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Briefing Series on the Role of Psychology in Health Care *Heart Disease and Depression*

- The American Heart Association recommends that depression be formally recognized as a risk factor for adverse medical outcomes in patients with acute coronary disease.¹
- After a heart attack, 40% of patients experience depression and are more likely to have another heart attack.² Greater medical utilization rates by depressed heart attack survivors add to the cost of their care.²
- Heart health is impaired directly by the negative effects that depression has on stress hormones, blood sugar, “bad” cholesterol, blood pressure, inflammation, and sleep.^{2, 3}
- Depression can also indirectly impede heart health by contributing to unhealthy behaviors, such as smoking, problem-drinking and other substance use, overeating, inactivity, social isolation, poor follow-up with medical care, and poor medication adherence.^{4, 5}
- The age-adjusted coronary heart disease mortality rate is higher for men and Blacks.⁶
- Screening for depression is recommended for patients in primary and cardiac care,⁷⁻⁹ but rates of screening are low,¹⁰ as are rates of referral for follow-up mental health care.

| How Psychologists Can Help

- Psychotherapy is effective for reducing depression among primary care patients^{11, 12} and can be cost effective by reducing overall medical utilization. A recent meta-analysis found that collaborative primary care models in which psychotherapy is provided by mental health professionals are effective in reducing depression for a wide range of populations.¹³
- A large study demonstrated that brief psychotherapy for depressed patients after a heart attack, in conjunction with antidepressant medication, is effective in reducing depression, re-hospitalization, and medical costs.^{1, 14}
- The benefits of psychotherapy for reducing many of the risk factors leading to heart disease are well established.¹⁵ Yet research on psychotherapy’s benefits for preventing another heart attack or increasing survival with heart disease has been limited. The study interventions typically are brief, not individualized, and often delivered by medical office staff who are not mental health professionals.¹⁶ Psychologists can contribute to the further development and implementation of effective evidence-based treatments.

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