

IUPUI study first to look at early treatment of depression to reduce heart disease risk

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Jesse Stewart is an assistant professor of psychology at the School of Science at Indiana University-Purdue University Indianapolis. Credit: Courtesy of Indiana University

Jesse Stewart, Ph.D., assistant professor of psychology in the School of Science at Indiana University-Purdue University Indianapolis and an Indiana University Center for Aging Research affiliated scientist, has received a \$110,000 grant from the American Heart Association to explore whether treatment of depression before one experiences a heart attack can reduce the likelihood of future heart disease.

The research study, *Beating the Blues for Your Heart*, which commences this spring, will be the first to evaluate whether pre-heart attack treatment of depression can reduce dysfunction in the arteries, thus lowering [risk of heart disease](#) in the future. Like [high blood pressure](#) or [high cholesterol](#), depression is a risk factor for [heart disease](#), the leading cause of death of American adults.

"Evidence, including our own past research, strongly suggests that depression is an independent risk factor for heart disease. A depressed individual is at greater risk for a future [heart attack](#) than someone who is not depressed.

Our goal is to treat depression before it contributes to a heart attack," said Stewart, a clinical health psychologist.

Stewart and colleagues will conduct a pilot study of 30 primary care patients with depression who are free of heart disease. Half will receive standard treatment and the other half will receive eight weeks of an evidence-based computerized treatment for depression called *Beating the Blues®*, used by England's National Health Service. Artery function will be measured using ultrasound before and after treatment as an indicator of risk of future heart disease.

"If earlier treatment of depression, with a computerized therapy which can be confidentially and inexpensively administered anywhere at a time that is convenient for the patient, effectively reduces heart disease risk as we hypothesize, this information will provide a new treatment option that could be considered along with treatments for traditional risk factors, such as high blood pressure or elevated cholesterol," said Stewart.

The results of this [pilot study](#) and a subsequent large-scale definitive clinical trial that Stewart and colleagues hope to conduct will give physicians another important tool to consider in the prevention of heart attacks.

"Decreasing risk of ever having a heart attack by changing clinical practice to include depression treatment should significantly reduce disability and death from heart disease," said Stewart.

Provided by Indiana University

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