Patients with coronary artery disease have multiple comorbidities that include dyslipidemia, hypertension, diabetes mellitus, smoking and physical inactivity. It has been seen that depression is another issue in these patients that need close attention. Studies have shown that it affects between 20% and 40% in patients with coronary artery disease (CAD) and have a higher prevalence than in general population. One of the study done by SS Bokhari et al. has shown a point prevalence of depression in CAD as 37% (31.3% males and 53.8% females).

Numerous studies have shown that patients with CAD and depression have poor health outcomes. Depression in different aspects in Pakistani population after myocardial infarction, after PCI and in in-hospital patients with CAD were evaluated and found to have significant mental illness which co-relates with the results of other international studies.

Keeping all the research studies American Heart Association wrote a scientific statement and endorsed depression as a risk factor for cardiac morbidity and mortality. Importance of depression screening as a part of myocardial infarction protocol for caring patients with Ischemic Heart Disease was seen in TRIUMPH trial (Translational Research Investigating Underlying Disparities in Acute Myocardial Infarction Patients Health Status) ENRICHCD Trial (Enhancing Recovery in Coronary Heart Disease) use of citalopram or serlatine plus as clinical management was used for depressive symptoms with CAD in CREATE Trial (Canadian Cardiac Randomized Evaluation of Antidepressant and Psychotherapy Efficacy).

In Pakistan where prevalent of CAD is high i.e. one in 4 middle age adults, managing such patients are numerous that includes revascularization (Surgical and Interventional), drugs and treatment of modifiable and nonmodifiable risk factors. Despite all these efforts it’s a need of time to focus on diagnosing depression in CAD to improve outcomes. Depression screening should be conducted to identify these important risk factors and treated with drugs in reducing morbidity and mortality.

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