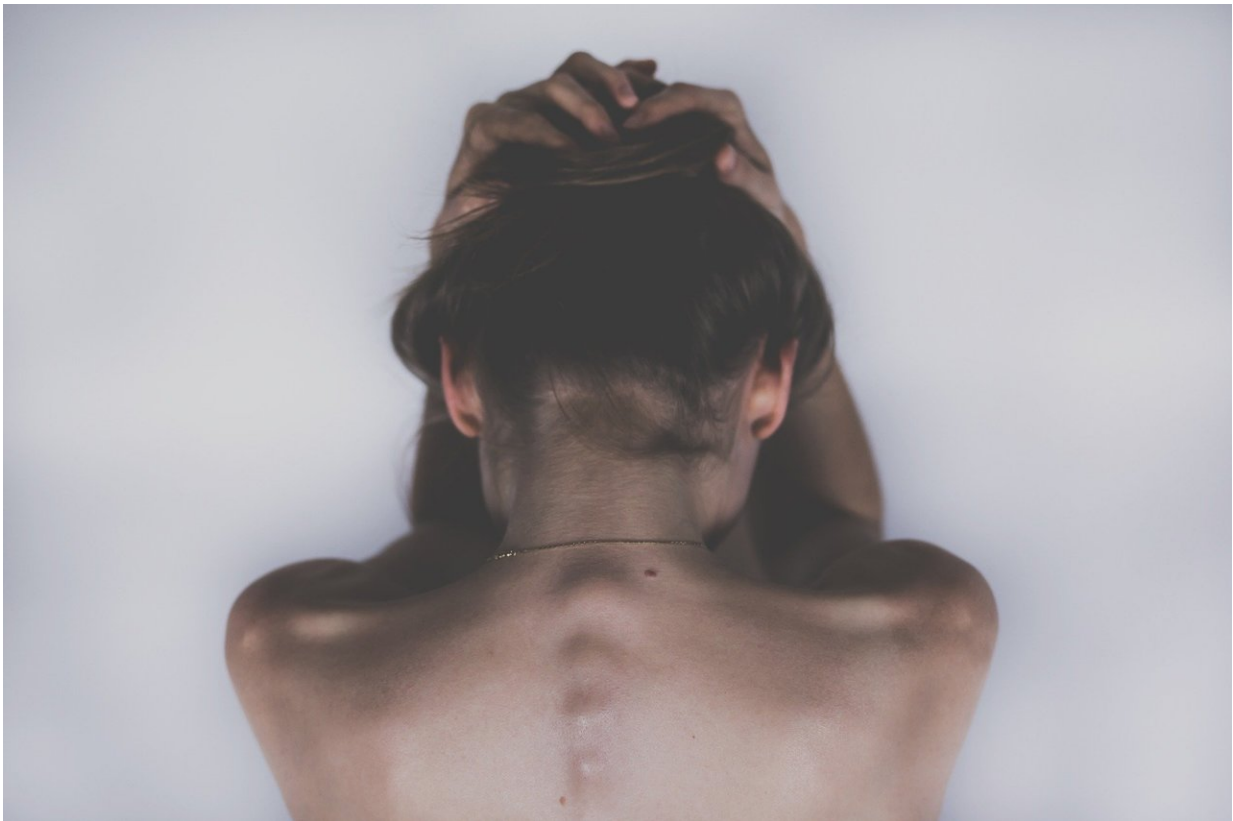


Depression may raise risk of heart attack and stroke

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People with symptoms of anxiety and depression may have a greater risk of heart attack and stroke, a study has found.

Researchers say their findings add to growing evidence of a link but that further studies are needed to understand how [poor mental health](#) can lead to cardiovascular diseases.

Mental health

Experts at the Universities of Edinburgh and Queensland analysed data from more than 220,000 people who took part in a major Australian study of healthy aging called 45 and Up.

Participants, who were 45 or older, had completed a questionnaire to gauge their mental health.

This asked them to indicate how often they experienced symptoms of depressions, such as feeling sad, nervous, hopeless or tired for no apparent reason.

Heart disease

The team looked at information from people who had not experienced a [heart attack](#) or [stroke](#) at the start of the study.

They categorised participants into three levels of psychological distress – low, medium and high – and looked at rates of heart disease and stroke in each of the groups.

Risk rise

During the four years of the study, the overall risk of having a heart attack or stroke rose with each level of psychological distress, the team found.

Men with the highest levels of distress were almost one third more likely to experience a heart attack, the study found.

The risk of stroke for women with the highest levels of [distress](#) increased by almost one half.

Lifestyle factors

These associations could not be explained by lifestyle factors, such as smoking, alcohol intake or dietary habits, the study found.

"Our study provides further evidence that poor mental health can also impact on physical health. Doctors should actively screen people with [mental health](#) problems for signs of cardiovascular disease, so they can be treated appropriately to help manage their risk," says Dr. Caroline Jackson.

More information:

[dx.doi.org/10.1161/CIRCOUTCOMES.117.004500](https://doi.org/10.1161/CIRCOUTCOMES.117.004500)

Provided by University of Edinburgh

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