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Skip the antidepressant when the patient has chronic disease?

It makes sense to think that treating patients who have congestive heart failure (CHF) and depression with an antidepressant would be effective. But common sense is not always supported by empiric observation or evidence.

In this month's PURL (page 564), the authors summarize the MOOD-HF study,¹ a randomized controlled trial (RCT) of escitalopram for the treatment of patients with CHF and depression. After 2 years, no outcomes—including depression scores—were better in the treatment vs the placebo group. One can only speculate as to why this antidepressant was not effective in this population. Clearly, this group differs somehow from subjects enrolled in traditional depression trials; notably, their depression was diagnosed after the onset of CHF, suggesting the depression was a reaction to their illness.

■ Not the first time. This is the second large trial to find no benefit to using a selective serotonin reuptake inhibitor (SSRI) to treat depression in patients with CHF; the previous trial to do so looked at sertraline.² In fact, when it comes to patients with chronic diseases, such as diabetes and coronary artery disease, there is scant evidence

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to support the common belief that screening them for depression and treating them with SSRIs improves patient outcomes.³ On the other hand, there are no definitive clinical trials investigating other antidepressants in the treatment of depressed patients with chronic illness, so it is possible that other drugs could be effective.

There is evidence, however, from a recent RCT that cognitive behavioral therapy—compared with usual care—improves depression, anxiety, fatigue, and social functioning in patients with CHF.⁴

■ Where does that leave us? In our practice, we annually screen all adults, including those with chronic illness, for depression with the 2-question Patient Health Questionnaire. As a matter of course, we should acknowledge and explore all patients' depressed mood, offer emotional support, and refer for psychotherapy when appropriate. And since collaborative care has been shown to improve outcomes in patients with depression and, for that matter, diabetes (see this month's audiocast at: jfponline.com), consider this model of care if it is available.⁵

I believe it's worthwhile to discuss the use of antidepressants with patients who have CHF. It's reasonable to be optimistic with them and to expect that their depression will improve with time, as noted in the placebo groups of the randomized trials mentioned above.^{1,2} And giving patients hope is always good medicine.

1. Angermann CE, Gelbrich G, Störk S, et al, for the MOOD-HF Study Investigators and Committee Members. Effect of escitalopram on all-cause mortality and hospitalization in patients with heart failure and depression. The MOOD-HF randomized clinical trial. *JAMA*. 2016;315:2683-2693.
2. O'Connor CM, Jiang W, Kuchibhatla M, et al, SADHART-CHF Investigators. Safety and efficacy of sertraline for depression in patients with heart failure: results of the SADHART-CHF (Sertraline Against Depression and Heart Disease in Chronic Heart Failure) trial. *J Am Coll Cardiol*. 2010;56:692-699.
3. Health Quality Ontario. Screening and management of depression for adults with chronic diseases: an evidence-based analysis. *Ont Health Technol Assess Ser*. 2013;13:1-45.
4. Freedland KE, Carney RM, Rich MW, et al. Cognitive behavior therapy for depression and self-care in heart failure patients: a randomized clinical trial. *JAMA Intern Med*. 2015;175:1773-1782.
5. Huang Y, Wei X, Wu T, et al. Collaborative care for patients with depression and diabetes mellitus: a systematic review and meta-analysis. *BMC Psychiatry*. 2013;13:260.

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