



Is there any difference between the early age myocardial infarction and late age myocardial infarction in terms of psychiatric morbidity in patients who have survived acute myocardial infarction?

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Abstract

Objective: We aimed to compare the rates of psychiatric morbidity in patients who had early age and late age MI in patients who have survived acute myocardial infarction?

Methods: One hundred sixteen patients who were hospitalized in the coronary care unit were included in the study. Psychiatric assessment of the patients was carried out within 1–6 months post-MI. Psychiatric interviews were conducted with the Structured Clinical Interview for DSM-IV (SCID-I). Also used were the Beck Depression Inventory (BDI), Spielberger State-Trait Anxiety Inventory (STAI), and Health Anxiety Inventory (HAI).

Results: A total of 116 patients were divided into two groups according to age as an early age myocardial infarction group (EA-MI) and a late age myocardial infarction group (LA-MI). The EA-MI group included 24 patients 45 years of age and under. The LA-MI group included 92 patients over 45 years of age. Current psychiatric disorders, lifetime psychiatric disorders and lifetime depressive disorders were significantly more frequent in the EA-MI group than in the LA-MI group.

Conclusion: EA-MI patients have experienced a depressive episode prior to the onset of the MI, whereas in the LA-MI group, the patients typically experienced depressive episodes after MI. Our findings suggest that depression may increase the risk of MI at an early age.

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1. Introduction

Recent studies on cardiovascular disease have focused on depressive symptoms and morbidity of depression issues [1–3]. Depressive symptoms are common among myocardial infarction (MI) patients. While in the hospital, depressive symptoms are present in 15%–45% of MI patients, and depressive disorders are detected in 10%–27% of MI patients [4–6]. After discharge, depressive disorders were determined in 10%–20% of MI patients. [4–7]. Numerous studies have reported post-MI depression to be a significant predictor of

cardiac mortality [8–10], and that finding has been confirmed by meta-analysis [3,11,12].

Although MI mainly occurs in patients older than 45, young men or women can suffer MI. However, the disease carries a significant morbidity, psychological effects, for the person and the family when it occurs at a young age [13,14]. Despite the frequency of depression, data on the frequency of other psychiatric disorders are limited. To our knowledge, only a few existing studies have examined anxiety. Moreover, while one of them showed that anxiety in MI patients is associated with hospital mortality, another did not show any such association [2,15]. Further, there are no studies based on the differences between early age MI and late age MI, in terms of psychiatric disorders, within the literature. In the current study, we aimed to compare the rates of psychiatric morbidity in patients who had early age and late age MI. Another objective of the study was to examine

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whether an association exists between these psychiatric diagnoses and a patient's metabolic conditions.

2. Materials and methods

2.1. Setting and sample

This study was conducted among patients with MI who were hospitalized in the coronary care unit at the Selcuk University Hospital between Oct 2012 and Sep 2013. This hospital is a university hospital in Konya which has a population of approximately two million. The hospital has one coronary care unit which serves approximately 500 patients per year. The number of the study group was determined by the total amount of patients hospitalized because of myocardial infarction in the coronary care unit within a 1-year period. MI was defined according to the criteria established by the Third Universal Definition of MI consensus document: 1) evidence of myocardial necrosis in a clinical setting consistent with acute myocardial ischemia, in which there is a rise and/or fall of cTn, with at least one value above the 99th percentile for a normal reference population; and 2) presence of at least one of the following: a) ischemic symptoms; b) new or presumed new significant ST-segment or T-wave changes, or new left bundle branch block; c) development of pathological Q waves in the electrocardiogram; d) imaging evidence of a new loss of viable myocardium, such as a new regional wall motion abnormality; or e) identification of an intracoronary thrombus by angiography or autopsy [16].

Patients were excluded from participation in the study if they suffered from an MI as a result of coronary artery bypass graft (CABG) surgery or if they had a history of neurological disease and concomitant severe medical illnesses (e.g., pulmonary diseases, severe renal or liver failure, and any cancer).

2.2. Procedures

The study was approved by the Selcuk University Medical Faculty's Ethics Committee. The study's objectives and procedures were explained, and written informed consent was given in accordance with the Declaration of Helsinki.

Initially, 218 MI patients were screened in the coronary care unit. Patients who did not meet the study's criteria ($n = 41$), who did not want to participate ($n = 45$), or who died after the heart attack ($n = 16$) were excluded. Thus, 116 eligible patients were included in the study. After the participants' socio-demographic and clinical characteristics were recorded at the coronary care unit, the patients were referred to the psychiatry department.

Psychiatric assessment of the patients was carried out within 1–6 months post-MI. Psychiatric interviews were conducted by a psychiatrist and by means of the Structured Clinical Interview for DSM-IV (SCID-I) [17,18]. All of the psychiatric interviews were conducted by one psychiatrist

with at least 5 years of experience (Dr. BBA). At the same time, the patients completed the Beck Depression Inventory (BDI), Spielberger State-Trait Anxiety Inventory (STAI-I and STAI-II), and Health Anxiety Inventory (HAI), and were evaluated by the same psychiatrist.

2.3. Measures

2.3.1. Beck Depression Inventory (BDI)

The BDI is a 21-item self-reported questionnaire that assesses severity of depression. Individuals are asked to rate themselves on a 0–3 spectrum (0 = least, 3 = most), with a score range of 0–63. The total score is the sum of all the items. The Turkish version of the BDI used in this study has been validated in Turkish populations [19].

2.3.2. Spielberger State-Trait Anxiety Inventory (STAI)

State Trait Anxiety Inventory (STAI) 1 and 2 were used to assess the state and trait anxiety disorders. STAI 1 and 2 are each composed of 20 items, rating anxiety symptoms on a scale from 0 to 4 points. STAI 1 presents the degree of state anxiety and evaluates the anxiety degree, which changes depending on specific circumstances. STAI 2 indicates trait anxiety and shows the anxiety degree due to the tendency of each individual, regardless of any specific situation. Higher scores indicate higher anxiety. The Turkish version of the STAI used in this study has been validated in Turkish populations [20].

2.3.3. Health Anxiety Inventory (HAI)

The HAI contains 18 items that assess health anxiety independently of physical health status [21]. The items assess worry about health, awareness of bodily sensations or changes, and the feared consequences of having an illness. The HAI has demonstrated good reliability and validity in clinical and nonclinical samples. The Turkish version of the HAI used in this study has been validated in Turkish populations [22].

3. Statistical analysis

Data were analyzed with SPSS version 15 statistical software. Variables are presented as mean \pm standard deviation (S.D.) or frequency. All variables were tested with the Kolmogorov–Smirnov test to determine whether their distributions were normal. For comparisons within the study group, the t-test or Mann–Whitney U-test (when the data were not normally distributed) was used for continuous variables, and the χ^2 test or Fisher's exact test was used for categorical variables. All tests were two tailed, and the level of significance was $p < .05$.

4. Results

The mean age of the patients ($n = 116$) was 55.19 ± 10.9 years (25–75 years). The patients were mostly male

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