Review: after myocardial infarction, depression and poor prognosis are associated


Q Does depression after a myocardial infarction affect cardiovascular prognosis and survival?

METHODS

Design: Meta-analysis.

Data sources: Studies were identified using MEDLINE, EMBASE, and PsycINFO from 1975 to 2003 plus personal reference lists of review articles, books, abstracts, and personal communications.

Study selection and analysis: Main inclusion criteria: studies comparing cardiac prognosis in depressed versus non-depressed people admitted for a myocardial infarction; depression had to be diagnosed within three months of the initial myocardial infarction. Analysis: the random effects and fixed models were used to carry out meta-analyses.

Outcomes: All-cause and cardiac mortality; cardiovascular events.

MAIN RESULTS

Twenty two studies met inclusion criteria (n = 6367). All-cause and cardiac mortality were increased in depressed versus non-depressed people (all cause mortality: 96/952 (10.1%) with depression v 116/2130 (5.5%) with no depression, n = 3082, OR 2.38, 95% CI 1.76 to 3.22, p<0.00001; cardiac mortality: 62/1091 (5.8%) with depression v 57/2252 (2.6%) with no depression, n = 3343, OR 2.59, 95% CI 1.77 to 3.77, p<0.00001). Cardiovascular events were increased in depressed versus non-depressed people (cardiovascular events: 325/1078 (30.2%) with depression v 449/2323 (19.4%), n = 3401, OR 1.95, 95% CI 1.33 to 2.85).

CONCLUSIONS

All-cause and cardiac mortality plus cardiovascular events are more common in depressed versus non-depressed people after a myocardial infarction.

NOTES

The authors note there is some evidence for selective reporting of cardiovascular mortality results in the medical literature. The direction of causation is unclear: depression may worsen prognosis or result from more severe cardiac disease.
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