Pseudobulbar Affect (PBA)

American Stroke Association
Pseudobulbar Affect

PRONOUNCED:

SUE-DOE-BUL-BAR  AFF-EKT

Often just called “PBA”
What is PBA?

- A medical condition that causes sudden and unpredictable episodes of crying or laughing, often in socially inappropriate situations
- PBA can result from damage to the brain during a stroke
- Mood is how we feel emotionally inside; affect describes how we display our emotions to the outside world
- PBA may also be described as:
  - Emotional lability
  - Pathological laughing and crying
  - Emotional incontinence
  - Mood incongruent affect
  - Involuntary emotional expression disorder
Symptoms of PBA

- Sudden, intense and inappropriate-to-the-situation reactions
- Sudden and uncontrollable episodes of anger, laughing, crying or all of these, with no clear cause
- Feeling a disconnect between internal emotions and outward expressions
- Episodes of laughing or crying can range in severity from person to person
- Sometimes, PBA symptoms may lessen over time
Who can have PBA?

- Can be seen in **stroke survivors** and patients with:
  - Traumatic brain injury (TBI)
  - Multiple sclerosis (MS)
  - Amyotrophic lateral sclerosis (*ALS – Lou Gehrig’s disease*)
  - Parkinson’s disease
  - Dementias (*including Alzheimer’s disease*)
  - Brain tumors

- PBA may impact more than 1 million people in the United States
How is PBA different from depression?

<table>
<thead>
<tr>
<th>PBA</th>
<th>DEPRESSION</th>
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<tbody>
<tr>
<td>Crying, laughing, or both with no clear cause</td>
<td><strong>EXTERNAL EXPRESSION</strong></td>
</tr>
<tr>
<td></td>
<td>Crying</td>
</tr>
<tr>
<td>Neurologic disease or brain injury is present</td>
<td><strong>UNDERLYING NEUROLOGIC CONDITIONS</strong></td>
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<tr>
<td></td>
<td>May or may not have underlying neurologic disorder</td>
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<tr>
<td>Seconds to minutes; brief</td>
<td><strong>DURATION OF EPISODE</strong></td>
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<td>Weeks to months; ongoing</td>
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<tr>
<td>Uncontrollable</td>
<td><strong>CONTROL OF EPISODES</strong></td>
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<td></td>
<td>May be moderated or controlled</td>
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<tr>
<td>Exaggerated or does not match feelings inside</td>
<td><strong>EMOTIONAL EXPERIENCE</strong></td>
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<td>Emotions match sadness inside</td>
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<td>Outbursts have no specific link to underlying thoughts</td>
<td><strong>ACCOMPANYING THOUGHTS</strong></td>
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<td></td>
<td>Feelings of worthlessness, hopelessness</td>
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It’s possible for a stroke survivor to have PBA and depression.
How is PBA diagnosed?

• Only a health care professional can properly diagnose PBA through assessments and evaluation.

• You and your family members can look for signs and discuss them with your provider.

• As a stroke survivor, ask yourself:
  – 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?

PBA has been described in medical literature for over 100 years, yet it’s underrecognized, underdiagnosed, and undertreated.
Coping Techniques

Be open about the problem so people aren’t surprised or confused when you have an episode.
Coping Techniques

Distract yourself by counting the number of objects on a shelf or by thinking about something unrelated when you’re about to have an episode.
Coping Techniques
Take slow, deep breaths until you’re in control.
Coping Techniques

Relax your forehead, shoulders and other muscle groups that tense up during an episode.
Coping Techniques

When you think you’re about to cry or laugh, change your position.
Coping Techniques

To increase your awareness, note your posture when you’re having an episode.
The goal of treatment is to reduce the severity and frequency of episodes. Treatment options include:

- **Central nervous system agents** (dextromethorphan hydrobromide and quinidine sulfate) - *Used to reduce frequency of involuntary crying or laughing*

- **Antidepressants** - *In some cases may help reduce the number and severity of episodes*

Always work with your health care professional to determine the best treatment options for you.
Talking to Your Health Care Professional

Remember, one of the most important things people who may have PBA can do is to talk with their health care professional. Be sure to explain that these emotional displays do not reflect how you really feel. Make it clear that these episodes only started occurring after your stroke.
Group Discussion

Test Your Knowledge
What are some suggested techniques to help manage PBA?
What are the symptoms that may suggest that someone is suffering from PBA?
In your own words, how would you describe PBA and its impact?
Depression and PBA are both commonly seen after a stroke. Name some ways in which they differ.
What’s most important to convey to your health care professionals so that they can accurately diagnose PBA?

Do you think that this information will change your treatment?
For more resources on PBA and life after stroke, visit stroke.org