

가 가

가 가 가 (, 1987; , 1986; Klag, Whelton, and Seidler, 1989).

Adolfsson, & Asplund, 1993) 가 (Astrom, 1987; , 1986; Klag, Whelton, and Seidler, 1989).

1 4 1 (Bahle, 1998)

(, 1988; , 1998; Feigenseon, 1981) 가 (Dalal, 1997). Mahabir, Bickman, Gulliford(1998) 56%가 가 351 5 Hankey (1998) 58%가 52%

2. 가 가 가 (Fukunish, Aoki & Hosaka, 1997). 3 Astrom (1993) 25%, 3 31% 가 3 3) 가 , 29% 가 . 3 가 Tille(1992) 25-30%

(stroke or cerebral apoplexy)

2 Parikh (1990) 가 2 (cerebrovascular disorder)

가 Clarke (1999)

1 Robinson, Morris, Raphael(1992) 49 2 14 가 10 가 3 (, 1996; , 1994), (

		가 32%	75%
	가	가	가
	85%	가	가
	가	2.77	가
	가	12.9(±9.0)	가
	Crohnbach α 0.91		
(2)		< 1>	
		()	
		89	35.0
		141	55.5
		21	8.3
		missing	3
		91	35.8
(3)		160	63.0
		missing	3
		1.20(0.6)	
	6	()	11.77(±11.81)
Likert			56.65(±11.92)
가 2	33, 3	10	129
			50.8
			125
			49.2
			7
			2.8
			26
			10.2
(4)			7
			2.8
			8
			3.2
			10
			43.9
			4
			1.6
(1992)	CES-D		191
	16 4 Likert		75.2
	0 48 가 가	missing	1
			.4
			18
			7.1
			73
			28.7
			18
			7.1
			15
			5.9
			32
			12.6
			16
			6.3
			81
			31.9
		missing	1
			.4
			10
			3.9
			30
			11.8
			77
			30.3
			73
			28.7
1.			63
			24.8
		missing	1
			.4
			31
			12.2
			72
			28.3
			55
			21.7
			62
			24.4
			33
			13.0
		missing	1
			.4

- , 29(3), 281-288.
(1986).
- , 15(4), 587.
(1992). CES-D I.
, 11(1), 65-76.
- , , , , , ,
(1998).
- , 1(1), 111-123.
- Andersen, G., Vestergaard, K., Ingemann-Nielsen, N. M., & Lauritzen, L. (1995). Risk factors for post-stroke depression. Acta Psychiatrica Scand, 92(3), 193-8.
- Astrom, M., Asplund, K., & Astrom, T. (1992). Psychosocial function and life satisfaction after stroke. Stroke, 23(4), 527-531.
- Astrom, M., Adolfsson, R., & Asplund, K. (1993). Major depression in stroke patients. A 3-year longitudinal study. Stroke, 24(7), 976-82.
- Bahle, J. (1998). Stroke prevention screening program. J Vasc Nurs, 16(2), 35-37.
- Bond, J., Gregson, B., Smith, M., Rousseau, N., Lecouturier, J., & Rodgers, H. (1988) Outcomes following acute hospital care for stroke or hip fracture: how useful is an assessment of anxiety or depression for older people? Int J Geriatr Psychiatry, 13(9), 601-10.
- Burvill, P. W., Johnson, G. A., Jamrozik, K. D., Anderson, C. S., Stewart-Wynne, E. G. & Chakera, T. M. H. (1995). Prevalence of depression after stroke: The Perth community stroke study. British Journal of Psychiatry, 166, 320-327.
- Clarke, P. J., Black, S. E., Badley, E. M., Lawrence, J. M., & Williams, J. I. (1999). Handicap in stroke survivors. Disabil Rehabil, 21(3), 116-23.
- Dalal, P. M. (1997). Strokes in the elderly: prevalence, risk factors, & the strategies for prevention. Indian J Med Res, 106, 325-32.
- Evans, R. L., Bishop, D. S., Haselkorn, J. K. (1991). Factors predicting satisfactory home care after stroke. Arch Phys Med Rehabil, 72(2), 144-7.
- Everson, S. A., Roberts, R. E., Goldberg, D. E., & Kaplan, G. A. (1998). Depressive symptoms and increased risk of stroke mortality over a 29-year period. Arch Intern Med, 158(10), 1133-8.
- Feibel, J. H., & Springer, C. J. (1982). Depression and failure to resume social activities after stroke. Arch. Phys. Med. Rehabil, 63, 276-277.
- Feigenson, J. S. (1981). Stroke rehabilitation: Outcome studies and guidelines for alternative levels of care. Stroke, 12(3), 372-375.
- Finkelstein, S. (1982). Mood vegetative disturbance and dexamethasone suppression test after stroke. Ann. Neurol, 12, 463-468.
- Fukunishi, I., Aoki, T., & Hosaka, T. (1997) Correlations for social support with depression in the chronic poststroke period. Percept Mot Skills, 85(3 Pt 1), 811-8
- Hankey, G. J., Jamrozik, K., Broadhurst, R. J., Forbes, S., Burvill, P. W. (1998). Long term risk of first recurrent stroke on the Perth Community Stroke Study. Stroke, 12, 2491-2500.
- House, J. S., Robbins, C., & Metzner, H. L. (1982). The association of social relationships and activities with mortality: Prospective evidence from the Tecumseh Community Health Study. Am J Epidemiol, 116(1), 123-140.
- Kanacki, L. S., Jones, P. S., & Galbrith, M. E., (1996). Social support and depression in widows and widowers. Journal of Gerontological Nursing, 22(2), 39-45.
- King, R. B. (1996). Quality of life after stroke. Stroke, 27(9), 1467-1472
- Klag, M. J., Whelton, P. K. and Seidler, A. J. (1989). Decline in stroke mortality:

demographic trends and antihypertensive treatment. Stroke, 20(1), 14-21.

Mahabir, D., Bickman, L., & Gulliford, M. C. (1998). Stroke in Trinidad and Tobago: burden of illness and risk factors. Rev Panam Salud Publica, 4(4), 233-237.

Morris, P. L., Robinson, R. G., Raphael, B. & Bishop, D. (1991). The relationship between the perception of social support and post-stroke depression in hospitalized patients. Psychiatry, 54(3), 306-16

Niemi, M. L., Laaksonen, R., Kotila, M., & Wiltimo, O. (1988). Quality of life 4 years after stroke. Stroke, 19, 1101-1107.

Parikh, R. M., Robinson, R. G., Lipsey, J. R., Starkstein, S. E., Fedoroff, J. P., & Price, T. R. (1990). The impact of poststroke depression on recovery in activities of daily living over a 2-year follow-up. Arch Neurol, 47(7), 785-9.

Robinson, R., Morris, P. L., Raphael, B. (1992). Clinical depression is associated with impaired recovery from stroke. Med J Aust, 157(4), 239-42

Robinson, R. G. & Szetela, B. (1981). Mood change following left hemisphere brain injury. American Neurology, 9, 407-452.

Robinson, R. G., & Starkstein, S. E. (1990). Current research in affective disorders following stroke. J Neuropsychiatry Clin Neurosci, 2(1), 1-14.

Stern, R. A., & Bachman, D. L. (1991). Depressive symptoms following stroke. Am J Psychiatry, 148(3), 351-6.

Tille, J. W. (1992). Post-stroke depression. Psychopharmacology(Berl), 106, Suppl: S130-3.

Vittanen, M., Fugl-Meyer, K. S., Bernspang, B., & Fugl-Meyer, A. R. (1988). Life satisfaction in long term survivors after stroke. Scand

Journal of Rehabil Med, 20, 17-24.

-Abstract-

Key concept: Stroke, Depression, Social Support

The Relationship between the Characteristics of Social Support and Post-Stroke Depression

Kim, Inja· Suh, Moon Ja***

*Kim, Keum Soon**· Cho, Nam Ok****

The effects of social support on post-stroke depression were investigated. Social support was classified into three categories : primary caregiver's, significant other's, and professional support. And primary caregiver's and significant other's support were divided into their relation, living state (which means they living together or not), frequency which they met at, and perceived satisfaction about the support, respectively. Professional support was divided into number of professionals who take care of, frequency they met at, and perceived satisfaction. The subjects were 254 stroke patients who had been discharged and were taken follow-up care at the outpatient department. The depression was measured using CES-D.

Out of the primary caregiver's support, only relation and perceived satisfaction were identified to affect the post-stroke depression. The patients who primarily their spouse takes care of were less depressed than those who their adult children take care of. None of the significant other's support affects the post-stroke depression. Only perceived satisfaction of the professional support was found to affect the post-stroke depression. So it was found that the

* Department of Nursing, Taejon University

** College of Nursing, Seoul National University

*** Department of Nursing, Suncheonhyang University

quality, not the amount, of care was important to post-stroke depression. These results also

support the claim that the facilities and teaching programs for primary caregivers are necessary.