

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
Philadelphia Bureau

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 popula-

tion 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.

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References: 1. Lovaza Prescribing Information. Liberty Corner, NJ: Reliant Pharmaceuticals, Inc; 2007. 2. Data on file, Reliant Pharmaceuticals, Inc. 3. Ginsberg HN. Insulin resistance and cardiovascular disease. *J Clin Invest*. 2000;106:453-458. 4. Stalenhoef AFH, de Graaf JD, Wittekoek ME, Bredie SJH, Demacker PNM, Kastelein JJP. The effect of concentrated n-3 fatty acids versus gemfibrozil on plasma lipoproteins, low density lipoprotein heterogeneity and oxidizability in patients with hypertriglyceridemia. *Atherosclerosis*. 2000;153:129-138. 5. Garg R, Vasamreddy CR, Blumenthal RS. Non-high-density lipoprotein cholesterol: why lower is better. *Prev Cardiol*. 2005;8:173-177.



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trolled for many demographic and clinical features, including age, blood pressure, obesity, diabetes, activity level, food intake, and medications used, each 10-year period of OC use was associated with a 42% increased risk of bilateral carotid plaque (defined as a protrusion of more than 0.5 mm or one having an absolute thickness of more than 1.5 mm). Each 10-year period of OC use was also linked to a 34% increased risk of bilateral femoral plaque. Both associations were statistically significant, reported Dr. Rietzschel, a cardiologist at the University of Ghent (Belgium).

Oral contraceptive use was also linked

with a 28% increased risk of unilateral femoral plaque that was also significant, and to a 17% increased risk of unilateral carotid plaque that was not statistically significant.

Additional data from the women showed that serum levels of high-sensitivity C-reactive protein (hs-CRP) were significantly raised in women currently using an OC.

Among the women who did not use an OC or hormone therapy, the average hs-CRP level was 1.0 mg/L (the same level as the men in the Asklepios study). But among current OC

users in the study, the average hs-CRP level was 3.5 mg/L—significantly higher. Women in the study who were current-

The finding was ‘quite a shock.’ But ‘there is no need for panic.’ The next step should be to look at other data sets that include women who used oral contraceptives to see if the finding is replicated.

ly using hormone therapy had an average hs-CRP level of 1.3 mg/L, also significantly higher than nonusers.

Oral contraceptive use “is a major cause of hs-CRP rise in the general population,” Dr. Rietzschel and his associates said in a second poster at the meeting.

The magnitude of the C-reactive protein rise “by far exceeds other population-prevalent, non-infectious stimuli” and is much larger than the rise in CRP triggered by hormone therapy.

“Future research should take this effect into account when reporting CRP data in women taking OCs,” the investigators suggested at the meeting. ■

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