Letter to the Editor

Screening for depression after an acute myocardial infarction

Islam SMS

Sir,

Depression occurs in 7% to 30% of patients after an acute myocardial infarction (AMI). Several studies have shown that collaborative mental health care is somewhat more helpful than usual care in reducing depressive symptoms in patients with cardiac disease; therefore screening for depression after an AMI appears reasonable.

A systemic review assessed the prevalence of depression in hospitalized patients with AMI [1]. The team examined 24 self-report studies that used either standardized interviews or validated questionnaires. Depression was identified in 20% (95% CI, 0.19–0.21) of patients using clinical interviews such as the Structured Clinical Interview for DSM (8 studies, N=11,000). Six studies (N=2,300) that used the Beck Depression Inventory (BDI; scale of 0–63) found the prevalence of depression (BDI score ≥10) to be 31% (95% CI, 0.29–0.33). A Hospital Anxiety and Depression Scale (HADS; scale of 0–21) score ≥8 was found in 15% of patients (4 studies, N=863; 95% CI, 0.13–0.18), and a HADS score ≥11 was seen in 7.3% (4 studies, N=830; 95% CI, 0.055–0.093)[1].

A Randomized Controlled Trial (RCT) evaluated a collaborative mental health program (N=90) compared with usual outpatient care (N=85) for patients hospitalized for ACS, arrhythmia, or heart failure, who screened positive for depression.2 At 6 weeks, 12 weeks, and 6 months, each group was assessed for depression, cognitive symptoms of depression, anxiety, quality of life, adherence to medical recommendations, and cardiac symptoms. Participants receiving collaborative care improved significantly at 6 weeks (mean difference [MD] in the 27-point Patient Health Questionnaire [PHQ-9] between groups was –3.0 points; 95% CI, –5.0 to –1.1) and at 12 weeks (MD –3.4 points; 95% CI, –5.4 to –1.5). However, no significant difference was noted in PHQ-9 scores at 6 months (MD –1.8 points; 95% CI, –3.8 to 0.22)[2].

A second RCT evaluated enhanced depression care for patients with ACS and continued depressive symptoms[3]. The trial randomized groups to an enhanced depression treatment group (n=80) or a usual-course group (n=77). Interventions in the enhanced-treatment group included treatment by a multidisciplinary mental health team and patient choice of psychotherapy or pharmacotherapy. Treatment was reviewed and modified as needed every 8 weeks. Treatment in the usual-care group was determined by the patient's treating physician. The BDI score was significantly decreased in the interventional group compared with the usual-care group (MD –1.9; 95% CI, –3.8 to –0.1) during the 3-month study. Depression was defined as a BDI score ≥10, whereas patients with a BDI ≥45 were excluded from the study[3].

Depression treatment with medication or cognitive behavioral therapy in patients with cardiovascular disease is associated with modest improvement in depressive symptoms[4]. As depression can aggravate cardiac symptoms, patients with cardiovascular diseases and post AMI should be screened for depression in primary health care settings.

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References

1. Thombs BD, Bass EB, Ford DE, Stewart KJ, Tsilidis KK, et al. (2006) Prevalence of depression in survivors of acute myocardial infarction. Journal of general internal medicine 21: 30-38.
2. Huffman JC, Mastromauro CA, Sowden G, Fricchione GL, Healy BC, et al. (2011) Impact of a depression care management program for hospitalized cardiac patients. Circ Cardiovasc Qual Outcomes 4: 198-205.
3. Davidson KW, Rieckmann N, Clemow L, Schwartz JE, Shimbo D, et al. (2010) Enhanced depression care for patients with acute coronary syndrome and persistent depressive symptoms: coronary psychosocial evaluation studies randomized controlled trial. Arch Intern Med 170: 600-608.
4. Thombs BD, de Jonge P, Coyne JC, Whooley MA, Frasure-Smith N, et al. (2008) Depression screening and patient outcomes in cardiovascular care: a systematic review. JAMA 300: 2161-2171.