

Two nondrug treatments appear to reduce depression after heart surgery

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cognitive behavior therapy and supportive stress management—appear more effective than usual care for treating depression after coronary artery bypass surgery, according to a report in the April issue of *Archives of General Psychiatry*, one of the JAMA/Archives journals.

About one in every five patients experiences a major depressive episode following coronary artery bypass graft (CABG) surgery and at least that many develop milder forms of [depression](#), according to background information in the article. "Depression around the time of surgery predicts postoperative complications, longer physical and emotional recovery, worse quality of life and increased rates of cardiac events and mortality [death]," the authors write, and may also be linked to problems with thinking, learning and memory.

Kenneth E. Freedland, Ph.D., of the Washington University School of Medicine, St. Louis, and colleagues conducted a randomized clinical trial involving 123 patients who had major or minor depression within one year after CABG surgery. Of these, 40 were randomly assigned to usual care as determined by primary care or other physicians and the other patients were assigned to one of two treatment groups.

This included 41 patients who underwent 12 weeks of cognitive behavior therapy, shown to be an effective treatment for depression in other populations. The individual, 50- to 60-minute sessions with a psychologist or social worker involved identifying problems and developing cognitive techniques for overcoming them, including

challenging distressing automatic thoughts and changing dysfunctional attitudes. The other 42 patients received 12 weeks of supportive stress management, in which a social worker or psychologist counseled the patient about improving his or her ability to cope with stressful life events. Depressive symptoms were assessed at the beginning of the study and again after three, six and nine months.

After three months, more patients in the cognitive behavior therapy group (71 percent) and supportive stress management group (57 percent) experienced remission of their depression than in the usual care group (33 percent). The differences narrowed at the six-month follow-up but differed again at nine months (73 percent for the cognitive behavior therapy group, 57 percent for the supportive stress management group and 35 percent for the usual care group).

"Cognitive behavior therapy was also superior to usual care on most secondary psychological outcomes, including anxiety, hopelessness, perceived stress and the mental (but not the physical) component of health-related quality of life. On most of these measures, differences between cognitive behavior therapy and usual care were found at all three follow-up assessments," the authors write. "Supportive stress management was superior to usual care only on some of these measures."

"In conclusion, this randomized, controlled trial showed that cognitive behavior therapy was an efficacious treatment for depression in patients with a recent history of coronary bypass surgery," they continue.

"Supportive stress management was also superior to usual care for depression in these patients, but it had smaller and less durable effects than cognitive behavior therapy."

More information: Arch Gen Psychiatry. 2009;66[4]:387-396

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