

The cardiovascular risk of antidepressant drugs—new data

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Antidepressants are commonly prescribed medications, but their long-term health effects are debated. Antidepressants disrupt multiple adaptive processes regulated by evolutionarily ancient biochemicals, potentially increasing mortality. However, many antidepressants also have anticlotting properties that can be efficacious in treating cardiovascular disease.

Researchers conducted a meta-analysis assessing the effects of [antidepressants](#) on all-cause mortality and [cardiovascular events](#) in general-population and cardiovascular-patient samples. Two reviewers independently assessed articles from PubMed, EMBASE, and Google Scholar for antidepressant-related mortality controlling for depression and other comorbidities. From these articles, information was extracted about cardiovascular events, cardiovascular risk status, and antidepressants class. Authors conducted mixed-effect meta-analyses testing sample type and antidepressants class as moderators of all-cause mortality and new cardiovascular events. Seventeen studies met the search criteria.

Results showed that in the general population, antidepressant use increased the risks of mortality and new cardiovascular events. In cardiovascular patients, antidepressant use did not significantly affect risks. Antidepressants also moderated mortality, but the serotonin reuptake inhibitors were not significantly different from tricyclic antidepressants. Only "other antidepressants" were differentiable from tricyclic antidepressants. Mortality risk estimates increased when we

analyzed the subset of studies controlling for premedication depression, suggesting the absence of confounding by indication.

The authors concluded that the results support the hypothesis that antidepressants are harmful in the [general population](#) but less harmful in cardiovascular patients.

More information: Marta M. Maslej et al. The Mortality and Myocardial Effects of Antidepressants Are Moderated by Preexisting Cardiovascular Disease: A Meta-Analysis, *Psychotherapy and Psychosomatics* (2017). [DOI: 10.1159/000477940](https://doi.org/10.1159/000477940)

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