

## 心疾患患者においてうつ病は予後不良と関連している (Abstract 1275M-05)

うつ病の冠動脈疾患患者は心筋梗塞および死亡のリスクが高い可能性がある

Depressed patients with coronary artery disease may be at higher risk for myocardial infarction and death

うつ病の冠動脈疾患(CAD)患者はうつ病でないCAD患者に比べ、心筋梗塞(MI)または死亡のリスクが高い可能性がある。と第65回American College of Cardiology年次集会で発表された。安定CADの診断後のうつ病発現率は18.8%であった。うつ病のCAD患者はうつ病でないCAD患者に比べ、総死亡率が83%高く、MIで来院する確率が36%高かった。CADの診断後90~180日にうつ病と診断された患者は、リスクがより高かった。

## **Full Text**

Patients with coronary artery disease (CAD) who are depressed may have a much higher risk of myocardial infarction (MI) or death compared to those who are not depressed, according to research presented at ACC.16, the American College of Cardiology's 65th Annual Scientific Session.

The study, conducted by Natalie Szpakowski, M.D., and colleagues, from the Sunnybrook Health Sciences Centre and Institute for Clinical Evaluative Sciences (ICES) in Toronto, Canada included 22,917 patients who had been diagnosed with stable CAD following a coronary angiogram for chest pain. Results showed that the incidence of depression following a diagnosis of stable CAD was 18.8 percent. Patients who were female or who had more severe angina were more likely to be diagnosed with depression.

Further, depressed CAD patients were 83 percent more likely to die from any cause compared to those who were not depressed. They were also 36 percent more likely to present at a hospital for MI. Those who were diagnosed with depression 90 to 180 days following the diagnosis of CAD were at greatest risk.

According to the authors, these findings suggest that these patients may need to be screened for mood disorders, either by their family physician or their cardiologist.

"Based on these findings, there may be an opportunity to improve outcomes in people with coronary heart disease by screening for and treating mood disorders, but this needs to be further studied," says Szpakowski. "Stable chronic angina due to narrowing of the coronary arteries is common, and our findings show that many of these patients struggle with depression. Our follow-up was at most five years, so many more might be affected."

## ACC2016特集

[News01]

脳画像が扁桃体の活性と心臓発作のリスクを 関連付ける

[News02]

心疾患患者においてうつ病は予後不良と 関連している

[News03]

心疾患疑いの症状は男女で差がない

[News04]

午睡はメタボリック症候群のリスクを上昇 させる

[News05]

バイスタンダーによるCPRは生存率向上 および神経学的転帰が良好であることと 関連がある

[News06]

マンモグラムは心疾患の新たなスクリーニング法となり得る

[News07]

スタチンの広範な使用がスタディにより支持された

[News08]

中等度リスクの患者においてTAVRは手術に 代わる妥当な代替療法である

[News09]

PCSK9阻害薬はスタチン不耐性患者のコレステロール値を低下させる

[News10]

心臓検査における性差

[News11]

Evacetrapibトライアルは早期中断された

[News12]

.肥満手術の血糖値に対する効果は時間が経過 しても持続する

[News13]

幹細胞治療は心不全の転帰を改善する

[News14]

i院外心停止に対する抗不整脈薬投与が疑問視 される

[News15]

. ステント留置を遅らせても臨床的有益性は示 さなかった

[News16]

心筋梗塞後のlosmapimod投与により改善は 認めなかった

[News17]

クライオアブレーションは高周波アブレー ションに匹敵する

[News18]

[NEW310] CABGは心不全患者の寿命を延長させる