

Pseudobulbar Affect After a Stroke



Stroke and Pseudobulbar Affect



Pseudobulbar affect (PBA) is a medical condition that causes sudden and unpredictable episodes of crying or laughing, often in socially inappropriate situations. PBA is sometimes called emotional lability, pathological crying and laughing or emotional incontinence.

PBA is triggered by damage to an area of the brain, sometimes from stroke. It is thought to impact more than one million people in the U.S. who may also suffer from stroke, traumatic brain injury or neurologic diseases such as multiple sclerosis (MS), amyotrophic lateral sclerosis

(ALS - Lou Gehrig's disease), Parkinson's disease and dementias including Alzheimer's disease.

If you have PBA, the inappropriateness, intensity and suddenness of the outbursts can make you feel as if you have lost control over your life. The disconnect between your internal emotions and external expressions can be frustrating - both for you and your loved ones.

Understanding the condition can be a step toward reclaiming your confidence and improving your relationships and quality of life.

Identifying PBA

Only a healthcare professional can diagnose PBA. However, you can look for signs.

First, do you suffer from Alzheimer's disease, Parkinson's disease, ALS or MS, or have you had a stroke or traumatic brain injury?

If yes, then ask yourself the following:

- Do you cry easily?
- Do you find that even when you try to control your crying you can't?
- Do you laugh at inappropriate times?
- Do you have emotional outbursts that are inappropriate to the situation?



If you answered yes to one or more of these questions, talk to your healthcare professional about PBA.

Fast Facts

Results of a 2010 National Stroke Association survey about PBA after stroke

- 53 percent of stroke survivor respondents reported symptoms of PBA based on their answers to the Center for Neurologic Study-Lability Scale (CNS-LS). This percentage is higher than the 6 to 34 percent cited in the medical literature.
- Fewer than one in five stroke survivor respondents were familiar with PBA.
- About four in 10 respondents indicated that PBA episodes interfered with their social activities, including spending time with friends and family.
- More than one-quarter of respondents suffering from PBA symptoms indicated that they experience PBA outbursts frequently or often.
- Only about one-third (38 percent) of respondents with PBA symptoms were treated for their episodes.

PBA Treatment

Although there are many ways to cope with PBA symptoms, there is treatment for PBA. Ask your healthcare professional what PBA treatment options are available.

Managing PBA

The first step to treating PBA is to get an accurate diagnosis. Then ask your healthcare professional about ways to manage PBA.

Remember that PBA is a distinct neurologic disorder and should be diagnosed and treated separately from stroke.

Because people with PBA may cry a lot, their symptoms may be confused with depression. However, PBA is not depression.

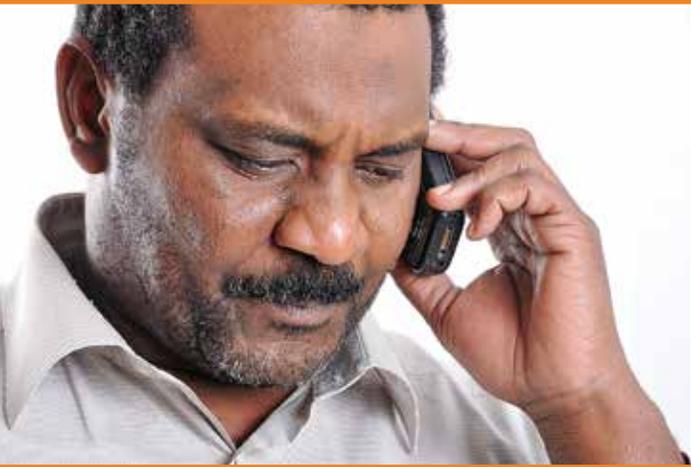
Coping with PBA



To cope with a PBA episode, try the following:

- **BE OPEN** about the problem so people are not surprised or confused when you have an episode.
- When you feel an episode coming on, try to **DISTRACT YOURSELF** by counting the number of objects on a shelf or by thinking about something unrelated.
- **TAKE SLOW DEEP BREATHS** until you're in control.
- **RELAX** your forehead, shoulders and other muscle groups that tense up during an emotional episode.

Resources



Visit or call the following for more information about PBA:

- **National Stroke Association**
1-800-STROKES (787-6537)
www.stroke.org
- **PBAinfo**
PBAinfo.org
- **Brain Injury Association of America**
800-444-6443
www.biausa.org

- **National Institute of Neurological Disorders and Stroke**
800-352-9424
www.ninds.nih.gov
- **National Institutes of Health**
301-496-4000
www.nih.gov
- **Research**
www.clinicaltrials.gov
www.centerwatch.com



ACT FAST.

9-1-1 IMMEDIATELY at any sign of a stroke. Stroke is an emergency.

Use FAST to remember warning signs of stroke:



FACE: Ask the person to smile. Does one side of the face droop?



ARMS: Ask the person to raise both arms. Does one arm drift downward?



SPEECH: Ask the person to repeat a simple phrase. Is their speech slurred or strange?



TIME: If you observe any of these signs, call **9-1-1 immediately.**

FAST is a simple way to remember the warning signs of a stroke. Note the time when any of the signs or symptoms first appear. If treatment is given within three hours of the first symptom, it may reduce the long term effects of stroke, and might even save your life or the life of a loved one. **Remember - stroke is an emergency!**

NOTE THE TIME WHEN ANY SYMPTOMS FIRST APPEAR.

You may be eligible to receive the FDA approved treatment for ischemic stroke, intravenous tPA, if you get to the hospital within 3 to 4.5 hours.

Learn about more signs of stroke at

www.stroke.org/symp

National Stroke Association's mission is to reduce the incidence and impact of stroke by developing compelling education and programs focused on prevention, treatment, rehabilitation and support for all impacted by stroke.

A stroke is a brain attack that occurs when a blood clot blocks an artery or a blood vessel breaks, interrupting blood flow to an area of the brain. Brain cells begin to die.

**CALL 9-1-1 IMMEDIATELY IF
YOU SEE ONE OR MORE SIGNS
OF A STROKE.**



1-800-STROKES
(787-6537)

www.stroke.org

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