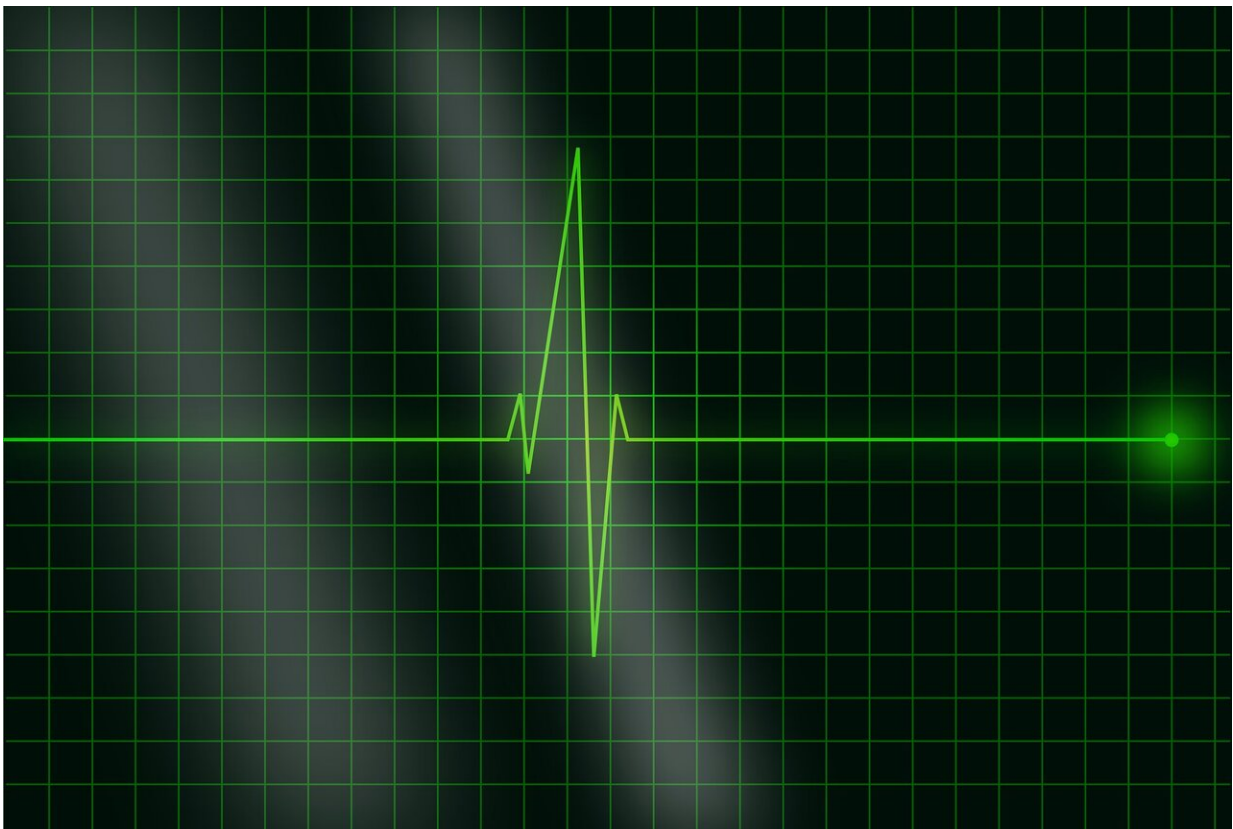


Integrated treatment for depression and heart failure improves quality of life and mood

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A telephone-delivered nursing care strategy that combined heart failure care management with depression treatment improved patients' clinical

outcomes, discovered clinicians from the University of Pittsburgh. The findings of the clinical trial, called Hopeful Heart, were published today in *JAMA Internal Medicine*.

The Hopeful Heart Trial is the first study to apply a 'blended' collaborative care approach to treating [heart failure](#) and depression, whereby investigators trained medical nurses to deliver depression and heart failure care under guidance of a study cardiologist, psychiatrist and primary care physician.

"Heart failure is one of the most common cardiovascular diseases in the United States, and it's growing even more prevalent as the population ages," said lead author Bruce Rollman, M.D., M.P.H., UPMC endowed chair and professor of medicine at Pitt. "I'm very excited about our results because they show that we can successfully train medical nurses to deliver effective depression care as part of heart failure care management they may already be delivering, and that this pragmatic approach can significantly improve [patients'](#) mood and help them regain a better quality of life."

Cardiologists rarely screen their patients for depression, even though it occurs in up to half of all heart failure patients and has been associated with reduced adherence to recommended heart failure care, higher rates of hospital readmission and increased mortality. One potential explanation is that few studies have examined the benefits of [depression treatment](#) on heart failure patients' recovery.

To find out if effective depression treatments can be delivered as part of routine heart failure care, the researchers tested a telephone-delivered 'blended' model of collaborative care. Medical nurses who were trained to administer depression care had weekly care-review conference calls with a study psychiatrist and a study cardiologist, and then relayed treatment recommendations to patients and their primary care

physicians. Afterward, study nurses monitored patients via regular telephone calls and made recommendations for adjustments in care depending on patients' responses to treatment.

"Collaborative 'blended' care model provides extra layers of emotional and educational support for patients and their families," said co-author Amy Anderson, M.S., clinical coordinator for the Hopeful Heart Trial at Pitt. "When we sit in on case review sessions with doctors and nurses, we end up learning a great deal about these patients' lives; it becomes personal. So, it is always very rewarding to see these patients overcome hurdles and improve over time."

Hopeful Heart recruited 756 participants with heart failure from eight Pittsburgh-area hospitals, including 629 patients who screened positive for depression. At 12-months follow-up, 'blended' care patients reported better mental health-related quality of life—including fewer limitations in social activities, improved general well-being, higher energy and less fatigue, and improved mood—compared to patients receiving usual care, and improved mood compared to those who received collaborative care for heart failure alone.

The researchers hope that this innovative and practical approach to patient care could be implemented more broadly, especially as both patients and [health care workers](#) have become more accustomed to telemedicine than ever before.

"Depression often goes unrecognized and untreated in [heart](#) failure patients, and we are encouraged that our integrated approach to addressing depression was not only effective, but that it can be easily scaled up and expanded nationally," Rollman said. "A 'blended' collaborative care that is built on existing systems of care also may enable organized health care systems such as UPMC to deliver effective first-line care for [depression](#) and other mental health conditions to

patients with complex medical conditions."

Other authors of the study include Scott Rothenberger, Ph.D., Kaleab Abebe, Ph.D., Ravi Ramani, M.D., Matthew Muldoon, M.D., M.P.H., John Jakicic, Ph.D., Bea Herbeck Belnap, Dr.Bio.Hum., and Jordan Karp, M.D., all of Pitt.

Provided by University of Pittsburgh

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