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PREVALENCE ASSOCIATED TO MOOD DISORDER DEPRESSION IN PATIENTS WITH CARDIOVASCULAR DISEASE

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ABSTRACT:

Introduction. Cardiovascular disease is now the leading cause of mortality in the world. Major depression is diagnosed in about 15 – 20 % of patients with heart disease, but it is estimated that there is a much larger number of patients who have mild depression.

Objectives. Quantification of patients with mood disorders in the cardiovascular patients, grouped into categories according to gender, age, occupation and marital status.

Methods. Assessment was mood disorder symptoms by self-administered questionnaire that reflects the existence of the main components of depression, as well as information on important personal data in the study of associated factors.

Results. Cumulative prevalence of both sexes without taking into account the fact that risk factors for depression is 52 % in the study group. Significant depression score was obtained by a ma-

majority female population, especially for the age group 50 – 64 years, housewife (86.66 %), secondary education, married (73.34 %).

Conclusions. Comparing the prevalence of depression in the general population (≈ 5.2 %), in the study group there is a prevalence of 53 % of patients admitted, worth about 10 times. We may therefore conclude that emit chronic cardiovascular disease leads to a significant increase in the risk of developing depressive illness.

Keywords: cardiac, depression, chronic

REZUMAT:

Introducere. Boala cardiovasculară reprezintă, actualmente, principala cauză a mortalității în lume. Depresia majoră este diagnosticată la aproximativ 15 – 20 % dintre pacienții cu boli de inimă, dar se estimează că există un număr mult mai mare de pacienți care au o depresie ușoară.

Obiective. Cuantificarea pacienților cu tulburări de dispoziție la bolnavii cardiovasculari, grupați pe categorii, în funcție de sex, vârstă, ocupație și stare civilă.

Metode. Au fost evaluate simptomele tulburărilor de dispoziție pe baza unui chestionar auto-administrat, care reflectă existența principalelor componente ale depresiei, precum și informații cu privire la datele personale importante în studiul factorilor asociați.

Rezultate. Prevalența cumulativă a ambelor sexe, fără a lua în considerare factorii de risc pentru depresie, este de 52 % în grupul de studiu. Scoruri de depresie semnificative au fost obținute la o populație majoritară de sex feminin, mai ales pentru grupa de vârstă 50 – 64 de ani, casnică (86.66 %), studii secundare, căsătorite (73.34 %).

Concluzii. Comparând prevalența depresiei în rândul populației generale ($\approx 5,2$ %), în grupul de studiu, există o prevalență de 53 % printre pacienții internați, respectiv o valoare de aproximativ zece ori mai mare. Prin urmare, putem concluziona că prezența unei boli cardiovasculare cronice duce la o creștere semnificativă a riscului de a dezvolta tulburări depresive.

Cuvinte-cheie: cardiac, depresie, cronic

INTRODUCTION

Depression is one of the most common disorders encountered in clinical practice. It is estimated that over 10 % of the people who come to consult in primary care show depressive symptoms, and the prevalence is increasing suffering.

Cardiovascular disease is now the leading cause of mortality in the world. Daily stress plays an important role in triggering cardiovascular disease and its aggravation. Major depression is diagnosed in about 15 – 20 % of patients with heart disease, but it is estimated that there is a much larger number of patients who have mild depression.

MATERIAL AND METHODS

In the study, there were included patients admitted between October – December, 2012 at the Clinical Cardiovascular Rehabilitation Hospital Iasi, aged between 51 and 83 years, of both sexes. The study subject was a number of 57 patients, including 21 men and 36 women diagnosed with cardiovascular disease, grouped into categories according to gender, age, occupation and marital status. Assessment was mood disorder symptoms by self-administered questionnaire that reflects the existence of the main components of depression, as well as information on important personal data in the study of associated factors.

The questionnaire contains two parts:

1. Personal data revealing study (factors involved in the development of mood disorders): sex, age, marital status, education, occupation, existing chronic diseases.

2. Depression Scale CES-D.

This scale consists of 20 items for measuring depression and was developed in 1977 based on the Beck Depression Inventory and Zung Depression Scale, previously validated (Weissman, 1977). Items are representative of six major components identified in clinical depression or factorial mo-

del: depressed mood, feelings of guilt and devaluation, helplessness and hopelessness, psychomotor delay, lack of appetite, insomnia.

The response to each item is recorded on a scale from 0 – 3, except questions 4, 8, 12, 16 which are quoted at 3 – 0. Time: 5 minutes. The total score ranges from 0 – 60 and is directly proportional to the intensity of depression:

- > 16 – significant score;
- 35 – 44 – mean score;
- > 45 – high score.

Inclusion criteria: individuals who agreed to participate in the study completing the survey, admitted between October 1 – December 15. Clinic for Cardiovascular Diseases 2012, aged II, and III.

Exclusion criteria: people living hospitalization or regular monitoring, refusal to participate in the study subjects, persons who reside outside the region of Moldavia, persons younger than 50 years.

Clear and informed consent from the patient lies in his agreement to complete the questionnaire and then use it for study. Verbal consent was obtained after he was previously responsible for the questionnaires to the subject of the information and the answers to all questions related to the study. The questionnaire is not nominal and does not contain identification data of the subjects.

RESULTS AND DISCUSSION

Table I. *Structure lot depending on studied factors*

		50 – 64 years		65 – 83 years	
		68,42 %		31,58 %	
		F	M	F	M
Total by age and sex		61,53	38,47	50,00	50,00
Marital status	Married	87,50	66,66	66,66	22,22
	Unmarried	0	13,33	33,34	11,11
	Divorced	0	0	0	0
	Widow	12,50	20,01	0	66,66
Studies	Elementary	25,00	26,67	55,55	77,77
	Medium	62,50	66,66	44,45	22,23
	Superior	12,25	6,67	0	0
Occupation	Employed	37,50	60,00	0	0
	Unemployed	0	20,00	0	0
	Stay-at-home	62,50	20,00	100,00	100,00

The study group comprises a total of 57 subjects, of which 36 females (63.15 %) and 21 males (38.85 %). The data obtained from the questionnaire were used to calculate the relevant score for depression and the severity scores. Thus, a score greater than 16 is significant for the presence of symptoms associated with depression.

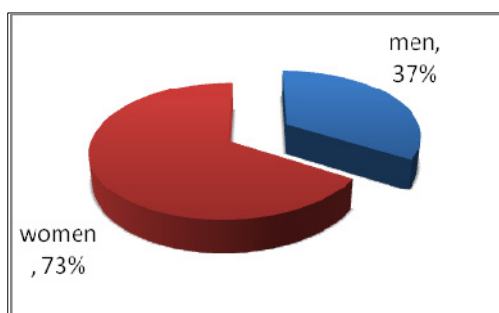


Figure 1. *Sex distribution*

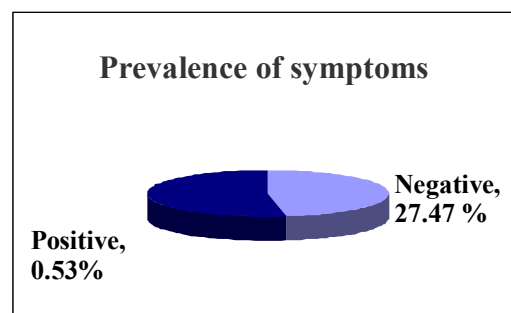


Figure 2. *Prevalence of symptoms*

From a total of 57 subjects, 30 (52 %) obtained positive score, the remaining 27 (48 %), showing an irrelevant score for depression. Cumulative prevalence of both sexes, without taking into account the risk factors, is therefore 52 % (Figure 2).

Table II. *The distribution by age, sex, marital status, education, occupation*

MEN		51 – 64 years		65 – 83 years	
		I	R	I	R
Total by age		15		9	
Marital status	Married	9	1	1	1
	Unmarried	2	0	1	0
	Divorced	0	0	0	0
	Widow	1	2	3	3
WOMEN					
Total by age		24		18	
Marital status	Married	8	13	0	6
	Unmarried	0	0	1	2
	Divorced	0	0	0	0
	Widow	1	2	0	0
MEN					
Total by age		15		9	
Studies	Elementary	4	0	4	3
	Medium	7	3	1	1
	Superior	1	0	0	0
WOMEN					
Total by age		24		18	
Studies	Elementary	1	5	1	4
	Medium	8	7	0	4
	Superior	1	2	0	1
MEN					
Total by age		15		9	
Occupation	Employed	8	1	0	0
	Unemployed	3	0	0	0
	Stay-at-home	3	1	5	4

Overall, as the general trend of the lot, significant depression score was obtained by a majority female population, especially for the age group 50 – 64 years, compared with men of the same group, but also to other age group regardless of sex. Females in this study present a risk factor for symptoms associated with depression, finding overlapping results of studies in the field.

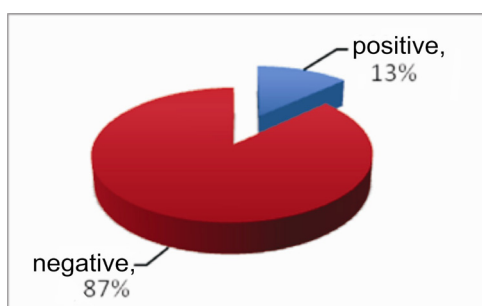


Figure 3. *Distribution of positive score*

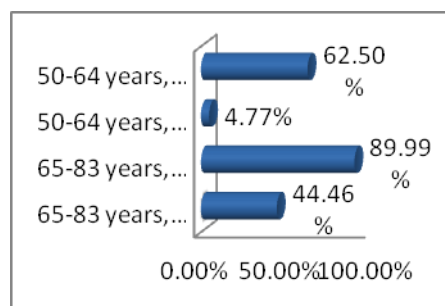
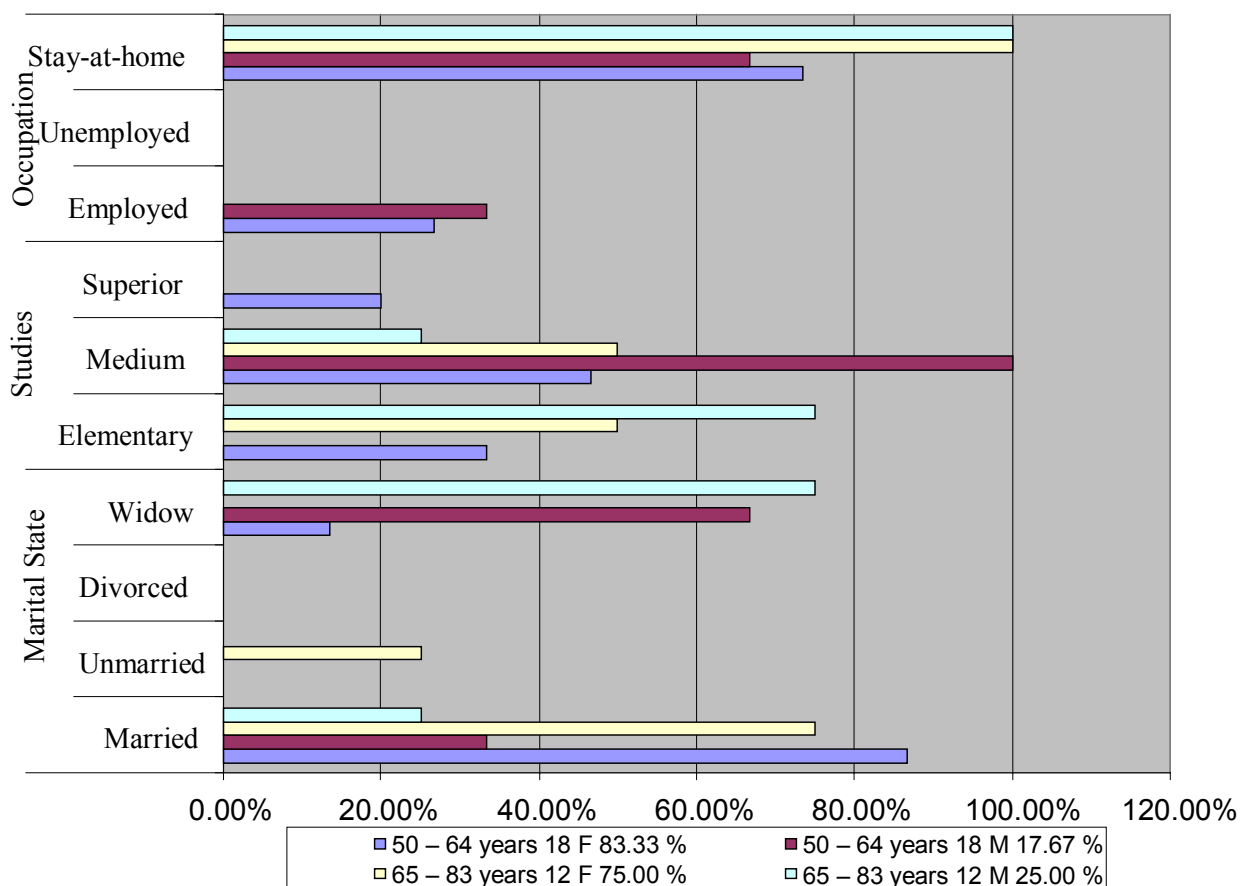


Figure 4. *Prevalence of depressive symptoms*

Regarding the involvement of risk factors taken into account, the high prevalence of depression in women is observed for ages 50 – 64, housewife (86.66 %), secondary education, married (73.34 %) (Table II). Most men with depressive symptoms are widowers in the age group 50 – 64, with secondary and household or retired (Figure 5).

Severity of depressive illness in patients with relevant score can be assessed as significant levels, medium and high, achieved in scoring CES-D, but in the present study it is not relevant due to the number of subjects. Thus it is seen, as well as in the overall prevalence of the disease, that the prevalence of depression related to disorders is higher in women (87 % of the study subjects). Comparing the prevalence of depression in the general population (≈ 5.2 % in the study group), there is a prevalence of 53 % of patients admitted, worth about 10 times. We may therefore conclude that emit chronic cardiovascular disease leads to a significant increase in the risk of developing depressive illness. Also, awareness of cardiac status, frequency of hospitalizations and quasi continuous presence of cardiovascular disease in the patient's life leads to a morbid attitude and to depression.

Representation factors associated with depression



CONCLUSIONS

The social scale of the chronically ill, the constant necessity of critical care monitoring pathology associated with customary hospital atmosphere lead to an alarming number of depressions which are harder to treat. This prevalence is a need depressive disease screening heart patients are exposed both in terms of underlying disease progression and mortality and decrease quality of life characteristic of depression. Knowledge and treating depression lead to a better control of cardiac pathology (8). Cardiovascular patients must be integrated into a therapy group, embedded in social activities, free from stressful responsibilities, learn to avoid inactivity and adopt the idea of normality, not the disease, to get closer to family, to avoid abandonment and exclusion. Creating an atmo-

sphere without morbidity inside the hospital, removing the ideas of disease, and of the diet restriction of living will lead to therapeutic success on many levels. Therefore, depression management service should be considered in chronic medical clinics.

ACKNOWLEDGMENTS AND DISCLOSURE

The authors declare that they have no potential conflicts of interest to disclose.

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