HEART DISEASE AND DEPRESSION
FACT SHEET

- Depression is present in 1 of 5 outpatients with coronary heart disease and in 1 of 3 outpatients with congestive heart failure, yet the majority of such cases are not recognized or appropriately treated.

- Major depressive disorder is a risk factor in the development of incident coronary heart disease events in healthy patients and for adverse cardiovascular outcomes in patients with established heart disease. For people with heart disease, depression can increase the risk of an adverse cardiac event such as a heart attack or blood clots. For people who do not have heart disease, depression can also increase the risk of a heart attack and development of coronary artery disease.

- Up to 15 percent of patients with cardiovascular disease and up to 20 percent of patients who have undergone coronary bypass graft surgery experience major depression.

- In one landmark study, the continued presence of depression after recovery increased the risk of death (mortality) to 17 percent within 6 months after a heart attack (versus 3 percent mortality in heart attack patients who didn’t have depression).

- Negative lifestyle habits associated with depression – such as smoking, excessive alcohol consumption, lack of exercise, poor diet and lack of social support – interfere with the treatment for heart disease.

- Depression has been proven to be such a risk factor in cardiac disease that the American Heart Association (AHA) has recommended that all cardiac patients be screened for depression.

- Patients with depression after myocardial infarction, especially those with prior episodes, should be both carefully watched and aggressively treated because they are at an elevated cardiac risk and less likely to improve spontaneously.