

Dr. Lewis 482 3759

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Bob:

While your father did not have a "stroke", his right hemisphere subdural is equivalent. Below is an abstract from last week's APA meeting that is applicable to him.

Max

**NR513**      **Wednesday May 15, 3:00 p.m.-5:00 p.m.**  
**Efficacy and Side Effects of Methylphenidate (Ritalin)**  
**for Post-Stroke Depression**

Lawrence W. Lazarus, M.D., Psychiatry, Rush- Pres- St. Luke's, 1653 West Congress Parkway, Chicago, IL 60612;  
David Winemiller, B.S., Venkata Lingam, M.D., Carolyn Hartman, M.D., Ida Neyman, M.D., Mehrdad Abbassian, M.D., Usha Kartan, M.D., Pauline Langsley, M.D., Virginia Markvart, R.N., Jan Fawcett, M.D.

**Summary:**

Large numbers of stroke victims suffer significant depression within the first two years following stroke. Use of tricyclic antidepressants among elderly patients is often complicated by side effects such as orthostatic hypotension. Methylphenidate has been shown to be a rapid, safe, and effective treatment for depressed geriatric patients.

Methylphenidate was studied for safety and efficacy in the treatment of post-stroke depression at Rush-Presbyterian-St. Luke's Medical Center in Chicago. Ten elderly stroke patients with a DSM-III-R diagnosis of major depressive disorder, a minimum Hamilton Depression Rating Scale score of 15, and a minimum Mini Mental Status score of 14 were treated with methylphenidate and studied for three weeks.

Four of the 10 subjects showed Hamilton score reductions of 50% or greater. An additional four subjects showed Hamilton score reductions of at least 25%. No subject had adverse side effects necessitating discontinuation from the study. Five of the 10 subjects reported between one and three individual side effects.

Methylphenidate appears to be a safe and effective treatment for elderly patients with post-stroke depression. Its rapid onset of action and relatively low side effect profile may offer advantages over tricyclic antidepressants, particularly in a rehabilitation or acute medical hospital setting.