

Cleveland Clinic Miller Family Heart & Vascular Institute

News

Feeling Blue?

Growing scientific evidence shows depression is a risk factor for heart disease

For many people, the challenging economy creates daily pressures of stress and anxiety that for some can lead to major or clinical depression, a serious medical illness.

While depression, which afflicts more than 15 million Americans, can interfere with a person's ability to perform everyday functions, growing scientific research suggests depression also is a risk factor for heart disease. What's more, for heart disease patients, depression is a risk factor for other health complications and death, say Cleveland Clinic cardiac physicians.

Risk is four times greater

"Research has shown that healthy people with depression have a heart attack risk two times greater than healthy individuals without depression," says Leo Pozuelo, MD, associate director of the Earl and Doris Bakken Heart Brain Institute at Cleveland Clinic.

"Another study found patients who were depressed after suffering a heart attack were three to four times more likely to die over six months than post heart attack patients without depression," Dr. Pozuelo says. "Even 18 months after a heart attack, depression remained an independent risk factor for cardiac-related death."

Depression is more likely to develop among heart patients because they blame themselves for their disease, and some see it as a weakness or as a threat, explains cardiologist James Young, MD, executive dean of Cleveland Clinic Lerner College of Medicine. Common depression symptoms include sadness, tearfulness, lack of confidence, loss of mental energy and hopelessness.

Depression activating changes

So how does depression trigger heart disease?

Clinical studies have found depression can cause changes in the body that can lead to acute heart attacks, heart failure or atrial fibrillation, an irregular heart rhythm that starts in the upper portion of the heart. For example, in depressed people, pro-inflammatory molecules are activated. This process promotes atherosclerosis, or hardening of the arteries, which can block blood flow to the heart.

Additionally, depressed heart disease patients are less likely than cardiac patients without depression to exercise and take their medications. This raises their risk for heart attack, stroke, heart failure or death, according to the Heart and Soul Study published in the November 26, 2008 edition of the Journal of the American Medical Association.

However, physicians agree these behavioral issues can be effectively treated with antidepressants, counseling, diet and exercise regimens.

Getting screened for depression

The American Heart Association (AHA) recently recommended that physicians routinely screen patients for depression using the Patient Health Questionnaire, (PHQ-9). This simple screening test is particularly important for cardiac patients because of their higher risk for developing depression compared to healthy people.

Interestingly enough, however, there is no scientific evidence that shows treating depression significantly reduces death rates among heart disease patients.

“Nevertheless, treating depression makes patients feel better and it improves their quality of life,” notes Dr. Young. “Those are important factors for all patients.”

Additional Resources

[Heart disease and depression](#)

If you need more information or would like to make an appointment with a specialist, [contact us](#), [chat online with a nurse](#) or call the Miller Family Heart and Vascular Institute Resource & Information Nurse at 216.445.9288 or toll-free at 866.289.6911. We would be happy to help you.

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