

Spouses of people suffering a heart attack need care for increased risk of depression and suicide

August 21 2012

Spouses of people who suffer a sudden heart attack (an acute myocardial infarction) have an increased risk of depression, anxiety, or suicide after the event, even if their partner survives, according to new research published online today in the *European Heart Journal*. They suffer more than spouses of people who die from, or survive, other conditions.

The study, which is the first to investigate this and to compare it with people whose spouse died or survived from something other than a heart attack, also found that men were more susceptible to depression and [suicide](#) after their wife's survival or death from an [acute myocardial infarction](#) (AMI), than women.

Using Danish registries, including the National Civil Status Registry that shows whether people are married or not, researchers in the USA and [Denmark](#) compared 16,506 [spouses](#) of people who died from an AMI between 1997 and 2008 with 49,518 spouses of people who died from causes unrelated to AMI. They also matched 44,566 spouses of patients who suffered a non-fatal AMI with 131,563 spouses of people admitted to hospital for a non-fatal condition unrelated to AMI. They looked at the use of antidepressants and [benzodiazepines](#) (used for treating anxiety) before and up to a year after the event, records of contact with the [health system](#) for depression, and suicide.

"We found that more than three times the number of people whose

spouses died from an AMI were using antidepressants in the year after the event compared with the year before. In addition, nearly 50 times as many spouses used a benzodiazepine after the event compared to before. For people whose spouse had died from a non-AMI cause, we saw a much higher rate of medication use than for other causes and they had an approximately 50% higher likelihood of claiming a prescription for these drugs," said the first author of the study, Dr Emil Fosbøl. "Those whose spouse survived an AMI had a 17% higher use of antidepressants after the event, whereas spouses of patients surviving some other, non-AMI related condition had an unchanged use of antidepressants after the event compared to before."

Dr Fosbøl, who was a cardiology research fellow at Duke Clinical Research Institute, Duke University [Medical](#) Center, North Carolina (USA) at the time of the research, but has now returned to Denmark to work as a cardiologist in Copenhagen, continued: "Overall, the rates of depression were significantly higher after the event in the fatal AMI group and in the fatal non-AMI group. Although the rates were low, those who had lost a spouse to a fatal AMI or whose spouse survived an AMI more often committed suicide than those with spouses who died from, or survived, a non-AMI-related event. We also found that men were more likely to suffer depression and commit suicide after an event than women."

The researchers speculate that it is the sudden and unexpected nature of an AMI that causes the more extreme impact on the spouse. "If your partner dies suddenly from a heart attack, you have no time to prepare psychologically for the death, whereas if someone is ill with, for example, cancer, there is more time to grow used to the idea," said Dr Fosbøl. "The larger psychological impact of a sudden loss is similar to post-traumatic stress disorder."

Dr Fosbøl said their findings have large public health implications as

more than seven million people worldwide experience an AMI a year, with around 16% of them dying from it within a month. "This could mean that around 11,000 people would be likely to start [antidepressants](#) after a spouse's non-fatal AMI, and 35,000 after their spouse died from an AMI. Moreover, although suicide rates were low, we could expect approximately 1,400 people to take their own life in the year following a spouse's death from a [heart attack](#).

"This is a major public health issue for which there seems to be very little awareness among doctors and policy makers. I think the most important finding of this study is that the system needs to consider the care needs for spouses too, not only when a patient dies from an AMI, but also when the patient is 'just' admitted to hospital with an AMI and survives. Previously, we did not have any data on those patients' spouses where the patient survived the event."

The authors say that there appear to be no mechanisms in place currently to identify spouses at risk and to institute preventive strategies such as screening for depression and grief counselling.

"I think it would be worth conducting a study of a targeted intervention to prevent depression for the spouse," concluded Dr Fosbøl. "I believe that treatment of an acute event also should include screening the spouse for possible psychological effects and a plan should be in place for how to take care of this, if indeed the spouse is severely affected."

More information: "Spousal depression, anxiety, and suicide after myocardial infarction," by Emil L. Fosbøl, Eric D. Peterson, Peter Weeke, Tracy Y. Wang, Robin Mathews, Lars Kober, Laine Thomas, Gunnar H. Gislason, and Christian Torp-Pedersen. *European Heart Journal*. [doi:10.1093/eurheartj/ehs242](https://doi.org/10.1093/eurheartj/ehs242)

Provided by European Society of Cardiology

Citation: Spouses of people suffering a heart attack need care for increased risk of depression and suicide (2012, August 21) retrieved 6 May 2024 from

<https://medicalxpress.com/news/2012-08-spouses-people-heart-depression-suicide.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.