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Depression in cardiac patients: an evidence base for selection of brief screening instruments by nursing staff.

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CITATION

Doyle, Frank; McGee, Hannah; Conroy, Ronán (2007): Depression in cardiac patients: an evidence base for selection of brief screening instruments by nursing staff.. Royal College of Surgeons in Ireland. Journal contribution. https://hdl.handle.net/10779/rcsi.10774151.v1

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10779/rcsi.10774151.v1

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be adopted by nurses as the first step in identifying those with significant depressive symptoms, allowing subsequent interventions to be targeted more efficiently.

The choice of depression assessment tools for CHD patients has been extensively reviewed, and the interested reader is encouraged to consult a recent update [12]. Coronary care staff also have the option of asking two simple questions, with a negative response to either effectively ruling out depression: "During the past month, have you often been bothered by feeling down, depressed, or hopeless?" and "During the past month, have you often been bothered by little interest or pleasure in doing things?" [13]. However, there is currently no research to demonstrate that these questions identify those at increased cardiovascular risk including suboptimal secondary prevention behaviour profiles.

However, the selection of assessment tools remains only part of the challenge. One systematic review has investigated the effect of feedback from psychiatric questionnaires on the management and outcome psychiatric disorders in non-psychiatric settings [14]. The authors concluded that there was little evidence to support the use of such screening scales in order to improve patient outcomes, as the feedback of scores for patients who completed scales did not increase the overall rate of recognition of anxiety or depression. Worryingly, this negative result was seen regardless of the severity of scale scores.

Thus, without a formal management protocol in place, there may be little benefit from systematically assessing patients on depression scales. Successful depression management programmes have improved the detection and care of patients [15], and the more successful of these programmes have incorporated systematic screening of depression [16]. Systematic management programmes need to be incorporated into the treatment of depression in acute settings. The composition of programmes which may prove especially beneficial has recently been outlined [1].

To conclude, depression is a significant problem in cardiac patients, affecting a host of secondary prevention outcomes and behaviours. Research has demonstrated the efficacy of using brief depression scales to assess increased risk in acute cardiac patients. However, without a formal management protocol in place, there is likely to be little benefit from the adoption of such a screening process.

References

[1] Thompson DR, Froelicher ES. Depression in cardiac patients: what can nurses do about it? Eur J Cardiovasc Nurs 2006;5:251–2.

[2] Lett HS, Blumenthal JA, Babyak MA, Sherwood A, Strauman T, Robins C, et al. Depression as a risk factor for coronary artery disease: evidence, mechanisms, and treatment. Psychosom Med 2004;66:305–15.

[3] Ruo B, Rumsfeld JS, Hlatky MA, Liu H, Browner WS, Whooley MA. Depressive symptoms and health-related quality of life: the Heart and Soul Study. JAMA 2003;290:215–21.

[4] Guiry E, Conroy RM, Hickey N, Mulcahy R. Psychological response to an acute coronary event and its effect on subsequent rehabilitation and lifestyle change. Clin Cardiol 1987;10:256–60.

[5] Ziegelstein RC, Fauerbach JA, Stevens SS, Romanelli J, Richter DP, Bush DE. Patients with depression are less likely to follow recommendations to reduce cardiac risk during recovery from a myocardial infarction. Arch Intern Med 2000;160:1818–23.

[6] Carney RM, Freedland KE, Miller GE, Jaffe AS. Depression as a risk factor for cardiac mortality and morbidity: a review of potential mechanisms. J Psychosom Res 2002;53:897–902.

[7] Beck AT, Ward CH, Mendelson M, Mock J, Erbaugh J. An inventory for measuring depression. Arch Gen Psychiatry 1961;4:561–71.

[8] Beck AT, Guth D, Steer RA, Ball R. Screening for major depression disorders in medical inpatients with the Beck Depression Inventory for Primary Care. Behav Res Ther 1997;35:785–91.

[9] Zigmond AS, Snaith RP. The Hospital Anxiety and Depression Scale. Acta Psychiatr Scand 1983;67:361–70.

[10] Doyle F, McGee HM, De La Harpe D, Shelley E, Conroy R. The Hospital Anxiety and Depression Scale depression subscale, but not the Beck Depression Inventory-Fast Scale, identifies patients with acute coronary syndrome at elevated risk of 1-year mortality. J Psychosom Res 2006;60:461–7.

[11] McGee H, Doyle F, Delaharpe D, Shelley E, Conroy R. Impact of briefly-assessed depression on secondary prevention outcomes after acute coronary syndrome: a one-year longitudinal survey. BMC Health Serv Res 2006;6:9.

[12] Davidson KW, Kupfer DJ, Bigger JT, Califf RM, Carney RM, Coyne JC, et al. Assessment and treatment of depression in patients with cardiovascular disease: National Heart, Lung, and Blood Institute Working Group Report. Psychosom Med 2006;68:645–50.

[13] McManus D, Pipkin SS, Whooley MA. Screening for depression in patients with coronary heart disease (data from the Heart and Soul Study). Am J Cardiol 2005;96:1076–81.

[14] Gilbody SM, House AO, Sheldon TA. Routinely administered questionnaires for depression and anxiety: systematic review. BMJ 2001;322:406–49.

[15] Badamgarav E, Weingarten SR, Henning JM, Knight K, Hasselblad V, Gano Jr A, et al. Effectiveness of disease management programs in depression: a systematic review. Am J Psychiatry 2003;160:2080–90.

[16] Callahan CM, Hendrie HC, Dittus RS, Brater DC, Hui SL, Tierney WM. Improving treatment of late life depression in primary care: a randomized clinical trial. J Am Geriatr Soc 1994;42:839–46.

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8 January 2007

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