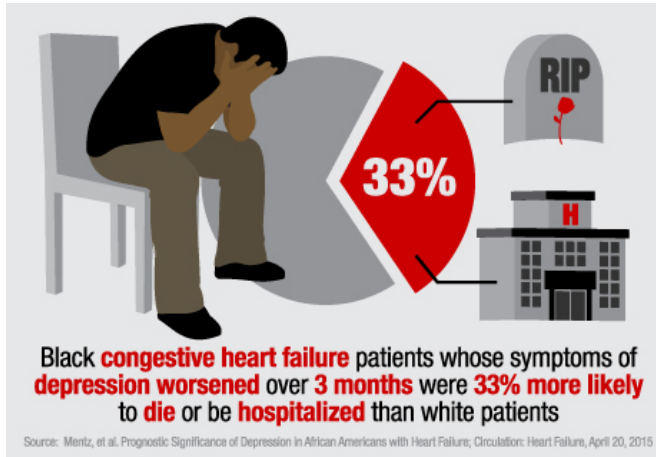


Depression raises risk of poor outcomes for blacks with heart failure

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Infographic: Black congestive heart failure patients whose symptoms of depression worsened over 3 months were 33% more likely to die or be hospitalized than white patients - Mentz, et al. Credit: copyright American Heart Association

Among black heart failure patients, moderate depression may increase the risk of heart failure patients being hospitalized or dying, according to research in the American Heart Association journal *Circulation: Heart Failure*.

Comparing outcomes of 747 blacks to 1,420 whites with [heart failure](#) using a patient-reported scale of depressive symptoms, researchers found:

- Even moderate depressive symptoms may raise the risk of black heart failure patients being hospitalized or dying.
- Blacks with levels of depressive symptoms even below the levels commonly used to diagnose [clinical depression](#) had increased risk for death or hospitalization.
- Black patients had a 33 percent higher risk of dying or being hospitalized when depressive symptoms worsened over three

months compared to patients with stable depressive symptoms.

"Identifying and treating even modest symptoms of [depression](#) in black patients with heart failure could help to improve patient outcomes," said Robert Mentz, M.D., study author and cardiologist and assistant professor of medicine at Duke University Medical Center in Durham, N.C.

Almost 6 million American adults suffer heart failure, a chronic, progressive condition in which the heart doesn't effectively pump blood to the body.

In one of the first studies to specifically examine depression in black versus white patients with heart failure, participants answered questions about their emotional health based on the Beck Depression Inventory II, which is a validated test for measuring depression. Scoring 14 or higher supports a diagnosis of clinical depression.

Depressive symptoms, such as difficulty with concentration, fatigue or lack of energy, feelings of hopelessness and/or helplessness, were gauged at the beginning of the study and three months later. About one-third of the black participants reported symptoms consistent with clinical depression at the study's start.

Mentz' team analyzed the implications of baseline depressive symptoms and changes in these symptoms related to participants' health outcomes including hospitalization or death. The researchers factored out variables such as age, gender, smoking, other medical conditions and heart failure severity. Baseline depressive symptoms and worsening of symptoms over time were linked with worse outcomes in patients, especially among blacks.

Although depression is common among both races, black heart failure patients are less likely to get treated. In the study, only about 22 percent of

blacks with levels of [depressive symptoms](#) supporting a diagnosis of clinical depression were taking anti-depressant medications, compared to 42 percent of whites.

"These results suggest the potential importance of screening all [heart failure patients](#) with simple questions about their mood and depression at every health appointment, so their depression can be identified and treated," Mentz said.

Provided by American Heart Association

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