COGNITIVE BEHAVIOURAL THERAPY TO REDUCE DEPRESSION IN POST STROKE PATIENTS: A SCOPING REVIEW

Dwi Puji Susanti 1, Niken Safitri Dyan Kusumaningrum 2*, Fitria Handayani 2

1 Master of Nursing Science Program, Department of Nursing, Faculty of Medicine, Diponegoro University, Indonesia
2 Adult Nursing Division, Department of Nursing, Faculty of Medicine, Diponegoro University, Indonesia

*Correspondence:
Niken Safitri Dyan Kusumaningrum
Adult Nursing Division, Department of Nursing, Faculty of Medicine, Diponegoro University, Indonesia
Prof. Soedarto Road, Tembalang Sub-District, Semarang City, Central Java, Indonesia - 50275
Email: niken.safitridk@fk.undip.ac.id

Article Info:
Received: December 1, 2020
Revised: May 27, 2021
Accepted: June 7, 2021

DOI:
https://doi.org/10.36720/nhjk.v10i1.234

Abstract
Background: Post-stroke depression is one of the psychological disorders that is often experienced by post-stroke patients. Depression is more than just sadness. People with post-stroke depression will experience a lack of interest and pleasure in daily activities, weight loss or excessive sleep, lack of energy, inability to concentrate, feelings of worthlessness or guilt and recurring thoughts of death or suicide. Based on several types of post-stroke depression management, psychosocial interventions have been shown to reduce the likelihood of developing post-stroke depression. One of the interventions to reduce post-stroke depression is cognitive behavioral therapy.

Objective: This scoping review aims to identify the effectiveness of cognitive behavioral therapy to reduce depression in post-stroke patients.

Design: This study used a scoping review through a review of articles on cognitive behavioral therapy that has been used to reduce depression in post-stroke patients.

Data Sources: Search for articles accessed through a database, including: CINAHL, MEDLINE, Academic search ultimate, PubMed, and google scholar with a range of search years 2011-2020.

Review Methods: Quality appraisal assessment for each selected study was conducted using the Preferred Reporting Items for scoping review (PRISMA) method.

Results: The results of this literature review show that cognitive behavioral therapy to reduce depression in post-stroke patients can change thoughts, feelings and behaviors to influence each other. The relationship between thoughts, feelings and behavior greatly influences respondents in dealing with post-stroke conditions with a positive way of thinking so that it will accelerate or help the post-stroke recovery process. The way to implement cognitive behavioral therapy is to be given as many as 12 sessions in 25-35 minutes each session. Cognitive behavioral therapy can be done in a hospital and has a significant post-stroke depression rate with p <0.01.

Conclusion: Cognitive behavioral therapy can be given as an intervention to reduce depression in post-stroke patients including cognitive behavioral therapy, duration of cognitive behavioral therapy and sessions in cognitive behavioral therapy.

Keywords: Cognitive behavioral therapy, post stroke depression.
INTRODUCTION

Post-stroke patients always have or tend to experience permanent disabilities such as paralysis, hemiparesis, aphasia, diastria, cognitive impairment, and other forms of disability as a result of impaired brain function (Espárrago Llorca, Castilla-Guerra, Fernández Moreno, Ruiz Doblado, & Jiménez Hernández, 2015). Post-stroke patients will experience dependence on meeting basic human needs as a result of their disabilities. Dependence on the fulfillment of daily activities such as eating, bathing, dressing, and elimination will cause post-stroke patients to feel anxious, depressed, have low self-esteem, uncontrolled emotions, and always want to be noticed (Kaadan & Larson, 2017).

Previous research has shown that of the seven respondents at 1 and 6 months after stroke, all respondents had a feeling of turning to negative emotions, had night symptoms, felt changes in body sensations, felt sad about themselves, and asked for spiritual help. 3 Patients with post-depression strokes tend to say that sometimes calling themselves useless, stronger thoughts and emotions about sadness and frustration such as feelings of helplessness in relationships and dependence on others (Kouwenhoven, Kirkevold, Engedal, & Kim, 2011). In-depth interviews with post-stroke sufferers who suffered from depression found that they mostly had feelings of loss, hopelessness, and sadness (Kouwenhoven et al., 2011).

Reducing depression in post-stroke patients can be done through an independent nursing intervention called cognitive behavioral therapy. Previous research states that cognitive behavioral therapy can reduce symptoms of depression in some post-stroke sufferers and is very useful for use in this group of cases (K Ward et al., 2016). Cognitive behavioral therapy can help stroke patients who are depressed and it is hoped that post-stroke patients can have a better way of thinking to help the healing process (K Ward et al., 2016). Cognitive behavior therapy can be taught to respondents to overcome maladaptive thoughts that are influenced by feelings of helplessness and the ability to control these thoughts. Changing these negative thoughts can also later change the inappropriate behavior that post-stroke patients have (Wang et al., 2018). The aim of this review is to identify the effectiveness of cognitive behavioral therapy for reducing depression in post-stroke patients.

METHODS

Design

The scoping review is made in five stages, namely: 1) Identifies research questions; 2) Identify relevant articles; 3) Selecting articles; 4) Map data; and 5) Summarize, analyze and report data (Arksey & O’Malley, 2005).

Search Methods

The author searches the database, namely CINAHL, MEDLINE, Academic search ultimate, PubMed, Science direct, and Google Scholar using several phrases used throughout the database of cognitive behavioral therapy, post stroke depression. The articles used with the search year range 2011-2020 on all the data obtained were collected

Search Outcome

The inclusion and exclusion criteria were as follows:

Table 1. Literature Criteria.

| Research Characteristics | Inclusion Criteria | Exclusion Criteria |
|--------------------------|--------------------|--------------------|
| Design                   | Randomized control trial design, and quasi experimental | Descriptive study, case study, prevalence, diagnostic |
| Respondents              | Post stroke respondents with an age> 18 years, diagnosed with ischemic and hemorrhagic strokes are undergoing treatment both in | Age under <18 years |
important part of research selection is to use cognitive behavioral therapy and explain the outcome for post-stroke depression (S., 2011).

Quality Appraisal
Title, abstract and the article were reviewed independently according to inclusion and exclusion criteria. The information that should be considered each study that the full text study consists of authors, date and year of study, population, exercise type, outcome measures, study design, duration of the intervention and its intensity. Quality appraisal assessment for each selected study was conducted using the Preferred Reporting Items for scoping review (PRISMA) method.

Data was selected by deleting duplicates, articles below from the last 10 years, and articles that were not full text. The most

| Research Characteristics | Inclusion Criteria | Exclusion Criteria |
|--------------------------|-------------------|-------------------|
| hospitalization and rehabilitation. | Cognitive behavioral therapy in post-stroke patients | Not using cognitive behavioral therapy interventions |
| Intervention | | |
| Measurement results | There is a measure of depression as a psychological problem in post-stroke patients | There are no reports of post-stroke depression |

Figure 1. The PRISMA Flow Diagram is Depicting the Flow of Information through the Different Phases of the Scoping Review.
Data Abstraction

Two authors independently reviewed the abstracts of studies retrieved from the database. Search and read the full-text of potentially relevant articles. For studies that met the inclusion criteria, data extraction was independently conducted by two investigators using standard data extraction templates. Disagreements in data extraction were solved by a third investigator.

Data Analysis/Synthesis

Eight studies were selected for scoping review. Cognitive behavior therapy is a form of psychological intervention that can help individuals recognize, prioritize, and connect thoughts, feelings, and physical symptoms by using cognitive and behavior techniques. One of the cognitive behavior therapies, which carried out on 32 respondents with stroke, concluded that Negative Automatic Thought’s (NAT's) and brainstorms are very effective for positive thoughts that can increase motivation in post-stroke patients to increase efforts to achieve post-stroke recovery expectations. Extracted data of the 8 studies are presented in Table 1.

RESULTS

The articles obtained came from several countries, from 8 selected studies, research was carried out in Indonesia and other countries, namely Indonesia: 1, England: 5, China: 1, United States America (USA): 1. Of 8 research studies, 1 research is a Quasy experimental pre-post-test design, 1 study is a Quasy experimental control group design and 1 study is 6 randomized controlled trials. The number of respondents was more than 30 respondents, the average age range of participants in this study was> 18 years and over. The most widely used intervention is cognitive behavior therapy (CBT) to assess the level of depression, which can be measured using the Hamilton Depression Rating Scale (HAMD) questionnaire, Beck Depression Inventory (BDI). The respondents in this article are located at the hospital or rehabilitation location.

Table 2. Summary of Included Article Cognitive Behavioral Therapy to Reduce Depression in Post Stroke Patients.

| Author / year / country | Title | Setting | Method, Measuring Instrument & Statistical Analysis | Intervention | Result |
|-------------------------|-------|---------|--------------------------------------------------|--------------|--------|
| Joyce A Kootker,        | Caregivers' effects of augmented cognitive-behavioral therapy for post-stroke depressive symptoms in patients: secondary analysis to a randomized controlled trial | Outpatient rehabilitation | Method: Randomized Controlled Trial | Stroke patients and their caregivers were randomly assigned to cognitive behavioral therapy with as many respondents (n = 23) or computerized cognitive training (n = 27) given every week once every 4 months by knowing the emotional, behavioral and | The results showed that caregivers of patients who received cognitive behavior therapy said that the level of mental health was significantly higher (mean difference (MD) = 1.78, 95% confidence interval (CI) = 0.43–3.13, P = 0.01) and not too concerned about the patient's well-being (MD = 1.9, 95% CI = 0.56–3.24, P <0.01) |
| Caroline M van Heugten, | Caregivers' effects of augmented cognitive-behavioral therapy for post-stroke depressive symptoms in patients: secondary analysis to a randomized controlled trial | Outpatient rehabilitation | Measuring Instrument: Hospital Anxiety and Depression Scale (HADS) | Statistical Analysis: Secondary analyzes | |
| Bart Kral, Sascha MC Rasquin, Alexander C Geurts, and Luciano Fasotti (2019) | Caregivers' effects of augmented cognitive-behavioral therapy for post-stroke depressive symptoms in patients: secondary analysis to a randomized controlled trial | Outpatient rehabilitation | Statistical Analysis: Secondary analyzes | |
| England | | | | | |
| Author / year / country | Title | Setting | Method, Measuring Instrument & Statistical Analysis | Intervention | Result |
|-------------------------|-------|---------|-----------------------------------------------|--------------|--------|
| Shi-Bin Wang, Yuan-Yuan Wang, Qing-E Zhang, Shuo-Lin Wu, Chee H. Ng, Gabor S. Ungvari, Liang Chen, Chun-Xue Wang, Fu-Jun Jia, Yu-Tao Xiang (2018) China | Cognitive behavioral therapy for post-stroke depression: a meta-analysis | Hospital Method: Randomized Controlled Trial Measuring Instrument: Hamilton Depression Rating Scale (HAMD) Statistical Analysis: Meta-Regression | Cognitive behavioral therapy To determine neurological function, daily life activities and cognitive function were given as much as 3-6 months | The results showed that in total, 23 studies with 1,972 participants with PSD were included and analyzed. Of the 23 RCTs, 39.1% (9/23) rated the study as high quality, while 60.9% (14/23) rated it as low quality. CBT showed a positive effect on PSD compared to the control group (23 arms, SMD = -0.83, 95% CI: -1.05 to -0.60, P <0.00001) |
| Joyce A Kootker, Luciano Fasotti, Sascha MC Rasquin, Caroline M van Heugten, and Alexander CH Geurts (2012) England | The effectiveness of an augmented cognitive behavioral intervention for post-stroke depression with or without anxiety (PSDA): the Restore4Stroke-PSDA trial | Rehabilitation Method: Randomized Controlled Trial Measuring Instrument: Hospital Anxiety and Depression Scale (HADS) Statistical Analysis: Multi-Center, General Linear Model | Cognitive behavioral therapy can be done recognizing, changing negative thoughts, cognition, and feelings together and given for 12 sessions for 6 months | The results showed that increased CBT led to a greater effect on HADS than cognitive training and that this effect would persist for at least 6 months after discontinuation of therapy, the primary end point being 6 months after treatment with Alpha 0.05. |
| Victor K, L. Cheung (2019) English | The Effectiveness of Cognitive Behavioral Therapy for People with Depression Following Stroke: A Systematic Hospital Method: Randomized Controlled Trial Measuring Instrument: Hamilton Depression Rating Scale (HAMD) | Cognitive behavioral therapy can provide motivation, instill hope, and restore function to improve quality of life and this therapy is given for 6 months | The results showed that depression rates for CBT and controls were comparable after randomization. In the post-treatment phase, the CBT group showed a significant reduction in depressive symptoms compared to the control (Hedges'g [95% CI] = - |
| Author / year / country | Title | Setting | Method, Measuring Instrument & Statistical Analysis | Intervention | Result |
|-------------------------|-------|---------|-------------------------------------------------|--------------|--------|
| Susanti, D.P., Kusumaningrum, N.S.D., & Handayani, F. (2021). | Review and Meta-Analysis | | | | |
| Ward, SK, Turner, A, Hambridge, JA, Halpin, SA, Valentine, M, Sweetapple, A, White, J and Hackett, Maree (2016) USA | Group cognitive behavioral therapy for stroke survivors with depression and their carers | Inpatient and outpatient stroke | **Method:** Randomized Controlled Trial | Cognitive behavioral therapy can increase activity, motivation, socialization and in developing a more adaptive cognition and given for 6 months | 0.52 [-0.78, -0.25], p <.001 |
| Nidya Rizki, Aris Budi Utomo, Ahmad Gimmy Prathama (2016) Indonesia | The Influence of Cognitive Behavior Therapy to Reduce Symptom of Depression Post Stroke Patients | Hospital | **Method:** Quasi Experimental | Cognitive behavioral therapy conducted for 7 sessions, each session for 45 minutes for 3 months related to information on cognitive behavioral therapy, NAT’s, core beliefs, motivation and relaxation | The results showed that CBT had an effect on reducing the degree of depression symptoms in respondents, which was marked by a decrease in post-stroke negative emotional symptoms, increased motivation to improve health conditions and decreased physical complaints with p <.001 |
| Joanne Woodford, Paul Farrand, Edward R Watkins, David A Richards, and David J Llewellyn (2014) England | Supported cognitive-behavioral self-help versus treatment-as-usual for depressed informal carers of stroke | Stroke rehabilitation | **Method:** Randomized Controlled Trial | Cognitive behavioral Therapy | The results showed that effective psychological interventions can reduce depression. CBT can also improve quality of life, reduce stress and burden on nurses by p <.000 |

**Statistical Analysis: Meta-Regression**

**Measuring Instrument:** Beck Depression Inventory (BDI) and Hospital Anxiety and Depression Scale (HADS)

**Statistical Analysis:** Linear Mixed Models

Follow-up assessments were completed by 77% (post-treatment), 46% (1 month) and 38% (6 months) of stroke survivors. Stroke depression scores decreased from baseline to post-treatment (p <.001)
Cognitive behavioral therapy can understand the difficulties experienced by respondents related to providing information about the impact of depression, the impact of the role of caring on mood and cognitive behavioral therapy has an effect on reducing the degree of depression symptoms in respondents, which is characterized by decreased negative emotional symptoms after stroke, increased motivation to improve health conditions and decrease physical complaints. Respondents were also taught to recognize, register, and change negative thoughts, cognitions, and feelings together and this cognitive behavioral therapy can be applied in everyday life.

**Components of cognitive behavioral therapy:**

**Cognitive behavioral therapy**

Several studies related to cognitive behavioral therapy focus on activating behavior, solving problems, changing negative thoughts, cognition, and feelings together. Therapeutic goals are set in terms of increasing participation in activities that are meaningful or enjoyable (Farrand, Woodford, Coumoundouros, & Svedin, 2020). Therapy begins with building relationships that create a safe atmosphere, psychoeducation moods and guiding and preparing patients for the next phase (Cuijpers et al., 2014). Cognitive behavioral therapy on improving mood by increasing activity, motivation, and socialization in developing a more adaptive cognitive (Kootker et al., 2017). Cognitive behavioral therapy techniques include psycho-education, mood monitoring, activity monitoring and planning, monitoring thoughts and challenges (K Ward et al., 2016).

**Duration of cognitive behavioral therapy**

Several studies have discussed the duration or duration of cognitive behavioral therapy.
therapy to reduce depression in post-stroke patients. Cognitive behavioral therapy can be given with a duration of 35 minutes, with each session and carried out for 6 months (Broomfield et al., 2011). Cognitive behavioral therapy can also be given with a duration of 2-3 hours and the administration is carried out for 6 months. This program is run in a span of 4 months. Each session is conducted for 20-25 minutes (K Ward et al., 2016).

Session in cognitive behavioral therapy
Several studies related to cognitive behavioral therapy sessions to reduce depression in post-stroke patients. Respondents received 1 assessment session to 12 sessions, cognitive behavioral therapy in everyday life and content sheets were given each session consisting of 12 sessions (Broomfield et al., 2011). Other respondents were also given 7-10 sessions with a duration of 2-3 hours. First, cognitive behavioral therapy was carried out for 7 or 8 sessions a week. Cognitive behavioral therapy is extended with 2 sessions for groups of 6-8 (6 sessions a week), followed by 2 sessions of 2 weeks, and then 2 sessions a month (K Ward et al., 2016).

DISCUSSION
Categorize some cognitive behavioral therapy in a trial measuring the level of depression, the writer categorized it in the form of cognitive behavioral therapy. The differences were not only in the name of the intervention but in duration and intensity. Several articles state that cognitive behavioral therapy has benefits for respondents for some populations, it is run in a span of 4 months, each session is conducted for 20-25 minutes (Kootker et al., 2015). Several articles used as a review state that patients with moderate and severe levels of depression, cognitive behavioral therapy can be used as a solution as a reference for providing independent nursing interventions (Schmid et al., 2011). A number of 1 article uses more than one measuring tool that is related to each other (Farrand et al., 2020).

Several articles have concluded that group cognitive behavioral therapy is highly recommended for reducing post-stroke depression (Loubinoux et al., 2012). Cognitive behavioral therapy is a form of psychological intervention that aims to help individuals recognize, prioritize, and connect thoughts, feelings, and physical symptoms using cognitive and behavioral techniques. One of the cognitive behavioral therapy, which was carried out on 32 respondents with stroke, concluded that cognitive behavioral therapy, the duration of cognitive behavioral therapy and sessions in cognitive behavioral therapy are very effective for positive thoughts that can increase motivation in post-stroke patients to increase efforts to achieve post-recovery expectations. Stroke (Kootker et al., 2015).

Cognitive behavioral therapy can positively affect psychosocial functioning, and rehabilitation can improve quality of life (Uebelacker, 2017). Innovative aspects of cognitive behavioral specifically can be proposed with movement therapy to facilitate behavior change in real life by promoting and encouraging activities that are meaningful or fun (Kootker et al., 2015). Cognitive behavioral therapy can be tailored to the needs of stroke sufferers. This effective psychological intervention can reduce depression in post-stroke patients. In addition to improving mood, cognitive behavioral therapy can also improve the quality of life and burden of nurses. Improvement in post-stroke depression can also improve stroke survivor recovery itself as well as a cost-effective model of care (Farrand et al., 2020). Findings from the overall review of interventions above identify additional evidence about cognitive behavioral therapy for reducing depression in post-stroke patients (Zhao et al., 2018).

CONCLUSION
This review can answer the research objectives, namely to find several interventions related to cognitive behavioral therapy that can reduce depression in post-stroke patients.
including cognitive behavioral therapy, duration of cognitive behavioral therapy and sessions in cognitive behavioral therapy. This research can help inform cognitive behavioral therapy that post-stroke patients can do in the future. Overall, this very simple and cost-effective, non-pharmacological intervention is used to reduce depression in post-stroke patients. The findings obtained from the scoping review process found that post-stroke depression decreased significantly with cognitive behavioral therapy.

ACKNOWLEDGMENT
Thank you to our parents and lecturer who have helped in completing this manuscript.

DECLARATION OF CONFLICTING INTEREST
No conflict of interest in this study.

FUNDING
This study was funded by researcher (own funding), not sponsored.

AUTHOR CONTRIBUTION
Dwi Puji Susanti: Contribution in design, perform collecting article and analyze the literature.

Niken Safitri Dyan Kusumaningrum: Contribution for involved in planning and supervised the work of scoping literature review.

Fitria Handayani: Contribution for discussed the results and contributed to the final manuscript.

ORCID
Dwi Puji Susanti: https://orcid.org/0000-0001-7668-8292

Niken Safitri Dyan Kusumaningrum https://orcid.org/0000-0002-4847-9327

Fitria Handayani https://orcid.org/0000-0002-9027-4587

REFERENCES
Arksey, H., & O’Malley, L. (2005). Scoping studies: Towards a methodological framework. *International Journal of Social Research Methodology: Theory and Practice*, 8(1), 1–15. Retrieved from https://doi.org/10.1080/136455703200019616

Broomfield, N. M., Laidlaw, K., Hickabottom, E., Murray, M. F., Pendrey, R., Whittick, J. E., & Gillespie, D. C. (2011). Post-stroke depression: The case for augmented, individually tailored cognitive behavioural therapy. *Clinical Psychology and Psychotherapy*, 18(3), 1–17. Retrieved from https://doi.org/10.1002/cpp.711

Cuijpers, P., Weitz, E., Twisk, J., Kuehner, C., Cristea, I., David, D., … Hollon, S. D. (2014). Gender as predictor and moderator of outcome in cognitive behavior therapy and pharmacotherapy for adult depression: An ‘individual patient data’ meta-analysis. *Depression and Anxiety*, 31(11), 1–12. Retrieved from https://doi.org/10.1002/da.22328

Espárrago Llorca, G., Castilla-Guerra, L., Fernández Moreno, M. C., Ruiz Doblado, S., & Jiménez Hernández, M. D. (2015). Post-stroke depression: an update. *Neurología (English Edition)*, 30(1), 1–9. Retrieved from https://doi.org/10.1016/j.nrleng.2012.06.006

Farrand, P., Woodford, J., Coumoundouros, C., & Svedin, F. (2020). Supported cognitive-behavioural therapy self-help versus treatment-As-usual for depressed informal caregivers of stroke survivors (CEDArS): Feasibility randomised controlled trial. *Cognitive Behaviour Therapist*, 13, 1–15. Retrieved from https://doi.org/10.1017/S1754470X20000239

K Ward, S., Turner, A., A Hambridge, J., A Halpin, S., E Valentine, M., L Sweetapple, A., … Hackett, M. L. (2016). Group cognitive behavioural therapy for stroke
survivors with depression and their carers. *Topics in Stroke Rehabilitation*, 23(5), 1–9. Retrieved from https://doi.org/10.1080/10749357.2016.143706

Kaadan, M. I., & Larson, M. J. (2017). Management of post-stroke depression in the Middle East and North Africa: Too little is known. *Journal of the Neurological Sciences*, 378, 1–5. Retrieved from https://doi.org/10.1016/j.jns.2017.05.026

Kootker, J. A., Rasquin, S. M. C., Lem, F. C., van Heugten, C. M., Fasotti, L., & Geurts, A. C. H. (2017). Augmented cognitive behavioral therapy for poststroke depressive symptoms: A randomized controlled trial. *Archives of Physical Medicine and Rehabilitation*, 98(4), 1–28. Retrieved from https://doi.org/10.1016/j.apmr.2016.10.013

Kootker, J. A., Rasquin, S. M. C., Smits, P., Geurts, A. C., Van Heugten, C. M., & Fasotti, L. (2015). An augmented cognitive behavioural therapy for treating post-stroke depression: Description of a treatment protocol. *Clinical Rehabilitation*, 29(9), 1–11. Retrieved from https://doi.org/10.1177/0269215514559987

Kouwenhoven, S. E., Kirkevold, M., Engedal, K., & Kim, H. S. (2011). ‘Living a life in shades of grey’: Experiencing depressive symptoms in the acute phase after stroke. *Journal of Advanced Nursing*, 68(8), 1–12. Retrieved from https://doi.org/10.1111/j.1365-2648.2011.05855.x

Loubinoux, I., Kronenberg, G., Endres, M., Schumann-Bard, P., Freret, T., Filipkowski, R. K., … Popa-Wagner, A. (2012). Post-stroke depression: Mechanisms, translation and therapy. *Journal of Cellular and Molecular Medicine*, 16(9), 1–9. Retrieved from https://doi.org/10.1080/10749357.2016.143706

S., H. J. P. T. & G. (2011). *Cochrane handbook for systematic reviews of interventions* version 5.1.0. 5.1.0. www.hanbook.cochrane.org;

Schmid, A. A., Kroenke, K., Hendrie, H. C., Bakas, T., Sutherland, J. M., & Williams, L. S. (2011). Poststroke depression and treatment effects on functional outcomes. *Neurology*, 76(11), 1–7. Retrieved from https://doi.org/10.1212/WNL.0b013e318210435e

Uebelacker, L. A. (2017). Cognitive behavioral therapy for depressed adults with mild intellectual disability: A pilot study. *Physiology & Behavior*, 176(1), 1–21. Retrieved from https://doi.org/10.1080/19315864.2015.1033573.Cognitive

Wang, S. Bin, Wang, Y. Y., Zhang, Q. E., Wu, S. L., Ng, C. H., Ungvari, G. S., … Xiang, Y. T. (2018). Cognitive behavioral therapy for post-stroke depression: A meta-analysis. *Journal of Affective Disorders*, 235(March), 1–8. Retrieved from https://doi.org/10.1016/j.jad.2018.04.011

Zhao, F. Y., Yue, Y. Y., Li, L., Lang, S. Y., Wang, M. W., Du, X. D., … Yuan, Y. G. (2018). Clinical practice guidelines for post-stroke depression in China. *Revista Brasileira de Psiquiatria*, 40(3), 1–10. Retrieved from https://doi.org/10.1590/1516-4446-2017-2343

Cite this article as: Susanti, D.P., Kusumaningrum, N.S.D., & Handayani, F. (2021). Cognitive behavioural therapy to reduce depression in post stroke patients: A scoping review. Nurse and Health: Jurnal Keperawatan, 10 (1), 116–125. https://doi.org/10.36720/nhjk.v10i1.234