

Depression negatively impacts heart and stroke patients

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Depression, even when undiagnosed, can have many negative effects on cardiovascular patients, including poor healthcare experiences, more use of healthcare resources and higher health costs, according to preliminary research presented at the American Heart Association's Quality of Care and Outcomes Research Scientific Sessions 2018, a premier global exchange of the latest advances in quality of care and outcomes research in cardiovascular disease and stroke for researchers, healthcare professionals and policymakers.

About one-fifth of cardiovascular disease patients suffer from depression.

"While we don't know which comes first—depression or cardiovascular disease—the consensus is that depression is a risk marker for cardiovascular disease, meaning if you have cardiovascular disease, there is a higher likelihood that you could also have depression, when compared with the risk in the general population," said Victor Okunrintemi, M.D., M.P.H., a research fellow at Baptist Health South Florida in Coral Gables, Florida, and lead author of a pair of

studies that looked into different aspects of depression and cardiovascular disease.

In one study, Okunrintemi and colleagues evaluated patient experience, [healthcare](#) expenditure and resource use in a large population of adult cardiovascular disease patients, dividing them into two groups: those who had been diagnosed with depression and those who had not been diagnosed with depression. Based on responses from a health questionnaire, patients who had not been diagnosed with depression were divided into high- and low-risk groups for depression.

When researchers compared high- and low-risk groups of cardiovascular patients without depression, they found:

- Those at [high risk](#) for depression spent more on overall and out-of-pocket healthcare expenditures yearly when compared with patients in the low-risk group.
- High-risk patients for depression were more than two times more likely to be hospitalized and used the emergency room than those at low risk.
- High-risk patients were more than five times more likely to have a poor self-perceived health status, and almost four times more likely to be dissatisfied with their healthcare.
- Patients at high risk for depression had notably worse healthcare-related quality of life.

"When we compared non-depressed patients to those who had been diagnosed with depression, we found those who were not depressed and yet had a higher risk for depression had worse healthcare experiences, increased use of the emergency room, poorer perception of their health status and a lower health-related quality of life than those who actually had depression," Okunrintemi

said. "That could be because people at high risk for depression simply haven't been diagnosed and treated for depression yet."

In a second study comparing health resource use and expenditures among heart attack patients with and without depression, Okunrintemi and colleagues found that heart attack patients diagnosed with depression were 54 percent more likely to be hospitalized and 43 percent more likely to have emergency room visits, compared to those not diagnosed with depression.

Furthermore, heart attack patients with depression spent an estimated \$4,381 more, annually on healthcare expenses, compared with those without depression.

"Depression and heart attack often coexist, which has been associated with worse health experiences for these patients," he said. "As a quality improvement measure to increase healthcare efficiency, we recommend more aggressive depression screening at follow-up visits for heart attack patients."

In a separate study by a different group of researchers, [stroke](#) patients diagnosed with depression prior to having a stroke were more likely than those without depression to report functional declines and worse stroke impact on health and quality of life months after their stroke.

Researchers studied more than 1,600 stroke patients with similar stroke severity and functional status when discharged from the hospital. Three and six months after the strokes, they found those diagnosed with depression before having a stroke were 56 percent more likely than those without depression to report functional declines and a greater negative stroke-related impact on health and life.

The researchers call for strategies to more effectively manage existing depression among stroke patients to improve [patients' health](#) and quality of life post stroke.

Provided by American Heart Association

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