

Emotional disorder

[Emotional](#) and [behavioral problems](#) is a broad category which is used commonly in educational settings, to group a range of more specific perceived difficulties of children and adolescents. Both general definitions as well as concrete diagnosis of Emotional disorders may be controversial as the observed [behavior](#) may depend on many factors.

Chronic emotional distress (e.g., [depression](#), [anxiety](#), post-traumatic stress) is common after [stroke](#) and interdependent between patients and their informal caregivers.

McCurley et al. measured stroke survivors', caregivers', and neurocritical care nurses' views of primary drivers of distress during the stroke experience, and needs and preferences for the structure, topics, mode of delivery, and timing of an intervention to promote emotional recovery.

They conducted semi-structured interviews with 24 patient-caregiver dyads within the Neuroscience Intensive Care Unit (Neuro-ICU). Additionally, we conducted two focus groups with 15 nurses. Interviews and focus groups were audio-recorded, transcribed, and coded using NVivo 11 (QSR International) software.

The challenges and impacts of stroke most commonly reported by dyads were: uncertainty about future health, fear of recurrent strokes, negative emotions, and role changes post-stroke. Dyads and nurses agreed that resiliency skills such as mindfulness/focusing on the present, problem solving, gratitude/optimism, self-care, interpersonal communication and developing a supportive team of family, friends, and medical staff are beneficial to optimize recovery. The potential barrier to intervention delivery was accessibility, due to challenges of time and travel to appointments. Participants agreed that starting the intervention at hospitalization and continuing via live video after discharge is an ideal delivery modality. Stroke survivors, caregivers, and Neuro-ICU nurses believe that a resiliency skills-based intervention to prevent chronic emotional distress is necessary and urgent. This qualitative study provides valuable information on the challenges faced by dyads, intervention topics to prioritize, and strategies to maximize feasibility, acceptability, and effect ¹⁾.

Emotional lability

see [Emotional lability](#).

Emotional disorder in Epilepsy

see [Emotional disorder in Epilepsy](#).

¹⁾

McCurley JL, Funes CJ, Zale EL, Lin A, Jacobo M, Jacobs JM, Salgueiro D, Tehan T, Rosand J, Vranceanu AM. Preventing Chronic Emotional Distress in Stroke Survivors and Their Informal Caregivers. *Neurocrit Care*. 2018 Nov 12. doi: 10.1007/s12028-018-0641-6. [Epub ahead of print] PubMed PMID: 30421266.

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