

liver enzymes or creatine kinase recorded, neither during nor after hospitalization. Ten patients could function independently and perform daily activities, with minor or more serious motor problems, while one patient needed help during movement. Upon release from the hospital, all patients took routine laboratory tests, including among other things liver enzyme values and creatine kinase. All tests showed normal values, and thus there was no need to terminate the Atorvastatin (Atorvox) therapy.

Conclusions: Analysis of recorded cases during the urgent ICV treatment, regardless of the etiology (ischemic or hemorrhagic) showed that early Atorvastatin administration, practically immediately upon insult, in a maximum one-off daily dose of 80 mg is safe from the aspect of increase in liver enzyme values. Thus, there were no cases of hepatotoxicity related to myolysis cases recorded in literature, and creatine kinase was observed.

The observed group was relatively small and the observance period too short, and thus the total assumed effect, given the pharmacological effects, could not be fully evaluated.

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Response to negative feedback in poststroke depression

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Introduction/Objectives: Several studies (e.g., Beats, Sahakian, Levy, 1996; Elliott et al., 1997) report a "catastrophic response to perceived failure" as a specific motivational deficit in depressive patients.

Participants, Materials/Methods: In an attempt to identify potential (dis)similarities between poststroke and primary ("purely psychiatric") depression, we administered, offering appropriate feedback, three cognitively demanding tasks (Stroop Word-Color Test, Wisconsin Card Sorting Test, Tower of London Test) to several groups of intellectually intact subjects: poststroke ($n = 32$) and primary ($n = 32$) unipolar depressives (based on DSM-IV criteria) and non-depressive control aged subjects with ($n = 31$) or without ($n = 33$) stroke (all groups being equivalent in respect to the main relevant psycho-demographic variables). The data were analysed using the common statistical procedures.

Results: The results showed in both groups of depressives (relative to non-depressives) a similar significantly raised probability of failure to subsequent problems following a failure on a given one. There were not enough subjects in order to obtain statistically significant data to correlate the frontal lobe location of the stroke and such response to negative feedback in poststroke depressives.

Conclusions: These results suggest a remarkable similarity of poststroke and primary unipolar depression. Moreover, they might offer an explanation for the classical (Goldstein, 1939) "catastrophic reaction" reported in brain lesioned subjects.

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Distorted cognitive schemas of self and the world in poststroke depression

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Introduction/Objectives: A debate persists on whether major depression following stroke is in any way different from the primary ("purely psychiatric") depression.

Several studies suggest that dysfunctional cognitive schemas of self and the world (with a deeper dependence of self-worth on the evaluation of others and on the estimated success of own performance) characterize primary depression thinking.

Participants, Materials/Methods: In order to figure out if this is the case with the poststroke depression too, we administered the Sentence Completion Task (as conceived by Teasdale et al., 1995) alongside the classical Self-Esteem Scale (of Rosenberg, 1963, 1965) and common scales for depression (including Beck's and Hamilton's) to poststroke ($n = 31$) and primary ($n = 32$) unipolar depressives (based on DSM-IV criteria) and to control non-depressive subjects with ($n = 31$) or without ($n = 33$) stroke (all groups being equivalent in respect to the main relevant psycho-demographic variables).

Results: The analyses of the data using common statistical procedures showed a large similarity of dysfunctional answers between the two groups of depressed patients (as opposed to the non-depressed group), suggesting that the same type of distorted cognitive schemas is operating in each form of depression. Moreover, at follow-up, the success of pharmacological treatment (proved by the decrease of the levels of depression on specific scales) seems to be associated in both clinical groups with a return to more functional (realistic) cognitive models of self and the world.

Conclusions: These results plead for the similarity of poststroke and primary unipolar depression.

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Alternations of level of consciousness in acute stroke

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Introduction: Alternations of level of consciousness, which comprises deficient arousal, stupor, and rarely deep coma, is frequent at the acute stroke.

Objectives: To determine the frequency of alternations of level of consciousness in acute stroke and its association with certain laboratory findings.

Patients and methods: We retrospectively analyzed 249 patients with acute stroke at the Department of Neurology, University Clinical Center Tuzla, in the period from 1st July to 31st December 2008. The stroke was confirmed in all patients by computerized tomography within 24 hours after hospitalization. According to the type of stroke, patients were divided into two groups: ischemic and hemorrhagic. Assessment of alternation of level of consciousness is performed by Glasgow Coma Scale¹ and National Institute of Health Stroke Scale² immediately after admission. Blood tests (sedimentation, leukocytes, glucose, potassium, sodium, urea, creatinine) were done within first 12 hours after admission.

Results: Alternation of level of consciousness in acute stroke had 64 patients (25.7%). Somnolence was more frequent comparing to sopor and comma (56.2% vs. 17.2% vs. 26.6%, $P = 0.0003$). Patients with hemorrhagic stroke had statistically significant more often alternations of level of consciousness comparing to patients with ischemic stroke (53.1% vs. 19%, $P < 0.0001$). Patients with alternations of level of consciousness in acute stroke had statistically significant pronounced leukocytosis, hyponatremia, elevated urea and creatinine ($P < 0.02$).

Conclusion: In a quarter of patients with acute stroke alternations of level of consciousness occurred, primary considering somnolence, more often in hemorrhagic stroke. These

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