Depression Derails Recovery Following ACS

BY MARY ANN MOON
Contributing Writer

Depression severely impairs the recovery of heart rate variability after acute coronary syndrome, reported Dr. Alexander H. Glassman of Columbia University, New York, and his associates.

In addition, heart rate variability (HRV) continues to decline in patients whose depression does not respond to sertraline (Zoloft), while it ceases to decline in those whose depression does respond to sertraline. It is not yet known whether this cardiac benefit is attributable to a pharmacologic effect of the antidepressant, to improvement of the depressive illness, or to a combination of both, the researchers said in the September issue of the Archives of General Psychiatry.

"What is clear is that depression is associated with biological changes involving increased heart rate, inflammatory response, plasma norepinephrine, platelet reactivity, decreased heart rate variability, and now, absent post–ACS-HRV recovery, all of which [are] associated with life-threatening consequences," said Dr. Glassman, a professor of psychiatry at the university.

"Patients with depression after myocardial infarction … should be both carefully watched and aggressively treated, because they are at an elevated cardiac risk and less likely to get better spontaneously," the investigators noted (Arch. Gen. Psychiatry 2007;64:1025-31).

The researchers used data from 258 subjects who participated in the SADHART study to examine the effects of depression and of antidepressant therapy on heart rate variability. SADHART (Sertraline Antidepressant Heart Attack Randomized Trial), which took place in 1997-2001, compared sertraline with placebo in patients with major depressive disorder who were hospitalized after ACS.

In the general population, HRV falls abruptly during acute coronary episodes and recovers gradually but incompletely in the following weeks. However, Dr. Glassman and his associates found that HRV failed to recover in ACS patients with major depression.

The decline in HRV leveled off or improved slightly in those who responded to sertraline and in those whose mood improved spontaneously, but continued to decline in patients who received placebo or who failed to respond to sertraline.

Even patients who responded to sertraline showed only one-third as much HRV recovery as is reported in the literature among ACS patients who do not have depression. Thus, even successful therapy "may not fully eliminate the autonomic risk associated with major depressive disorder," the investigators added.

Dr. Glassman served as a member of the steering committee for SADHART. He also has been a consultant for and has received honoraria from Pfizer Inc., which markets sertraline and provided partial support for the study. ■

OCs May Be Linked to Atherosclerosis

BY MITCHEL L. ZOLER
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VIENNA — Use of any type of oral contraceptive for 10 years was linked with about a 40% increased risk of bilateral atherosclerosis in a Belgian study of about 1,300 women.

This is the first time that a possible connection between oral contraceptive (OC) use and atherosclerosis has been reported, Dr. Ernst-R. Rietzschel said while presenting a poster at the annual congress of the European Society of Cardiology.

The finding was "quite a shock," Dr. Rietzschel said in an interview. "We expected to see nothing" linked to OC use.

"There is no need for panic," he added. The next step should be to look at other data sets that include women who used OCs to see if the finding is replicated.

The study used data collected in the Asklepios study, a longitudinal population study of cardiovascular disease in a random sample of 2,524 Belgian volunteers aged 35-55 (median age 46). Included were 1,301 women. All participants underwent bilateral vascular echography of their femoral and carotid arteries.

The prevalence of women who ever used OCs for at least 1 year was 81%, with 27% current users. The median duration of use among all women who ever used an OC was 13 years.

In a multivariate analysis that con-