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PREVENTION OF PSYCHOLOGICAL DISORDER IN PATIENTS WITH CARDIOVASCULAR DISEASES

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Abstract:

Cardiovascular disease (CVD) is the leading cause of death worldwide [1]. In 2008, according to experts, 17.3 million people died from CVD, which is about 30% of the total mortality in the world. By 2030, this indicator is projected to increase to 23.6 million, mainly due to an increase in CVD mortality in countries with low and middle income per capita.

Introduction

Introduction.

Mental disorders are also characterized by a high prevalence and are detected in 1 in 10 people. According to the forecasts of the World Health Organization (WHO), by 2030 depression will become the second leading cause of disability in the world, second only to CVD [2]. Given the high prevalence of both CVD and depressive disorders, a high degree of their comorbidity can be expected. It is now clear that depression is much more common in people with CVD than might be expected, and vice versa [3].

The relationship between CVD and depression is bidirectional, as depression can be both a cause and a consequence of CVD. There is a high prevalence of depressive disorders in patients with CVD; after myocardial infarction, up to 40% of patients suffer major or minor depressive disorder [4]. Depression also increases the risk of developing CVD by 1.5–2 times in both men and women, regardless of the presence of other risk factors [5–6].

Depression can lead to worsening of CVD, which demonstrates a 2.0-2.5-fold increase in mortality in patients with comorbid depression after myocardial infarction [7-9], and the maximum relative risk is recorded in patients with new-onset depression [10] .

Achieving remission in a depressive disorder is in itself a significant treatment goal, as depression is a major factor in reducing the quality of life and increasing healthcare costs in patients with CVD, at the same time, treatment of depression can also improve the prognosis of CVD, which is also attractive. perspective [11].

In this connection, the purpose of this study was to assess the severity of depressive disorders in patients with CVD and their correction.

Materials and methods. The study was approved by the Ethics Committee of the State Budgetary Educational Institution of Higher Professional Education of the DSMA of the Ministry of Health of the Russian Federation. The study included 211 patients with various CVDs aged 18 to 65 years, including 104 (49.3%) men and 107 (50.7%) women. The first group consisted of 68 (32.2%) patients with an established diagnosis of arterial hypertension (AH), 36 (52.9%) women and 32 (47.1%) men aged 65.9±10.2 years; the second group - in 72 (34.1%) people with coronary heart disease (CHD) without a history of myocardial infarction (MI), 36 (50.0%) men and 36 (50.0%) women aged 67.2 ±9.5 years and the third group - 71 (33.7%) patients with coronary artery disease with a history of myocardial infarction (36 (50.7%) men and 35 (49.3%) women aged 66.8±10.1 years).

All patients underwent a standard general clinical examination, which included an assessment of complaints, anamnesis, physical and laboratory-instrumental examinations.

The Beck questionnaire was used to quantify the severity of psychopathological symptoms and to determine the degree of treatment effectiveness. Patients with signs of depression were prescribed the selective serotonin reuptake inhibitor (SSRI) paroxetine, starting at 10 mg/day as a single dose, increasing the dosage to 20 mg/day after a week. Evaluation of the effectiveness of therapy was carried out on the 1st and 3rd month from the start of treatment. The severity of side effects was assessed using the Udvald for Kliniske Undersogelser Scale (UKU).

Statistical processing of the study results was carried out using Microsoft Excel and statistical software SPSS 15.0. Differences were considered statistically significant at $p<0.05$.

Research results. All patients included in the study were diagnosed with hypertension. AG 1 tbsp. diagnosed in 51 (24.2%), AH 2 tbsp. - in 98 (46.4%) and AH 3 tbsp. – in 62 (29.4%) patients. Atrial fibrillation was significantly more common in patients of the 3rd group (IHD and MI in history) by 2.7 and 1.9 times compared with patients of the first and second groups, respectively ($p<0.05$). A history of stroke (ischemic or hemorrhagic) was also significantly more common in Group 3 than in Group 1 and 2 – 4.4 and 2.0 times, respectively ($p<0.05$).

Among patients with depression, there were 55 (43.3%) men and 72 (56.7%) women. Among patients without signs of depressive disorders, there were 49 (58.3%) men and 35 (41.7%) women. No significant gender differences were found between the groups.

One month after the start of therapy, the severity of mild/moderate and severe/severe depression significantly decreased in all groups. Thus, the number of patients with mild and moderate depression decreased by 3.25, 2.72 and 2.56 times in the 1st, 2nd and 3rd groups, respectively ($p<0.05$), and severe and severe depression – 2.57, 2.88 and 2.45 times respectively ($p<0.05$). 3 months after treatment in the first group, only 11 (7.48% of 147) showed signs of depression, of which 6 (54.5%) had mild to moderate severity and 5 (45.5%) had pronounced and severe.

Undesirable phenomena. When assessing the side effects of antidepressant therapy, it was found to be well tolerated. During the study, adverse events were found, but they were regarded as mild or moderate and did not require discontinuation of therapy; by the 3rd month of therapy in most patients, these disorders were leveled.

Thus, 14 (9.5%) patients complained of weakness after 1 month. after the start of therapy and 7 (4.8%) after 3 months. 10 (6.8%) and 1 (0.7%) patients complained of sleep disturbance after 1 and 3 months. after the start of treatment, respectively. Violation of concentration was noted in 10 (6.8%) patients after a month. after treatment and 5 (3.4%) - after 3 months.

Complaints of dizziness were presented by 1 (0.7%) patient after 3 months. therapy, for headache - 2 (1.36%) and 3 (2.0%) patients after 1 and 3 months. respectively.

The most common side effect was dry mouth, which in the first month. 15 (10.2%) patients complained of treatment and 4 (2.72%) after 3 months. Palpitations were noted in 11 (7.5%) and 6 (4.1%) patients after 1 and 3 months. after treatment.

It should be noted that none of the patients included in our study dropped out before the end of the course of treatment due to the development of adverse events.

Thus, the study revealed a high level of depressive disorders in patients with CVD, significantly higher than in the general population, and therefore, patients with CVD are recommended to be screened for the detection of depressive disorders. The high efficacy and safety of the SSRI paroxetine in this category of patients was shown.

Conclusion. Treatment of depressive disorders in patients with CVD has certain features. First, there are significant concerns about the possible cardiotoxic effects of some antidepressants. Second, if depressive symptoms occur as a result of a stressful health event (eg, adjustment disorder as a result of a cardiovascular event), spontaneous remission without screening and treatment is highly likely. Third, options for psychiatric treatment in patients with underlying CVD may vary. Fourth, although the presence of mild subsyndromic symptoms of depression is associated with poorer CVD prognosis, it is unclear whether standard treatment for depression will provide benefits in patients with CVD and mild depressive disorders.

Table 3. Adverse events that developed in patients treated with paroxetine according to the UKU scale

In this study, it was found that the inclusion of paroxetine as an additional therapy with the SSRI in patients with CVD and signs of depressive disorders is safe and leads to a significant improvement in mental status.

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