



Heart disease and psychological depression

Over the past few decades there has been growing evidence that depressed mood and depressive illness are associated with increased chances of death and of developing acute cardiac events such as heart attack. This applies to the middle aged or elderly “normal” population and to those with already known heart disease.

An acute depressive illness (endogenous or severe depression in past terminology) is recognised through the appearance, often without apparent provocation, of a sense of hopelessness, despair and sadness, feelings of worthlessness or guilt, even a feeling that life is no longer worth living. This type of illness is thought to be related to chemical changes which alter one’s feelings about oneself and one’s place in the world. Those who have such episodes suffer from a profound disabling illness of variable duration. The illness is usually coupled with loss of interest, failed concentration, disturbed sleep and weight gain or loss.

More common is what is now called “adjustment disorder with depressed mood”. It used to be called “reactive depression”. It is a reaction to adversity with a sense of real or perceived loss. It is common as a consequence of a severe illness or a sense of threat. It is similar to grieving or bereavement. This depressed mood is not associated with a sense of guilt, worthlessness or suicidal thinking; it is commonly recognised because of sadness, restlessness, irritability, sleep disturbance, poor

concentration and fatigue. If one looks, a trigger can usually be found. That trigger will, in some people, induce anxiety but not a depressed mood. In others, the anxiety leads to a sense of loss. That loss may not be real, but is seen as a future possibility.

A heart attack, major surgery, diagnosis of cancer, loss of a job, marital breakdown, illness or death of a family member or concern about the possibility of any of these or other life problems may set the process in train. This type of depression is extremely common and is becoming more recognised. It is not an illness in its own right. It is a reaction to real or perceived adversity, coupled with a sense of loss.

Why should depression after a cardiac illness or heart surgery be so apparently dangerous? There are several explanations. One claim is that the risks of recurrent illness are increased by changes in the body’s chemistry based upon hormonal and neural stimulation or inhibition (i.e. accelerator on or accelerator off inappropriately) driven by the disturbed brain – disturbed by the brain’s sense of overdrive or under drive. This may or may not be a reality. It remains a theory. Another feature, possibly more important, is the effect of depression on behaviours – many behaviours.

- “I don’t feel up to going for my walk”
- “I’m too tired to prepare a healthy meal”
- “I can’t get going so I will take the day off and sit in front of the TV”
- “I might as well have some chocolate”
- “I don’t really care if I forget my tablets; they don’t seem to help me”
- “My smoking friends might be right – one cigarette won’t harm me”
- “Now I’ve had one cigarette I might as well have another”
- “Why bother with anything anymore?”

- "Life's not that enjoyable and I don't care"
- "I can't be bothered to go to the regular meeting with my friends"
- "The doctor says my cholesterol reading is rising as my weight increases. So what?"
- "Now the doctor says I am developing diabetes because of my weight. I can't help that"
- "I'm tired all day because I can't sleep at night. Maybe a sedative will help"
- "The doctor says I have depression, but I'm not crying all the time"

For the above and other reasons, the risks of further heart attack are increased through higher cholesterol, weight, blood pressure, smoking and inactivity. One would think that if the depression were relieved, the risk would be less. Unfortunately, two recent major US studies have shown that treatment of depression after heart attack, whether by medication or by behavioural therapy, reduced the degree of depression but did not affect the frequency of cardiac or other events in the treatment group. We still have much to learn about the relationship between depression and heart disease.

Medication may help some sufferers from depressed mood. For most, social support (preferably from a close friend, spouse or family member) is beneficial. Professional guidance in sorting out each person's individual concerns and perceptions of loss, so that each concern may be addressed, is also likely to be of value. Most people who become depressed recover over time. The time can be shortened and the suffering lessened by understanding, care and support from others.

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