

**HEARTFELT MATTERS**

Today more and more people are becoming aware of the intricate and intimate link between one's mental states and physical well-being. Statistics cited in *Time Magazine*, February 2003 state that after a heart attack your risk of dying from cardiovascular disease is 4-6 times greater if you also happen to suffer from depression. Heart disease also worsens if it occurs alongside depression. Research has shown that depression is linked to an increased tendency of the platelets to aggregate and to increases in steroidal hormones, which elevate blood pressure and damage cells in the arteries. Acute stress is also a precipitating factor in bringing about a heart attack, since high levels of stress hormones are signalling a 'fight or flight' reaction, the body's metabolism is diverted away from the type of tissue repair needed in heart disease.

However depression often goes unrecognised and by consequence untreated. The symptoms of depression may also overlap with those of heart disease. It may also make it harder to take the medications needed to carry out the treatment for heart disease. Individuals who have strong social support structures tend to keep their heart rate and blood pressure low and thus maintain better health, perhaps also as a consequence of more positive attitudes.

Treatment of depression in the context of heart disease should be managed by a mental health professional who is in close contact with the practitioner providing the heart disease treatment.

Dr David Jankelow, a Johannesburg cardiologist, says that psychological aspects are often overlooked. He goes on to say that mood has a startling effect on the prognosis after a myocardial infarction (MI). Even mild depression increases the risk of complications. He advocates that patients suffering with post-MI depression should be identified and treated early.

Help and advice are readily available via organisations such as the South African Depression and Anxiety support group, tel (011) 783-1474/1476 between 8 am and 7 pm Monday to Friday and 8 am and 5 pm on Saturdays. Fax (011) 884-7074, e-mail: [anxiety@iafrica.com](mailto:anxiety@iafrica.com). Postal address: PO Box 652548 Benmore 2010 South Africa.

**EFFORTS TO IMPROVE CARDIAC PATIENT  
HEALTH STATUS SHOULD INCLUDE ASSESS-  
MENT AND TREATMENT OF DEPRESSIVE  
SYMPTOMS**

In patients with coronary heart disease, depressive symptoms are strongly associated with health status outcomes, including symptom bur-

den, physical function, quality of life, and perceived overall health.

'If improvements in depressive symptoms are responsible for changes in quality of life, then future efforts to enhance the health status of cardiac patients could focus on modifying depressive symptoms,' say researchers, noting that traditional focus overlooks psychosocial factors in favour of cardiac physiology.

The relative contribution of depression to health status in patients with chronic disease is largely unknown. In a cross-sectional study published recently in *JAMA*<sup>1</sup>, researchers compared the contributions of depressive symptoms and measures of cardiac function to the health status of patients with coronary artery disease.

The patients were recruited from outpatient clinics over a 2-year period. Depressive symptom measurements were done using the Patient Health Questionnaire (PHQ) and the Seattle Angina Questionnaire was used to assess three components of health status, including symptom burden, physical limitation, and quality of life. Patients underwent echocardiography and treadmill testing to measure left ventricular ejection fraction, ischaemia, and exercise capacity.

Approximately 20% of patients had depressive symptoms. These patients tended to be younger, have lower income, have a history of myocardial infarction or diabetes mellitus, smoke, experience greater stress, and have less social support.

Additionally, participants with depressive symptoms were more likely to report at least mild symptom burden, mild physical limitation, mildly diminished quality of life, and fair or poor overall health.

Multivariate analysis showed that depressive symptoms were strongly associated with greater symptom burden, greater physical limitation, worse quality of life, and worse overall health. Although decreased exercise capacity was associated with worse health status, two traditional measures of disease severity — ejection fraction and ischaemia — were not.

The authors concluded that among patients with coronary disease, depressive symptoms are strongly associated with patient-reported health status. Efforts to improve health status should include assessment and treatment of depressive symptoms.

'Our findings demonstrate that depressive symptoms are at least as important as cardiac function in the health-related quality of life of patients with coronary disease,' the researchers conclude.

1. Ruo B, et al. *JAMA* 2003; **290**: 215-221.