

うつ病はMIまたは狭心症後の死亡リスクを倍増させる (Abstract 17-A-11375)

うつ病は冠動脈疾患の診断後数年間の最大の死亡予測因子である

Depression is strongest predictor of death for years following a diagnosis of coronary heart disease

うつ病は冠動脈疾患の診断後10年間の最大の死亡予測因子である、とAmerican College of Cardiology's 66th Annual Scientific Sessionで発表された。このスタディの結果、うつ病と診断 された冠動脈疾患患者はうつ病と診断されていない者に比べ、死亡する確率が約2倍であっ た。これらの結果は年齢、性別、うつ病発症のタイミング、うつ病歴または心筋梗塞既往歴の有無 とは関係なく、一貫して認められた。この影響は数年間持続することから、メンタルヘルスのスクリ ーニングおよび治療が必要であることが強調される。

Full Text

Depression is the strongest predictor of death in the first decade following a diagnosis of coronary heart disease, according to a study presented at the American College of Cardiology's 66th Annual Scientific Session. The study found people with coronary heart disease who are diagnosed with depression are about twice as likely to die compared with those who are not diagnosed with depression

"This study shows that it doesn't matter if depression emerges in the short term or a few years down the road — it's a risk factor that continually needs to be assessed," said Heidi May, PhD, a cardiovascular epidemiologist at the Intermountain Medical Center Heart Institute in Salt Lake City and the study's lead author. "I think the take-home message is that patients with coronary disease need to be continuously screened for depression, and if found to be depressed, they need to receive adequate treatment and continued follow-up.

Researchers have long understood heart disease and depression to have a two-way relationship, with depression increasing the likelihood of heart disease and vice versa. Whereas previous studies have investigated depression occurring within a few months of a coronary heart disease diagnosis, the new study is the first to shed light on the effects of depression over the long term.

The researchers analyzed health records from almost 25,000 Intermountain Health System patients tracked for an average of nearly 10 years following a diagnosis of coronary heart disease. About 15 percent of patients received a follow-up diagnosis of depression, a substantially larger proportion than the estimated rate of 7.5 to 10 percent in the general population.

Out of 3,646 people with a follow-up diagnosis of depression, half died during the study period, compared to 38 percent of the 20,491 people who did not have a depression diagnosis. This means people with depression were twice as likely to die compared to those without depression.

After adjusting for age, gender, risk factors, other diseases, myocardial infarction (MI) or chest pain. medications and follow-up complications, the results showed depression was the strongest predictor of death in this patient group. These results were consistent regardless of age, gender, the timing of depression onset, history of depression or whether or not the patient had an MI.

Given the significant impact of depression on long-term survival, the researchers said clinicians should seek ways to better identify depression in patients with coronary heart disease, either by using patient questionnaires designed to screen for depression or by actively watching for signs of depression during follow-up examinations.

"It can be devastating to be diagnosed with coronary artery disease." May said. "Clinicians need to pay attention to the things their patients are expressing, in terms of both physical symptoms as well as emotional and nonverbal factors."

The study did not evaluate the impact of depression treatment on the risk of death.

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