Heart attack patients with depression less likely to receive priority care in emergency rooms

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Heart attack patients with a history of depression presenting at emergency departments were less likely to receive priority care than people with other conditions, found a study published in *CMAJ* (*Canadian Medical Association Journal*).

Several studies indicate that people with heart attacks and depression have worse outcomes than people without, although emergency department care has not been looked at as a possible contributor. In the United States, more than six million patients with mental health issues are seen in emergency departments each year and six million people visit for chest pain.

This study, by researchers from the Institute of Clinical Evaluative Sciences, looked at data on 6,874 patients admitted to 96 acute care hospitals in Ontario, Canada from April 2004 to March 2005. They found that 680 of these heart attack patients had a history of depression recorded in their medical charts, and 39% of these were assigned a low priority triage score in the emergency department, compared with 32.7% of the other patients with heart attacks.

"Ten per cent of acute myocardial infarction patients seen in the emergency department had a history of depression recorded in their chart, and it was associated with an increased risk of receiving a low priority emergency department triage score, as well as delays in

diagnostic testing and definitive care," writes Dr. Clare Atzema, Institute for Clinical Evaluative Sciences, with coauthors. "Interestingly, other components of the medical history, including the traditional cardiac risk factors of diabetes, smoking, hypercholesterolemia and hypertension, were not associated with triage score in the models; only depression affected the score."

As well, a lower triage priority based on charted depression resulted in delays in diagnosis and treatment by physicians, nurses, cardiologists and laboratory teams.

The authors suggest this lower prioritizing by emergency staff may be based on assumptions that patients' symptoms are anxiety-related rather than due to an actual heart attack. Less than 10% of patients who come to emergency rooms with heart attack symptoms, such as chest pain or shortness of breath, are found to be suffering from the condition. Therefore staff are actively looking for other possible sources for the patients' symptoms.

"We suspect that mistriage of these patients is not due to purposeful discrimination by emergency department staff, but rather that most emergency department staff are unaware of data that suggests a link between depression and coronary artery disease," write the authors. They suggest this information needs to be disseminated to emergency room staff.

Provided by Canadian Medical Association Journal

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