



Depression in adults undergoing heart procedure and outcomes



Depression is increasingly recognised as a risk factor for adverse outcomes in cardiovascular disease. A new study examining the association of depression with mortality in older adults undergoing aortic valve replacement reports these findings: Patients with evidence of depression at baseline had a higher risk of short-term and midterm mortality, and those with depressive symptoms that persisted after the procedure had the highest risk of subsequent mortality.

The findings published in *JAMA Cardiology* suggest that screening for depression may be justified during the baseline evaluation and follow-up of patients with severe aortic stenosis who are referred for aortic valve replacement.

In addition to the negative effects of depression on mental health and quality of life, the American Heart Association has emphasised the relevance of depression as a risk factor for major adverse cardiovascular events after acute coronary syndromes. Previous studies have similarly shown that depression and anxiety are prevalent risk factors for adverse events after cardiac surgery, including surgical aortic valve replacement (SAVR) procedures, which is not surprising given the pathophysiologic overlap between aortic valve stenosis and coronary artery disease.

Little is known about the role of depression in older adults undergoing transcatheter aortic valve replacement (TAVR), because to date no large-scale study has focused on mental health in this distinct patient population, according to researchers. They conducted this analysis of the Frailty Aortic Valve Replacement (FRAILTY-AVR) prospective cohort study covering 14 centres in three countries from 15 November 2011 to 17 April 2016. Individuals 70 years or older who underwent TAVR or SAVR were enrolled. Depressive symptoms were evaluated using the Geriatric Depression Scale Short Form (GDS-SF) at baseline and follow-up.

Amongst 1,035 older adults (427 men [41.3%] and 608 women [58.7%]) with a mean (SD) age of 81.4 (6.1) years, 326 (31.5%) had a positive result of screening for depression, whereas only 89 (8.6%) had depression documented in their clinical record. After adjusting for clinical and geriatric confounders, baseline depression was found to be associated with mortality at one month (odds ratio [OR], 2.20; 95% CI, 1.18-4.10) and at 12 months (OR, 1.532; 95% CI, 1.03-2.24). Persistent depression, defined as baseline depression that was still present six months after the procedure, was associated with a threefold increase in mortality at 12 months (OR, 2.98; 95% CI, 1.08-8.20).

"These findings underscore the importance of screening for depression during the baseline evaluation and re-evaluating changes in depression status during follow-up. Screening for depressive symptoms can be efficiently

performed with brief objective tools such as the GDS-SF, which are more prognostic than self-reported depression but less robust than structured interviews conducted by mental health professionals," the researchers explain. "Professional evaluation is useful to confirm the diagnosis and ensure that apparent depressive symptoms are not confounded by heart failure symptoms or poor general health status."

Source: [JAMA Cardiology](#)

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