

## NEWS RELEASE

BLACK DOG INSTITUTE



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### **BETTER SCREENING URGED TO UNDERSTAND LINK BETWEEN HEART DISEASE & DEPRESSION**

It has long been thought that depression increases the risk of dying in the year following a heart attack.

However, a Black Dog Institute study indicates the risk is associated with depression coming on **after** the heart attack.

The study, entitled *Timing is Everything: The onset of Depression and Acute Coronary Syndrome Outcome*, involved nearly 500 patients suffering heart conditions. The study appears in the American journal, Biological Psychiatry.

Leading the study was Professor Gordon Parker, Executive Director of the Black Dog Institute, who said the way in which depression and heart disease are linked was still poorly understood.

“Since the 1980s, there have been numerous large studies suggesting that when people have suffered a major cardiac event such as a myocardial infarction, those with depression have a much poorer prognosis than those without depression,” said Professor Parker.

“Our study challenges the view that *any* experience of depression necessarily increases the risk of a poorer outcome in those with acute coronary syndrome.”

The Institute found that depression developing *after* hospitalisation for acute coronary syndrome (ACS) substantially increased the chance of subsequent cardiac death or rehospitalisation, but depression that pre-dated the ACS admission did not.

The Professor said the study made it clear that screening for people who develop depression following their cardiac event would help identify those who are at high risk.

So it appears that the “timing” of the depression may be important, but what are the implications of this if confirmed?

“We know that there are a number of biological changes that occur in depressed patients that may be related to their poorer cardiac outcome, such as increased blood clotting, sympathetic nervous system activity and inflammation,” he said.

“Depressed people are also more likely to smoke, are less likely to exercise and less likely to take their heart medication. We don’t, however, know which factors are most responsible for the association between low mood and poorer cardiac survival. Identifying depression timing as playing a key role may help to ‘narrow the field’ and shed light on the underlying mechanisms behind the association”

Professor Parker said if depression following a heart attack is linked to a poorer outcome, it was important to determine if it was biological or social and then develop more tailored interventions to this depression subtype.

Results from the few clinical trials looking at treatment of depression in patients with heart disease have left many questions still unanswered.

In the Enhancing Recovery in Coronary Heart Disease Patients (ENRICHD) clinical trial, for example, treatment with cognitive behavioral therapy supplemented with antidepressant treatment lead to modest but significant improvements in mood, but no corresponding improvement in survival.

In the ENRICHD study, like the other clinical trials to date, the participants were a mix of those with depression that started before the acute coronary event and those whose depression started afterwards.

In another treatment trial, the Sertraline Antidepressant Heart Attack Randomized Trial (SADHART), researchers found that people who were depressed *before* their myocardial infarction actually responded better to treatment with the selective serotonin reuptake inhibitor sertraline, than those that developed an episode of depression following their admission.

**Thus, it may be that we are currently better at treating depression that *doesn't* increase cardiac risk and not treating depressive episodes after a heart attack and which put the patient at high risk**

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