Link Between Depression, Mortality Weakened

BY HEIDI SPLETE Senior Writer

epressive symptoms are not independent predictors of mortality, according to data from a national sample of 3,617 adults.

The findings of previous studies of associations between depressive symptoms and mortality have been inconsistent, and few of these studies have used populationbased samples, said Susan A. EversonRose, Ph.D., of Rush University Medical Center, Chicago, and her colleagues (Psychosom. Med. 2004;66:823-30).

The investigators selected noninstitutionalized adults aged 25 years and older who were participating in an ongoing, longitudinal study called Americans' Changing Lives.

A total of 542 deaths occurred during 7.5 years of follow-up. Each increase of 1 standard unit on the Center for Epidemiological Studies Depression scale (CES-D) predicted a 21% increase in death from any cause after age, race, and gender were adjusted for. However, no excess risk of mortality was associated with CES-D scores in a fully adjusted model that included demographics, education, income, behavioral risk factors, and three indicators of health status (hypertension, functional impairment, and life-threatening conditions).

The physical complaints of patients with depression often resemble symptoms of other health problems, and distinguishing between clinical depression and poor physical health can be difficult, the investigators said.

Patients with scores in the highest quintile on the CES-D had an 85% greater risk of death from any cause, compared with participants with the lowest CES-D scores, but no other quintiles showed an increased mortality risk, Dr. Everson-Rose and her associates reported.

Depressive symptoms were not significantly associated with mortality risk in a healthy subgroup of 2,833 adults (with 306 deaths) who reported good or excellent health at baseline. In addition, depressive symptoms were not associated with increased mortality risk in patients without

Although depressive symptoms were associated with greater physical impairment over time after demographics, socioeconomic status, and baseline physical impairment were controlled for, the CES-D does not measure clinical depression, which has been studied as a possible link to mortality and cardiovascular health, the investigators noted.

functional impairments at baseline.

Psych Consult Delays Extend Hospital Stays

More timely psychiatric consultations could improve patient outcomes and cut costs by reducing hospital stays, reported Yasuhiro Kishi, M.D., and associates at the University of Minnesota, Minneapolis.

They reviewed the medical records of 541 consecutive patients referred for psychiatric consultation at the Fairview-University Medical Center at the university between Jan. 1, 2001, and Dec. 31, 2001 (Psychosomatics 2004;45:470-6).

The mean length of a hospital stay during the study period was 5.7 days for all patients and 18 days for patients who received psychiatric consultation. Referral time was the most predictive factor; a longer time to referral was significantly associated with a longer length of stay.

The two recommendations from a psychiatric consultation that predicted shorter stays were transfer to inpatient psychiatry and follow-up in outpatient psychiatry.

A pharmacotherapy recommendation was significantly associated with a longer stay. Although 191 patients (35%) were referred for depression, 23% of these patients were not diagnosed with depression by a psychiatrist during their referral consultations.

Overall, patients with blatant psychiatric problems were not at risk of delayed treatment, but women and patients with nonpsychiatric disorders who were in greater need of psychosocial intervention rather than psychiatric interventions were at risk for postponed care, the researchers noted.

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