

2008 Depression and Coronary Heart Disease AHA Guidelines

Table 1. Patient Health Questionnaire: 2 Items*

Over the past 2 weeks, how often have you been bothered by any of the following problems?

- (1) Little interest or pleasure in doing things.
- (2) Feeling down, depressed, or hopeless.

*If the answer is “yes” to either question, then refer for more comprehensive clinical evaluation by a professional qualified in the diagnosis and management of depression or screen with PHQ-9.

Table 2. Patient Health Questionnaire-9 (PHQ-9)* Depression Screening Scales

Over the past 2 weeks, how often have you been bothered by any of the following problems?

- (1) Little interest or pleasure in doing things.
- (2) Feeling down, depressed, or hopeless.
- (3) Trouble falling asleep, staying asleep, or sleeping too much.
- (4) Feeling tired or having little energy.
- (5) Poor appetite or overeating.
- (6) Feeling bad about yourself, feeling that you are a failure, or feeling that you have let yourself or your family down.
- (7) Trouble concentrating on things such as reading the newspaper or watching television.
- (8) Moving or speaking so slowly that other people could have noticed. Or being so fidgety or restless that you have been moving around a lot more than usual.
- (9) Thinking that you would be better off dead or that you want to hurt yourself in some way.

*Questions are scored: not at all=0; several days=1; more than half the days=2; and nearly every day=3. Add together the item scores to get a total score for depression severity.

Antidepressant Drugs

1. 69 randomized trials demonstrated that sertraline & citalopram are safe for patients with CHD and effective for moderate, severe, or recurrent depression.
2. Nonrandomized, post hoc analysis of the *Enhancing Recovery in Coronary Heart Disease Patients (ENRICHD)* study: Patients treated with SSRI, +/- cognitive behavioral therapy or usual care, had 42% reduction in death/recurrent MI.
3. SSRI treatment soon after AMI appears safe, is relatively inexpensive, and may be effective for post-AMI depression. Treatment improves mood and quality of life; depression interferes with compliance, and treatment of depressive symptoms may improve medication adherence after AMI.
4. Sertraline & citalopram are first-line antidepressant drugs for patients with CHD.
5. Patients with recurrent depression who previously tolerated and responded well to another antidepressant may resume taking that agent instead, unless it is now contraindicated; e.g. tricyclic antidepressants & monoamine oxidase inhibitors are contraindicated for many heart patients because of cardiotoxic side effects.
6. If pharmacological treatment is initiated, patients should be observed closely for the first 2 months and regularly thereafter to monitor suicidal risk, ensure medication compliance, and detect and manage adverse effects.
7. 15% to 25% of patients stop their antidepressants during the first 6 months of treatment because of adverse effects or lack of efficacy.

Figure. Screening for depression in patients with coronary heart disease.

*Meets diagnostic criteria for major depression, has a PHQ-9 score of 10–19, has had no more than 1 or 2 prior episodes of depression, and screens negative for bipolar disorder, suicidality, significant substance abuse, or other major psychiatric problems.

†Meets the diagnostic criteria for major depression and 1) has a PHQ-9 score 20; or 2) has had 3 or more prior depressive episodes; or 3) screens positive for bipolar disorder, suicidality, significant substance abuse, or other major psychiatric problem.

‡If “Yes” to Q.9 “suicidal,” immediately evaluate for acute suicidality. If safe, refer for more comprehensive clinical evaluation; if at risk for suicide, escort the patient to the emergency department.

