Abstract
The purpose was to investigate aspects of depression, cognition and motor activity in geriatric stroke rehabilitation patients. Six depression rating scales, GDS, Zung, CES-D, CPRS-D and Cornell, were compared in 40 patients. The validity was good for all scales except for the Cornell scale. A comprehensive investigation was done in 116 elderly stroke patients. There was no difference in prevalence and severity of post-stroke depression in relation to side of lesion. A test for receptive aphasia, the Token test, showed that 75% of patients with left hemisphere lesion and aphasia, 36% of patients with right hemisphere lesion and 5% of controls had abnormal test initially. The relationships and sensitivity of different visuo-spatial neglect tests were examined. Sensitivity was around 50% for the best tests. Neglect patients showed a greater cognitive dysfunction initially and a slower recovery. The validity of a cognitive test, the MMSE, was examined. Five neuropsychological tests were used as a subgroup of patients. MMSE scores were significant lower for the patients than for the controls. The sensitivity of the MMSE was 56%, the specificity 80% and the false negative ratio 39% against the neuropsychological tests. Motor activity after stroke was assessed by parts of the Fugl-Meyer test in different infarction subgroups and initial severity groups. The initial severity groups were better predictors for outcome. Multiple regression showed three variables to be predictors: initial motor activity, Barthel Index and right hemisphere lesion.

This dissertation consists of a collection of articles. List of included articles: