

## Survived a heart attack? But what about the depression?



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According to new findings published in the *European Journal of Preventive Cardiology*, heart attack patients with prolonged depression or anxiety are at a higher risk of death.

Dr. Erik Olsson of Uppsala University, Sweden explains that temporary mood swings are a natural part of life, and patients who have a heart attack often feel a little depressed, which is understandable. But chronic emotional distress can have a negative impact on the patient's overall health as well as their ability to make the lifestyle changes needed to improve prognosis after a heart attack. This includes quitting smoking, increasing the level of physical activity, adopting a healthier diet, keeping stress in check, and taking medicines as prescribed. Patients who stay depressed or anxious for a longer period of time may not be able to implement these required changes properly, which could, in turn, increase their risk of death after a heart attack.

Previous research has also shown that emotional distress can affect prognosis after a heart attack. But this new study is the first to examine prognosis according to the duration of distress. The study was conducted with 57,602 patients who survived at least one year after a first heart attack. Emotional distress, which included both depression and anxiety, was measured at 2 and 12 months after the heart attack. The median follow-up time was 4.3 years.

Findings showed that persistent emotional distress over 1 year had an impact on prognosis, but short-term distress did not. Patients who were depressed or anxious were 46% and 54% more likely to die from cardiovascular and non-cardiovascular causes respectively, compared to patients with no emotional distress. But patients who were only distressed for about 2 months were not at increased risk.

Out of the total study participants, approximately 20% had persistent emotional distress. But it is important to note that there may be sociodemographic factors at play here, rather than only clinical factors. For instance, patients who were younger, female, born abroad and/or unemployed were more likely to feel depressed or anxious. As Dr. Olsson points out, better resources in life, including education and cognitive ability, enable patients to better handle difficult patches in life. A good job and a good salary can also have a positive impact. Patients who have difficulties in these areas and suffer from a heart attack as well may have a more difficult time dealing with their situation and may be more prone to suffer from depression or anxiety.

Dr. Olsson believes that patients who suffered short-term emotional distress were more likely to be people with a higher socioeconomic status and good coping mechanisms. He points out that 10% of patients in the study felt distressed at 12 months and were 46% more likely to die from non-cardiovascular causes. This shows that emotional distress, in some survivors, could be unrelated to the heart attack and more related to the patient's education, marital status, employment, etc.

His advice to patients who have survived a heart attack: "Try to keep doing your usual activities, at least the positive ones. Some patients begin to avoid exercise and sex because they are afraid of triggering another event, but most things that feel risky are not. If you're in a low mood, you may expect less enjoyment from socialising, but then find it is more pleasurable than you predicted. If you haven't been depressed or anxious before, at least not very often, don't worry about it. It is likely a normal reaction to a life-threatening event which is also partly biological."

Source: [European Journal of Preventive Cardiology](#)

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