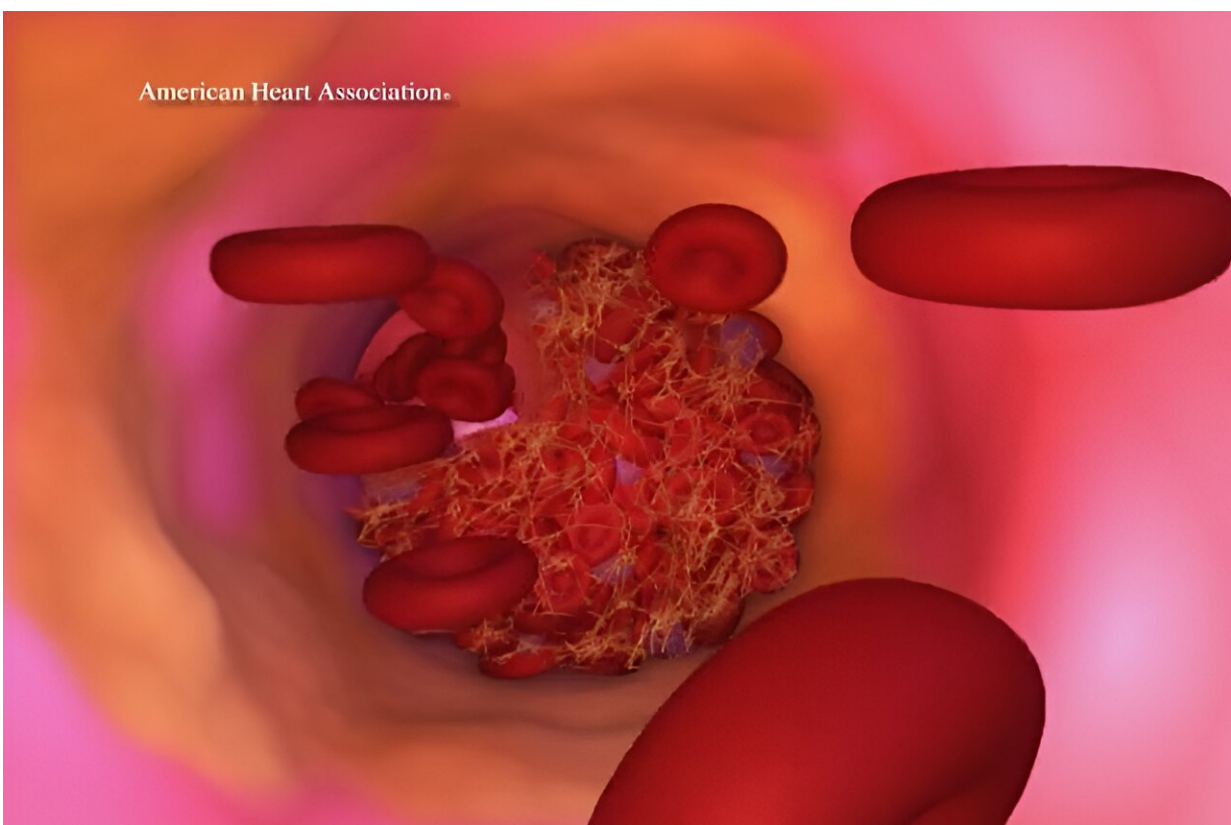


# Treating anxiety, depression in people with heart disease reduced ER visits, hospitalizations

March 20 2024, by Michelle Kirkwood

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Atherosclerosis blockage forming graphic. Credit: American Heart Association

Treating anxiety and depression reduced emergency room visits and rehospitalizations among people with heart disease, according to new

research published today in the *Journal of the American Heart Association*.

"For patients who had been hospitalized for [coronary artery disease](#) or [heart failure](#) and who had diagnoses of [anxiety](#) or depression, treatment with psychotherapy, pharmacotherapy, or a combination of the two was associated with as much as a 75% reduction in hospitalizations or emergency room visits.

In some cases, there was a reduction in death," said lead study author Philip Binkley, M.D., M.P.H., executive vice chair of the department of internal medicine and emeritus professor of internal medicine and public health at The Ohio State University in Columbus, Ohio.

Binkley noted that anxiety and depression are common in people with heart failure, and [mental health](#) can have a significant impact on an individual's risk of other health conditions, disability, and death.

In this study, Binkley and colleagues examined the association of mental health treatment with [antidepressant medication](#) or psychotherapy, also known as talk therapy or a combination of the two, in relation to emergency room visits, hospitalizations, and death in people with blocked arteries or heart failure and with a formal diagnosis of anxiety or depression before hospitalization.

The analysis found using three different statistical models that adjusted for different variables and compared to patients not receiving treatment for anxiety or depression:

- For people who received both medication and talk therapy for anxiety or depression, the risk of hospitalization was reduced by 68% to 75% the risk of being seen in the emergency department was reduced by 67% to 74%, and the risk of death from any

cause was reduced by 65% to 67%.

- Psychotherapy treatment alone was associated with a 46% to 49% reduction of risk for [hospital readmission](#) and a 48% to 53% reduction in emergency room visits.
- Medication treatment alone reduced hospital readmission by 47% to 58% and reduced ER visits by 41% to 49%.
- Follow-up time was variable based on the needs of each patient.

"Heart disease and anxiety/depression interact such that each promotes the other," Binkley said.

"There appear to be psychologic mechanisms that link [heart disease](#) with anxiety and depression that are currently under investigation. Both heart disease and anxiety/depression are associated with the activation of the sympathetic nervous system. This is part of the so-called involuntary nervous system that increases heart rate and blood pressure and can also contribute to anxiety and depression."

Binkley considers the large number of people with heart disease and the marked reduction in hospitalizations and [emergency room visits](#), and the drop in death to be the strength of the study.

"I hope the results of our study motivate cardiologists and [health care professionals](#) to screen routinely for depression and anxiety and demonstrate that collaborative care models are essential for the management of cardiovascular and mental health. I would also hope these findings inspire additional research regarding the mechanistic connections between mental health and heart disease," he said.

Study details and background:

- 1,563 adults ages 22 to 64 over a three-year period were included, and all participants had a first hospital admission for

blocked arteries or heart failure and had two or more health insurance claims for an anxiety disorder or depression.

- Sixty-eight percent of participants were women, and 81% were noted as white race. All were enrolled in Ohio's Medicaid program during the six months prior to the hospital admission. Health data was from two sources: Ohio Medicaid claims and Ohio death certificate files from July 1, 2009, to June 30, 2012.
- Participants were followed through the end of 2014 or until death or the end of Medicaid enrollment.
- About 23% of participants received both antidepressant medications and psychotherapy; nearly 15 percent received psychotherapy alone; 29% took antidepressants alone; and 33% received no mental health treatment.
- About 92% of participants in the study were diagnosed with anxiety and 55.5% with [depression](#) prior to hospitalization.

The study was limited to people enrolled in Medicaid, therefore, it may not be representative of people covered by commercial health insurance plans. In addition, the majority of participants were noted as white race, therefore, these findings are not applicable to people of other races, ethnicities or communities.

**More information:** Philip Binkley et al, Impact of Mental Health Treatment on Outcomes in Patients With Heart Failure and Ischemic Heart Disease, *Journal of the American Heart Association* (2024). [DOI: 10.1161/JAHA.123.031117](https://doi.org/10.1161/JAHA.123.031117)

Provided by American Heart Association

Citation: Treating anxiety, depression in people with heart disease reduced ER visits, hospitalizations (2024, March 20) retrieved 6 May 2024 from

<https://medicalxpress.com/news/2024-03-anxiety-depression-people-heart-disease.html>

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