

Early depression diagnosis is deadly serious for patients with coronary artery disease

May 14 2018

For clinicians providing comprehensive care to patients with coronary artery disease (CAD), proactive depression screening may not always rank high on the list of first-priority concerns.

However, Florida State University researchers who surveyed years of data on epidemiological and clinical factors suggest that depression screening should be at the forefront of any CAD treatment program.

In fact, in [patients](#) with CAD, an early depression diagnosis could be a matter of life and death.

Individuals with both CAD and depression have significantly poorer health outcomes, with one recent study suggesting that a dual diagnosis was associated with a two-fold higher risk of mortality.

"Despite this evidence, there continues to be challenges in addressing the issue," said Aimee Pragle, assistant professor in the School of Physician Assistant Practice and co-author of an article published this month in the *Journal of the American Academy of Physician Assistants*.

"Studies show that only 30 percent of CAD patients who meet the criteria for diagnosis of major depression are actually diagnosed. This demonstrates the need for continued education of clinicians in understanding how to identify and manage depression in patients with CAD."

Pragle's article defines the criteria for major depression diagnosis, outlines an array of screening tools and offers a battery of recommended treatment options for at-risk CAD patients. She said she hopes her work can serve as a resource for clinicians as they learn to administer more effective care to patients with depression and CAD.

"One of the first steps for effectively communicating with patients about depression and CAD is for members of the health care team to have an understanding of [depression screening](#) tools," Pragle said. "These tools should be a routine part of clinical and hospital practice."

While research has demonstrated a link between depression, CAD and increased risk of premature death, little is known about depression's causal relationship to adverse cardiac outcomes.

Depressive CAD patients, said Pragle, may find it more difficult to comply with rigorous drug regimens or maintain preventive care initiatives to improve cholesterol, blood pressure and diet.

"Patients' reduced ability to implement these needed health interventions can over time make them more vulnerable to worse CAD outcomes," she said.

Pragle's academic investigation of depression and CAD is informed by years of personal experience caring for patients as a clinician.

In her time as a cardiology physician assistant, Pragle came to recognize the importance of providing thoughtful and dynamic aid to patients with CAD and depression at every stage of the health care process—from acute medical events to cardiology care to comprehensive primary care follow-ups.

Just as blood pressure readings, cholesterol measurements and glucose

level monitoring have become standard care, Pragle said, depression screenings should be included as a regular step in the treatment of patients with CAD.

"When clinicians work together as a team to implement screenings, it can improve the diagnosis and treatment of depression," she said. "Our article highlights why it is important that each provider on the health care team have an understanding of diagnosis of [depression](#)."

More information: Aimee Salzer Pragle et al, Identifying and managing depression in patients with coronary artery disease, *Journal of the American Academy of Physician Assistants* (2018). [DOI: 10.1097/01.JAA.0000532111.83132.8b](#)

Provided by Florida State University

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