

Talk Therapy Improves Post-CABG Depression

BY BRUCE JANCIN
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NEW ORLEANS — Cognitive behavioral therapy reduced depressive symptoms and enhanced immune function in a small pilot study of women with depression following coronary artery bypass surgery, Lynn V. Doering, D.N.Sc., reported at the annual scientific sessions of the American Heart Association.

Women who received a course of cognitive behavioral therapy also experienced significantly fewer colds and other minor infectious illness episodes during 6 months of follow-up than did depressed controls who got usual care, said Dr. Doering, chair of the acute care section in the school of nursing at the University of California, Los Angeles.

An estimated 20% of patients experience

major depression following CABG surgery. They have worse outcomes than nondepressed patients post CABG. To learn more about the relationship between depression and immunity after CABG, Dr. Doering and her coinvestigators twice interviewed 52 women post CABG, once at hospital discharge and again 2 weeks later.

Fifteen patients were diagnosed with major depression. They were randomized to an 8-week program of individual cognitive-behavioral therapy (CBT) or usual care, consisting of routine postoperative medical

and nursing follow-up, plus a consultation by a psychiatrist.

Depressed controls were found to have significantly fewer circulating natural killer cells and higher levels of inflammatory mediators such as interleukin-6, interleukin-1 η , and C-reactive protein than nondepressed patients at both 2 weeks and 6 months after discharge.

In contrast, CBT was associated with moderate to large improvements in natural killer cell count and activity, inflammatory mediators, number of infectious

illness episodes, and depressive symptoms.

At 6 months none of the CBT-treated patients remained clinically depressed, whereas three of eight patients in the usual care group met diagnostic criteria for major depression and another had minor depression.

Although the study size was far too small to draw definitive conclusions, the results suggest CBT holds promise for treatment of post-CABG depression as well as for immune enhancement in this immunologically compromised population, she said. ■

Depression Often Missed in Black Heart Patients

NEW ORLEANS — Underrecognition and undertreatment of clinically significant depression among patients with acute coronary syndrome is common—and strikingly more so among black patients, Alpesh A. Amin, M.D., reported at the annual scientific sessions of the American Heart Association.

Among 1,181 patients hospitalized with acute coronary syndrome (ACS) at two major Kansas City–area medical centers, the prevalence of moderate to severe depressive symptoms as assessed by trained evaluators using the Primary Care Evaluation of Mental Disorders Brief Patient Health Questionnaire was 15% among the 80% of ACS patients who were white—and fully twice as great in the 16% of patients who were black.

Yet these significant depressive symptoms were three times as likely to go unrecognized by clinicians in black than in white patients, said Dr. Amin, a research fellow at the Saint Luke's Hospital Center for Innovation and Research and the University of Missouri, Kansas City.

The disparity in treatment was even more pronounced than the disparity in recognition of depression. Only 4% of black patients with moderate to severe depressive symptoms were discharged on antidepressant medication, versus 29% of depressed white patients. Depressive symptoms were recognized by clinicians in just 10% of black patients with moderate to severe depressive symptom scores, compared with 31% of affected white patients.

Depressed ACS patients have been shown to have a greater risk of future cardiac events and death than nondepressed ones, Dr. Amin said. Plus, the psychological, social, and functional impairment inflicted by depression make depressive symptoms in patients with ACS worthy of treatment, regardless of whether antidepressant therapy improves cardiovascular outcomes, an issue currently under study.

—Bruce Jancin

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1. McCullough P et al. *Circulation*. 2002; 106:416-422.