SSRIs Cut Depression Scores in Heart Failure

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ATLANTA — Treatment with an antidepressant drug relieved the mild to moderate depression that often occurs in patients with heart failure in a controlled study with 26 patients.

But the reduction of depression symptoms using a selective serotonin reuptake inhibitor generally did not improve quality of life measures in these patients with heart failure, Dr. Mark R. Vesely and his associates reported in a poster at the annual meeting of the American College of Cardiology.

The findings suggest that physicians should screen for depression in patients with heart failure and then treat when depression is diagnosed, Dr. Vesely said in an interview. Treatment with an SSRI is safe and effective. The next step would be to examine whether treating depression can produce any reductions in hospitalization rates or death in heart failure patients, added Dr. Vesely, a cardiologist at the University of Maryland in Baltimore.

Results from previous studies have shown that depression occurs in 24%-48% of patients with heart failure. Despite this high prevalence, "heart failure patients usually don't get treated" for depression, said Dr. Stephen S. Gottlieb, professor of medicine and director of the heart failure service at the University of Maryland and a coinvestigator for the study.

An SSRI is the logical, first-line agent to use to treat depression in a patient with heart failure because of its presumed safety in these patients. By contrast, treatment with a tricyclic antidepressant involves the risk of producing neurohormonal activation that might exacerbate the heart failure, Dr. Vesely said.

The study included patients with New York Heart Association class II or III heart failure who were diagnosed with mild or moderate depression by a score of 10 or more on the Beck Depression Index (BDI). The average BDI score of the patients enrolled was about 21, and they were all placed on an optimal panel of heart failure medications.

The patients were randomized to treatment with either paroxetine-CR (Paxil CR) 12.5 mg daily or placebo for 12 weeks. During follow-up, three patients dropped out of the study.

After 12 weeks, the BDI score fell by an average of 12 points in the 12 patients treated with paroxetine-CR for the full study, compared with an average 0.5-point rise in 11 patients in the placebo group, a statistically significant difference.

No significant improvements were seen for most quality of life measures in the paroxetine-treated patients compared with the controls. The sole exception was the mental score on the Short Form-36, which rose by 9 points in the actively treated patients and by 1 point in the placebo-treated patients, a statistically significant difference.

GlaxoSmithKline, which markets Paxil CR, supplied the drug used in this study, but otherwise the study and investigators received no industry support. ■

Post–Myocardial Infarction Depression Severity Stabilizes After 6 Months

DENVER — Depression that occurred in adults after acute myocardial infarction decreased in severity during the first 6 months after the cardiac event, but then stabilized over the next several years, Kenneth E. Freedland, Ph.D., reported in a poster presented at the annual meeting of the American Psychosomatic Society.

Dr. Freedland, a member of the psychiatry department at Washington University, St. Louis, and his colleagues reviewed data on 1,086 adults who were randomized to the usual care arm of the Enhancing Recovery in Coronary Heart Disease (ENRICHD) study, a multicenter trial sponsored by the National Institutes of Health that was designed to evaluate depression interventions in MI patients.

The patients' mean age was 43 years, 44% were female, and 35% were minorities. In addition, 55% were high school graduates, 19% were college graduates, and 26% had less than a high school education. About 60% of the patients had a history of major depression before the MI.

The patients completed a Beck Depression Inventory (BDI) at the start of the study, and again at 6-month intervals for an average follow-up period of 26 months. The average baseline BDI score was 15.3; baseline BDI scores were lowest among older patients, non-Hispanic white patients, and patients without a history of major depression, and highest among women and patients who were taking antidepressants.

Antidepressant use was associated with worse depression in the overall ENRICHD study, so its impact in this analysis must be interpreted with caution, the investigators noted.

Overall, the severity of depression decreased during the first 6 months after the MI, but depression scores then stabilized during the follow-up period, which lasted as long as 4 years for some patients. The average decrease in BDI score was –0.85 during months 0-6, compared with –0.07 during months 6-54.

Female gender, minority status, younger age, and lower levels of education were significantly associated with higher levels of depression immediately after MI, but younger female patients showed the fastest improvements in depressive symptoms over time. Additional analysis is needed to determine patterns among these subgroups, the researchers noted.

—Heidi Splete