

# Mental Health After a Spinal Cord Injury

Depression is one of the most common mental health concerns after spinal cord injury (SCI). As many as 40% of people experience depression during rehabilitation and around 1 in 5 people experience depression a year after the injury. Depression can be a serious problem after SCI. It can interfere with recovery and rehabilitation and is related to longer hospital stays, higher levels of pain, and lower quality of life after injury. Additionally, physical and lifestyle changes after SCI can lead to cognitive and behavioural symptoms of anxiety including excessive worrying, catastrophic thinking, and perceived lack of control. Chronic anxiety has been significantly correlated with other secondary conditions including depression and chronic pain. Appropriate management of these secondary conditions, through a multidisciplinary approach, is imperative as they have been shown to contribute to slower recovery, increased negative outcomes, and greater rates of rehospitalization and health care utilization.

## What are the management options for mental health post SCI?

Currently, cognitive behaviour therapy has the strongest evidence for managing mental health concerns post SCI. Pharmacological approaches such as venlafaxine may improve mood among those with nociceptive pain. Physical interventions such as small group exercise programs and increase in recreational activities may improve symptoms of depression and anxiety. There is limited evidence for the effectiveness of repetitive transcranial magnetic stimulation in improving symptoms of depression.

## Gaps in the Evidence

Though pharmacological treatment is commonly prescribed for managing depression and anxiety symptoms post SCI, there is limited evidence supporting its use. Since individuals with SCI may be on several medications to manage their secondary complications, evaluation of safety and efficacy of these among the population is warranted. Additionally, studies evaluating the combination of non-pharmacological, behavioural, and pharmacological approaches should be evaluated.