Post-stroke mania: Review of cases in the literature

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Introduction

Approximately one-third of stroke survivors develop poststroke depression. Post-stroke mania is relatively rare, with a prevalence less than 2% [1].

In 2015, a case review report on late-onset mania demonstrated established vascular risk factors in 51% of patients. In 28% of cases, the treatment of underlying organic cause contributed to successful remission of the manic episode.[2]

Objectives

This literature review aim to compile published case reports from the past 20 years to review late-onset mania as one of the neuropsychiatric sequelae of stroke and its management.

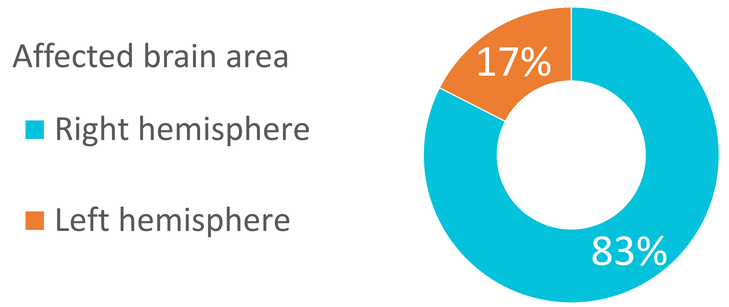
Methods

Methodology involved literature search on Pubmed, PsychInfo, and Embase utilizing the following keyword combinations: Bipolar, Manic, Mania, Secondary, Stroke, Poststroke, Post-stroke, Elderly, Old, Late onset, Late-onset, Lateonset, Hemisphere, Brain, Vascular, Infarction.

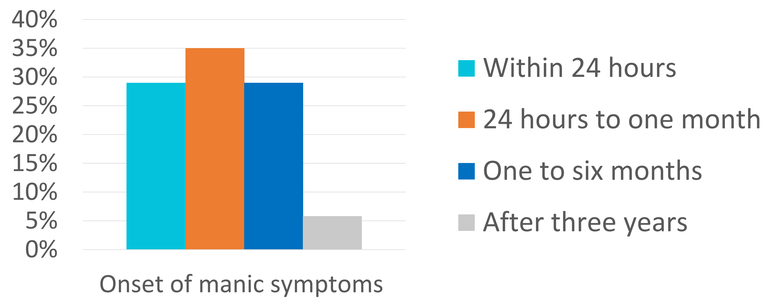
Results

Based on literature review which include 17 case reports, the age of onset range from 47 to 86 years, with a mean of 67 years of age [4-19].

Of the two hemispheres, the right is more affected than the left (83% vs 17.6%) [3].

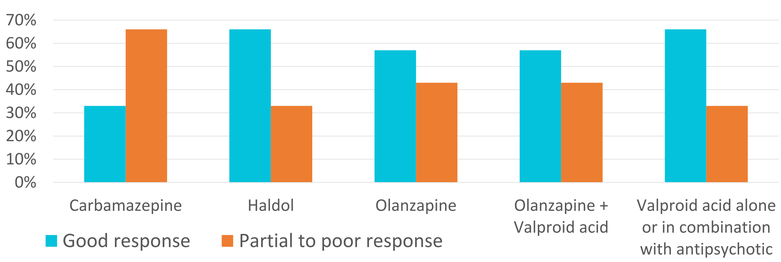


Onset of manic symptoms develop mainly between 24 hours to six months after stroke. [4-19]



76.4% of case reports presented with vascular risk factors. [4-19]

Treatment involved carbamazepine, haloperidol, risperidone, quetiapine and olanzapine, as well as combination of valproic acid with a second-generation antipsychotic. [4-19] Benzodiazepine was recommended as adjunct for agitation or disinhibition. [4, 5, 6, 7]



Conclusions

Differentiating secondary mania from bipolar disorder can be challenging. Clinicians should consider mania secondary to an organic cause in patients presenting with focal or soft neurological signs and/or symptoms, atypical symptoms such as visual or olfactory hallucinations, altered mental status, disorientation, cognitive impairment, unusual age of onset or illness course, or poor psychopharmacologic treatment response. [20]

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Acknowledgements

I would like to extend my gratitude to my program director and research mentor, Dr. San Gabriel, for the opportunity to learn as a mentee on this project.