Women, Depression, and Heart Disease

Facts

• Even mild forms of depression or depressive symptoms increase heart disease risk.¹
• The exact relationship between CVD and depression is not clear, but it is no longer believed that the development of depressed mood after a CVD event is simply a “normal” response to illness.¹
• Depression is twice as common in women as in men, and increases the risk of heart disease by two to three times compared with women who are not depressed regardless of race, ethnicity or economic background.²
• Depression makes it difficult for women to maintain a healthy lifestyle and to follow recommended treatment.²
• A recent study of 63,469 women found that depressive symptoms were associated with an increased risk of fatal coronary heart disease in relatively healthy women with no prior coronary heart disease.³
• Depression can lead to heart disease in women and results in those women being more than twice as likely to experience sudden cardiac death.³
• Depression impedes recovery because depressed patients are less likely to adhere to their medication and to listen to recommendations from their health care providers.⁴
• The risk of depression increases in women with diabetes and women who do not exercise regularly.⁵,⁶
• Women with a history of angina are more likely to suffer from depression than women without any history of heart disease.⁷
• Women with higher levels of depression are the most likely to be obese or to smoke – both recognized as major risk factors for heart disease.⁸,⁹
• Women are less likely to be referred to cardiac rehabilitation, therefore not having access to support and assistance in making lifestyle changes that are necessary for recovery after a heart attack.¹⁰

Early Detection

• Depression is difficult to diagnose in women with CVD and other medical illnesses due to sometimes atypical depression symptoms and the many physical symptoms that accompany heart disease.¹
• The difficulty in diagnosing depression in women with cardiovascular disease is compounded by the fact that cardiovascular health care providers typically have a low awareness of and little focus on mental health issues and neither accurately diagnose nor treat depression in the vast majority of CVD patients they care for.¹
Accurate Diagnosis

- Several depression screening tools are widely available and easy to use (BDI, PHQ-9, PHQ-2), and despite their limitations, should be used routinely to assess women with CVD in order to improve diagnosis and treatment rates.¹

Proper Treatment

- Comprehensive cardiac rehabilitation programs and regular physical activity are strongly associated with both lower depression levels and CVD morbidity and mortality and should be strongly recommended to women with CVD, especially those with depression.¹
- Women appear to respond differently compared to men to psychosocial interventions such as counseling and cognitive behavioral therapy for depression and low social support after MI.¹
- SSRIs may favorably impact CVD risk by modifying adverse physiologic conditions (e.g., thrombotic potential, abnormal heart rate variability) and by improving mood enough to adopt healthy lifestyle behaviors and adhere to treatment recommendations.¹
- Sertraline (ZOLOFT®) and citalopram (Celexa®) are the preferred first-line antidepressants for women with coronary heart disease since they have acceptable safety, tolerability, and limited interaction with commonly used cardiac medications. Tricyclic antidepressants should generally be avoided due to increased cardiac risk.³

³ Whang, William, MD, et. al. Depression and Risk of Sudden Cardiac Death and Coronary Heart Disease in Women: Results from the Nurses' Health Study. Journal of the American College of Cardiology. March 17, 2010.