocephalus. A subscore consisting of the five commonly affected domains seems to be a suitable tool for aSAH patients and should be further validated and replicated in future studies ²⁾.

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Zweifel-Zehnder AE, Stienen MN, Chicherio C, Studerus-Germann A, Bläsi S, Rossi S, Gutbrod K, Schmid N, Beaud V, Mondadori C, Brugger P, Sacco L, Müri R, Hildebrandt G, Fournier JY, Keller E, Regli L, Fandino J, Mariani L, Raabe A, Daniel RT, Reinert M, Robert T, Schatlo B, Bijlenga P, Schaller K, Monsch AU; Swiss SOS study group. Call for uniform neuropsychological assessment after aneurysmal subarachnoid hemorrhage: Swiss recommendations. *Acta Neurochir (Wien)*. 2015 Sep;157(9):1449-58. doi: 10.1007/s00701-015-2480-y. Epub 2015 Jul 16. PubMed PMID: 26179382.

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Wong GK, Lam SW, Chan SS, Lai M, Tse PP, Mok V, Poon WS, Wong A. Neuropsychiatric disturbance after aneurysmal subarachnoid hemorrhage. *J Clin Neurosci*. 2014 Jun 11. pii: S0967-5868(14)00224-0. doi: 10.1016/j.jocn.2014.02.018. [Epub ahead of print] PubMed PMID: 24929862.

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