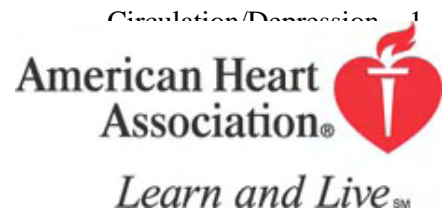


FOR RELEASE  
3 p.m. CT/4 p.m. ET  
Monday, Sept. 29, 2008



CONTACT: For journal copies only,  
please call: (214) 706-1396  
For other information, call:  
Maggie Francis: (214) 706-1382  
Julie Del Barto (broadcast): (214) 706-1330

*Statement Highlights:*

- *Studies show that depression is about three times more common in patients following a heart attack than in the general community.*
- *Heart patients should be screened for depression, and treated if necessary.*

*American Heart Association scientific statement*

## **Heart patients should be screened, treated for depression**

SPRINGFIELD, Sept. 29 — Heart patients should be screened for depression — a common condition that can profoundly affect both prognosis and quality of life — according to the American Heart Association’s first scientific statement on depression and coronary heart disease.

The recommendations, which are endorsed by the American Psychiatric Association, include:

- early and repeated screening for depression in heart patients;
- the use of two questions to screen patients – if depression is suspected the remaining questions are asked (9 questions total);
- coordinated follow-up for both heart disease and depressive symptoms in patients who have both.

“The statement was prompted by the growing body of evidence that shows a link between depression in cardiac patients and a poorer long-term outlook,” said Erika Froelicher, R.N., M.A., M.P.H., Ph.D., a professor at the University of California San Francisco, School of Nursing and Medicine and co-chair of the writing group.

Dale Briggs, who experienced depression after his heart valve surgery, said the statement is welcome news. “I think it’s long overdue. It is unfortunate that some patients aren’t warned of the possibility of some depression after surgery,” he said.

Briggs is the volunteer executive vice president of Mended Hearts, Inc., a national non-profit organization affiliated with the heart association, offering resources and support for heart surgery patients. He shares his experience with new cardiac patients during hospital visits – one of the main patient-to-patient support services offered by Mended Hearts.

“Since my surgery, I’ve visited about 1,000 patients. During a visit I always let patients know that this may happen, and encourage them to talk to their doctor about getting treatment,” he said. “I’ve had a number of people call me through the years and thank me for warning them about the possibility of depression.”

Experts say depressed cardiac patients have at least twice the risk of second events in the one to two years after a heart attack. Furthermore, studies have shown that more severe depression is associated with earlier and more severe second cardiac events, Froelicher said.

For example, one study found that 15 percent to 20 percent of hospitalized heart attack patients met the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) criteria for major depression. An even greater proportion showed more depressive symptoms than usual in the population, though not sufficient to meet these criteria. The study also found that some subgroups of patients, such as young women with heart disease, seem particularly vulnerable to depression.

“Studies show that depression is about three times more common in patients following a heart attack than in the general community,” said Judith H. Lichtman, Ph.D., M.P.H., writing co-chair of the statement and associate professor of epidemiology at Yale University School of Medicine in New Haven, Conn. “Because there has been no routine screening for depression in heart patients, we think there is a large group of people who could benefit from appropriate treatment.”

Locally, doctors have also noticed that depression is frequently a condition related to heart disease, especially after a cardiac event or sudden onset of symptoms, according to Becky Aud-Jennison, a licensed clinical professional counselor at Prairie Heart Institute at St. John’s Hospital.

“It has been our experience that patients whose anxiety becomes heightened due to the increased stress from their illness, if not addressed, those symptoms frequently can lead to a depression in individuals without any prior history of depression and those that have had depression in the past alike,” Aud-Jennison said. “Negative thinking is the fuel that lowers the mood and soon what started out as feeling ‘a little stressed’ or ‘having trouble sleeping,’ if ignored and worsens, can lead to a clinical depression. It is absolutely imperative that the patient is asked the appropriate questions about depression or anxiety such as if they have decreased interest in activities they used to enjoy, becoming less social, lack motivation, decreased concentration, change in sleep or eating pattern as well as increased worrying. It is amazing to observe the empowerment individuals experience when they learn that their symptoms have a biological origin. This is why it is imperative to educate families so they can become part of the treatment team and help observe their loved one's recovery and better understand the kind of support they require. After successful identification and treatment of these illnesses there is nothing like hearing from a spouse or child, ‘Thank you for helping me get my parent or spouse back.’”

Although depression was mentioned in earlier American Heart Association scientific statements, this is the first to specifically target the condition. Lichtman said more research is needed to determine why depression is associated with poorer outcomes.

Recent studies indicate that depressed patients are less likely to take their medicines as directed, improve their diets, exercise and attend cardiac rehabilitation sessions, all of which could contribute to a worse outcome, Lichtman said.

It's also possible that biological changes associated with depression such as reduced heart rate variability and increases in blood factors that encourage clot formation could increase risk, the statement said.

Other recommendations in the statement include:

- Patients who have depressive symptoms should be evaluated by a professional qualified in diagnosing and managing depression, and should be screened for other psychiatric disorders, such as anxiety.
- Treatment options include cognitive behavioral therapy, physical activity, cardiac rehabilitation, antidepressant drugs or combinations of those treatments.
- Selective serotonin reuptake inhibitor (SSRI) treatment soon after a heart attack is considered safe, relatively inexpensive and may be effective for treating depression.
- Routine screening for depression in coronary heart disease patients should be done in multiple settings, including the hospital, physician's office, clinic and cardiac rehabilitation center, to avoid missing the opportunity to effectively treat depression in cardiac patients and improve physical health outcomes.
- Coordination of care between health providers is essential for patients with combined medical and psychiatric diagnoses.

"Depression and heart disease seem to be very much intertwined," Lichtman said. "You can't treat the heart in isolation from the patient's mental health.

"There is no direct evidence yet that treating depression improves coronary heart disease outcomes, but plenty of evidence shows that having depression worsens those outcomes. By understanding the prevalence of depression and learning more about the subgroups of heart patients at particular risk of depression, we can begin to understand the best ways to recognize and treat it."

Co-authors include J. Thomas Bigger, Jr., M.D.; James A. Blumenthal, Ph.D., ABPP.; Nancy Frasure-Smith, Ph.D.; Peter G. Kaufmann, Ph.D.; Francois Lesperance, M.D.; Daniel B. Mark, M.D., M.P.H.; David S. Sheps, M.D., M.P.H.; and C. Barr Taylor, M.D. Individual author disclosures are included on the manuscript.

**Editor's Note:**

Mended Hearts is a community-based, nationwide heart patient support network founded in 1951. More than 17,000 members operate through 300 chapters and satellite organizations across the United States, with two chapters in Canada. Recognized for its role in facilitating a positive patient-care experience, Mended Hearts partners with 430 hospitals and rehabilitation clinics offering heart patient support through visiting programs, group meetings and educational forums. For more information, visit [www.mendedhearts.org](http://www.mendedhearts.org).

The American Heart Association receives funding primarily from individuals; foundations and corporations (including pharmaceutical, device manufacturers and other companies) also make donations and fund specific association programs and events. The association has strict policies to prevent these relationships from influencing science content. Revenues from pharmaceutical and device corporations are available at [www.americanheart.org/corporatefunding](http://www.americanheart.org/corporatefunding).

###

NR08-1118 (CIRCstmt/Lichtman)

**Contact information:** Dr. Froelicher can be reached at (415) 476-4833 or [erika.froelicher@nursing.ucsf.edu](mailto:erika.froelicher@nursing.ucsf.edu). Dr. Lichtman can be reached at (203) 785-3025 or [Judith.Lichtman@yale.edu](mailto:Judith.Lichtman@yale.edu). Mr. Briggs can be reached by contacting Tim Elsner at (214) 360-6150 or [tim.elsner@heart.org](mailto:tim.elsner@heart.org). *(Please do not publish contact information.)*