Psychological Distress Lifts Atrial Fib Risk

BY BRUCE JANCIN
Denver Bureau

NEW ORLEANS — Anxiety and other forms of psychological distress constitute a potent independent risk factor for development of new-onset atrial fibrillation in patients with chronic stable coronary artery disease, Charles M. Blatt, M.D., reported at the annual scientific sessions of the American Heart Association.

The relationship is dose dependent. The higher a CAD patient's level of anxiety, depression, somatization, or hostility, the greater the long-term risk of developing atrial fibrillation, explained Dr. Blatt of Harvard Medical School, Boston, and director of research at the Lown Cardiovascular Research Foundation, Brookline, Mass.

He reported on 354 men and 95 women with chronic stable CAD who were prospectively followed for an average of 5 years. Participants in the ongoing observational study are being assessed annually for various forms of psychological distress using the 92-item Kellner's Symptom Questionnaire.

The higher a CAD patient's level of anxiety, depression, somatization, or hostility, the greater the long-term risk of developing atrial fibrillation.

The incidence of atrial fibrillation in patients in the lowest Kellner quartile for total psychological distress was 2 cases per 1,000 person-years, compared with 16 cases per 1,000 person-years in those in the fourth quartile. Similarly, the incidence of atrial fibrillation among patients in the lowest quartile for anxiety was 3 cases per 1,000 person-years, versus 16 in those in the highest quartile.

After adjustment for the standard risk factors for atrial fibrillation, including gender and age, patients in the second through fourth quartiles in terms of anxiety level had a 2.1-fold greater risk of developing atrial fibrillation for each quartile increase.

Each quartile of depression level was associated with a 1.7-fold greater risk of developing atrial fibrillation compared with that of patients in the bottom quartile in terms of depression. The risk of atrial fibrillation increased by an additional 50% with each of the second through fourth quartiles of somatization, and by 60% with each quartile of scoring on hostility.

Patients in the second quartile for total psychological distress had an adjusted 2.3-fold increased risk of developing atrial fibrillation compared with those in the lowest quartile. Those in the third quartile had an adjusted 4.6-fold increased risk, while patients in the fourth quartile had a 6.9-fold greater risk than those in the first quartile, according to Dr. Blatt. ■