



## Top Ten Things To Know Depression and Coronary Heart Disease (CHD)

1. Depression has been linked with increased morbidity and mortality, poorer risk factor modification, lower rates of cardiac rehab, and reduced quality of life.
2. It is important to assess depression in cardiac patients with the goal of targeting those most in need of treatment and support services.
3. 15-20% of patients having had a myocardial infarction (MI) meet DSM-IV (Diagnostic and Statistical Manual of Mental Disorders) for severe depression.
4. Patients who answer “Yes” to either of the Patient Health Questionnaire (PHQ-2) two item survey should be given the PHQ- 9 item survey to further assess the presence and severity of depression.
5. Selective serotonin reuptake inhibitor (SSRI) treatment soon after acute MI is safe, relatively inexpensive, and may be effective for post AMI depression.
6. Treatment options include antidepressant drugs, cognitive behavioral therapy, and physical activity such as aerobic exercise and cardiac rehabilitation.

### **Advisory Recommendations include the following:**

7. Routine screening for depression in CHD patients in various settings including the hospital, physician’s office, clinic, and cardiac rehabilitation center. The opportunity to screen and treat depression in cardiac patients should not be missed, as effective depression treatment may improve health outcomes.
8. Patients who screen positive for depression should be evaluated by a professional qualified in the diagnosis and management of depression.
9. Patients with cardiac disease under treatment for depression should be carefully monitored for adherence to their medical care, drug efficacy, and safety with respect to their cardiovascular and mental health.
10. Coordination of care between health care providers is essential in patients with combined medical and psychiatric diagnoses.