

特別講演 1

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DEPRESSION AND CARDIAC RISK: Association and Therapeutic Implications

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Abstract

Depression is now recognized as a new and important risk factor for coronary heart disease (CHD). In recognition of the importance of depression, the American Heart Association recently commissioned a panel of experts to review the evidence linking depression with CHD and to provide recommendations for physicians and other health care providers for the assessment, referral, and treatment of depression. Depression is three times more common in patients after an acute cardiac event than in the general community and it has been estimated that as many as one in five cardiac patients meet criteria for major depression and that an even greater number exhibit elevated levels of depressive symptoms. Importantly, studies have shown that depression is associated with a 2- to 5-fold increase in mortality and morbidity in patients with a variety of CHD diagnoses including myocardial infarction, unstable angina, heart failure, and coronary artery bypass surgery. Studies of potential mechanisms responsible for this association have identified a number of biomarkers of risk including reduced heart rate variability (suggesting increased sympathetic activity and/or reduced vagal activity), alterations in the hypothalamic-pituitary axis (HPA dysfunction), increased plasma platelet factor 4 and beta-thromboglobulin (suggesting enhanced platelet activation), reduced flow mediated dilation (indicating impaired vascular function), and increased CRP, IL-6, ICAM-1 and fibrinogen levels (suggesting increased innate inflammatory response). Beyond what many believe to be its pathophysiological impact on the heart, depression is associated with decreased compliance with medications and greater risk of noncompliance to prescribed treatments such as exercise therapy. Depression reduces the chances of successful modification of other cardiac risk factors, such as smoking and diet, and is associated with higher health care utilization and greatly reduced quality of life. Thus, whether depression impacts cardiac outcomes directly or indirectly, there is a critical need to screen and treat patients for depression. Although several recent

randomized controlled trials (RCTs) have examined the impact of the treating depression in CHD patients, there currently is no definitive evidence that treating depression improves survival. RCTs such as the ENRICHD, SADHART, and CREATE trials have shown that while depressive symptoms can be successfully reduced, treating depression does not necessarily improve clinical outcomes. It is recommended that future research should seek to identify mechanisms responsible for the increased risk associated with depression, develop novel and effective treatments to reduce depression, and evaluate the efficacy of treatment of depression on clinical outcomes and biomarkers of risk. Thus, trials such as UPBEAT study (Understanding Prognostic Benefits of Exercise and Anti-depressant Therapy) presently being conducted at Duke University, may provide important insights into the value of treating depression in patients with CHD.