

Treating depression may prevent repeat heart attack

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(HealthDay)—It's common for heart attack survivors to develop

depression. Now a new trial has found that antidepressant treatment may help those patients avoid a second heart attack.

The study, of 300 heart [patients](#) with [depression](#), found that treatment with the antidepressant escitalopram (Lexapro) almost halved the risk of suffering another [heart attack](#) in the next eight years.

Patients on the medication also had a lower death rate and less need for angioplasty—a procedure that opens blocked heart arteries.

Experts said they were encouraged by the findings.

"This is a very important clinical trial," said James Blumenthal, a professor of psychiatry at Duke University Medical Center, in Durham, N.C.

Blumenthal, who was not involved in the trial, studies the role of psychological factors in heart disease.

He said it's known that [heart attack patients](#) with depression typically fare worse than those without the condition. That includes a higher risk of a repeat heart attack.

But proof has been lacking that [depression treatment](#) can translate into a better outlook.

The new findings, Blumenthal said, show that it can.

"Treating depression results not only in improved quality of life, but also improved clinical outcomes," he said. "This is good news for heart patients with depression."

For the trial, Korean researchers led by Dr. Jae-Min Kim, from

Chonnam National University Medical School in Gwangju, screened over 1,100 [heart patients](#) for depression. All of the patients had experienced an "acute coronary syndrome" within the past two weeks. The term refers to heart attacks, as well as unstable angina—severe chest pain caused by obstructed blood flow to the heart.

Over 400 of those patients met the definition of either mild or [major depression](#). Ultimately, 300 entered the trial and were randomly assigned to take either escitalopram or placebo pills for six months.

Over the next eight years, nearly half of all patients either died, had a repeat heart attack or needed angioplasty. However, the rate was lower among patients taking antidepressants: just under 41 percent, versus almost 54 percent among placebo patients.

The benefit was most clear when it came to the risk of suffering another heart attack: less than 9 percent of antidepressant patients did, compared with over 15 percent of placebo patients, the findings showed.

The death rate was also lower for those taking antidepressants—about 21 percent, versus 24.5 percent for those taking a placebo. That difference was not significant in statistical terms, however.

The trial was funded by Korean government grants. The report was published in the July 24/31 issue of the *Journal of the American Medical Association*.

If [antidepressant treatment](#) does thwart future heart trouble, it's not clear why from this study, Blumenthal said.

One possibility, he suggested, is that when patients see their depression lift, they become more physically active or better able to stick with lifestyle changes.

But, improvement in depression might also have direct effects—including less inflammation in the arteries and a healthier heart rate, Blumenthal suggested.

Donald Edmondson is director of the Center for Behavioral Cardiovascular Health at Columbia University, in New York City.

He called the findings "exciting and important."

Why did this trial show benefits when past studies turned up empty? A likely reason, Edmondson said, is the long-term follow-up. It may take years for the benefits of depression treatment to show up.

The bottom line for patients and families is that they should never dismiss lingering psychological symptoms, he explained.

After a heart attack, Edmondson said, people sometimes want to "move on and forget it happened."

But close to 40 percent of the initial group in this study screened positive for depression. "It's common," he said.

Edmondson suggested that family members be aware of that, and remember to check in: "Ask questions. Ask them how they're feeling."

There are non-drug treatments for depression, including "talk therapy." This trial did not test them—but Edmondson said he suspects any therapy that sends depression into remission might improve patients' heart outlook.

In this study, he pointed out, patients whose depression went into remission within six months fared better—even if they were in the placebo group.

Those on medication were, however, more likely to see a remission: Over half did, versus 35 percent of placebo patients.

Blumenthal said that some research has found that regular exercise can help ease depression—and may be as effective as antidepressants.

He is currently leading a trial that's testing exercise against escitalopram for treating anxiety in [heart](#) disease patients.

More information: James Blumenthal, Ph.D., professor, psychiatry, Duke University Medical Center, Durham, N.C.; Donald Edmondson, Ph.D., M.P.H., director, Center for Behavioral Cardiovascular Health, Columbia University Medical Center, New York City; July 24/31, 2018, *Journal of the American Medical Association*, online

The American Heart Association has more on [heart disease and depression](#).

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