

Depression & iskæmisk hjertesygdom



Torben Albert Devantier
Center for Psykiatrisk Forskning
Århus Universitetshospital, Risskov

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Disposition

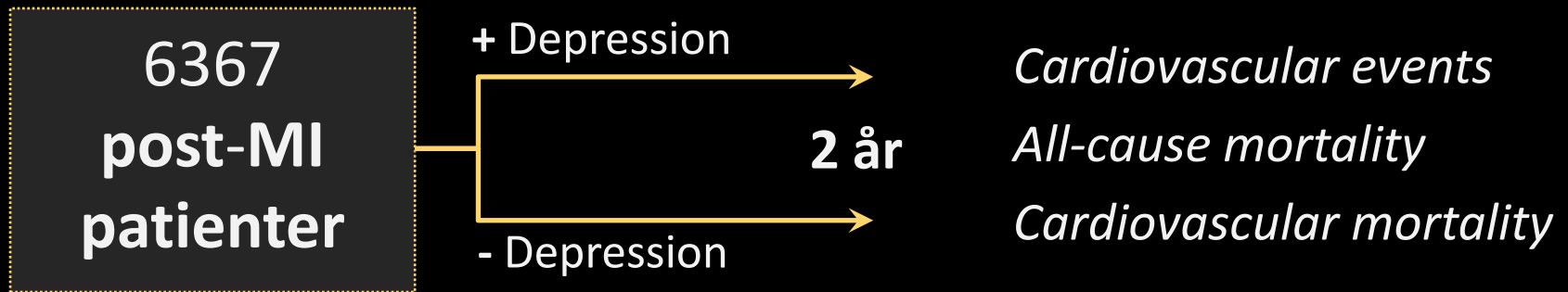
- Epidemiologiske data
- Ph.D. projekt



Epidemiologiske data

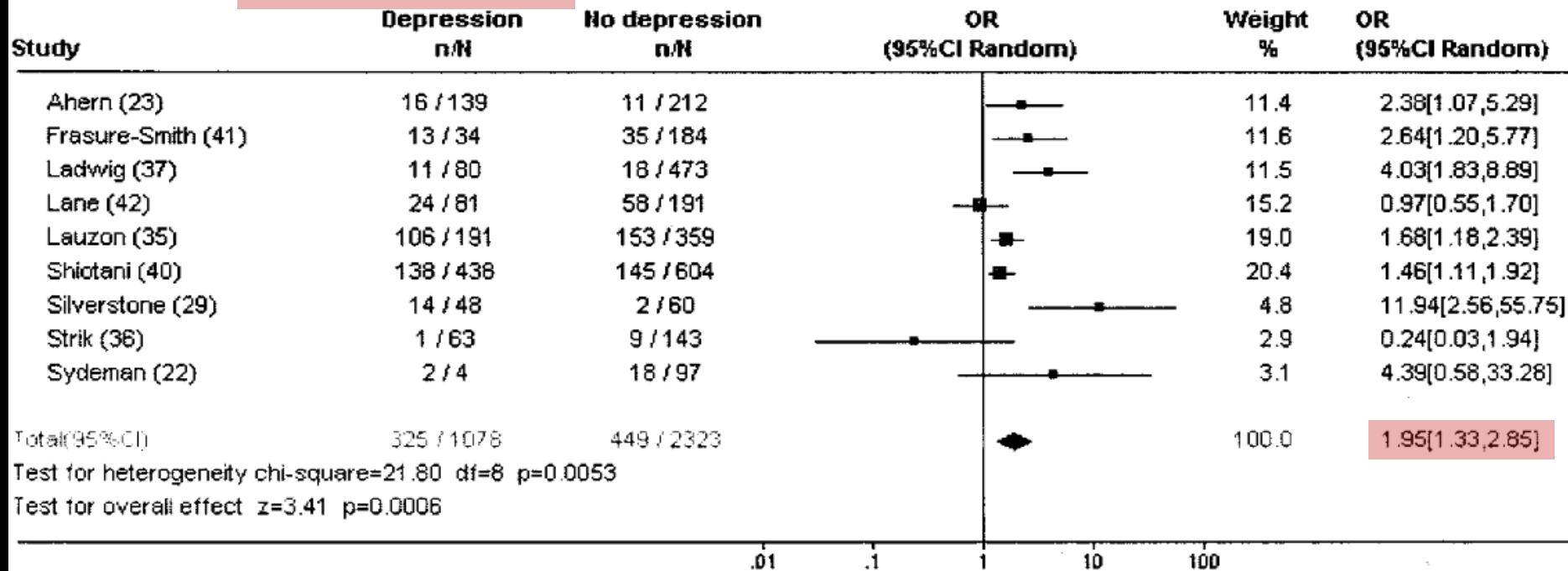
1. Prævalensen af depression i populationer med IHD $\approx 10\%$
(Sørensen *et al*, 2005; Frasure-Smith *et al*, 2008)
2. Risikoen for at udvikle IHD ved depression (Van der Kooyet *al*, 2007) $\times 2,5$
3. Morbiditeten & mortaliteten ved post-MI-depression
(Van Melle *et al*, 2004)





Comparison: 01 Depression versus no depression

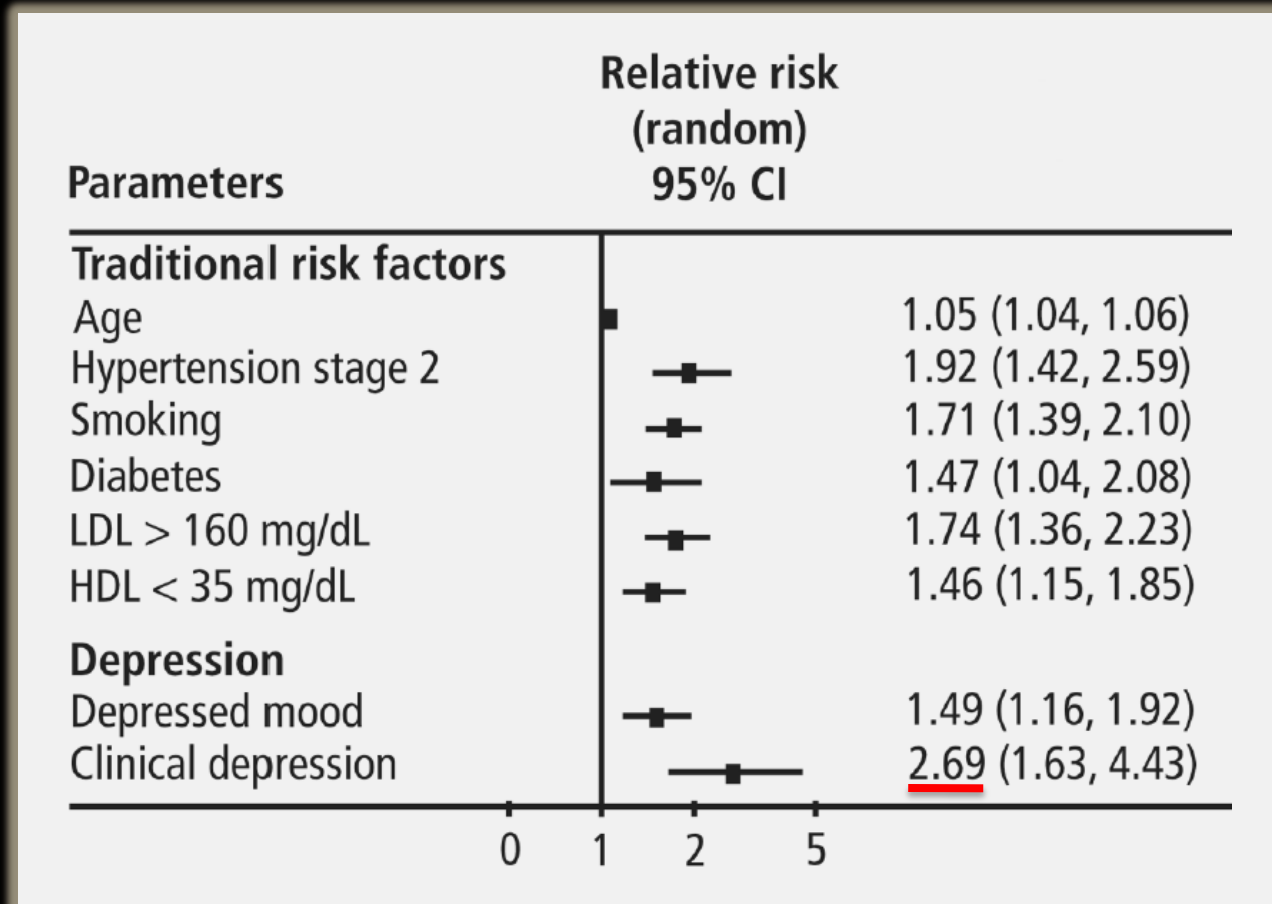
Outcome: 03 Cardiovascular events



Epidemiologiske data

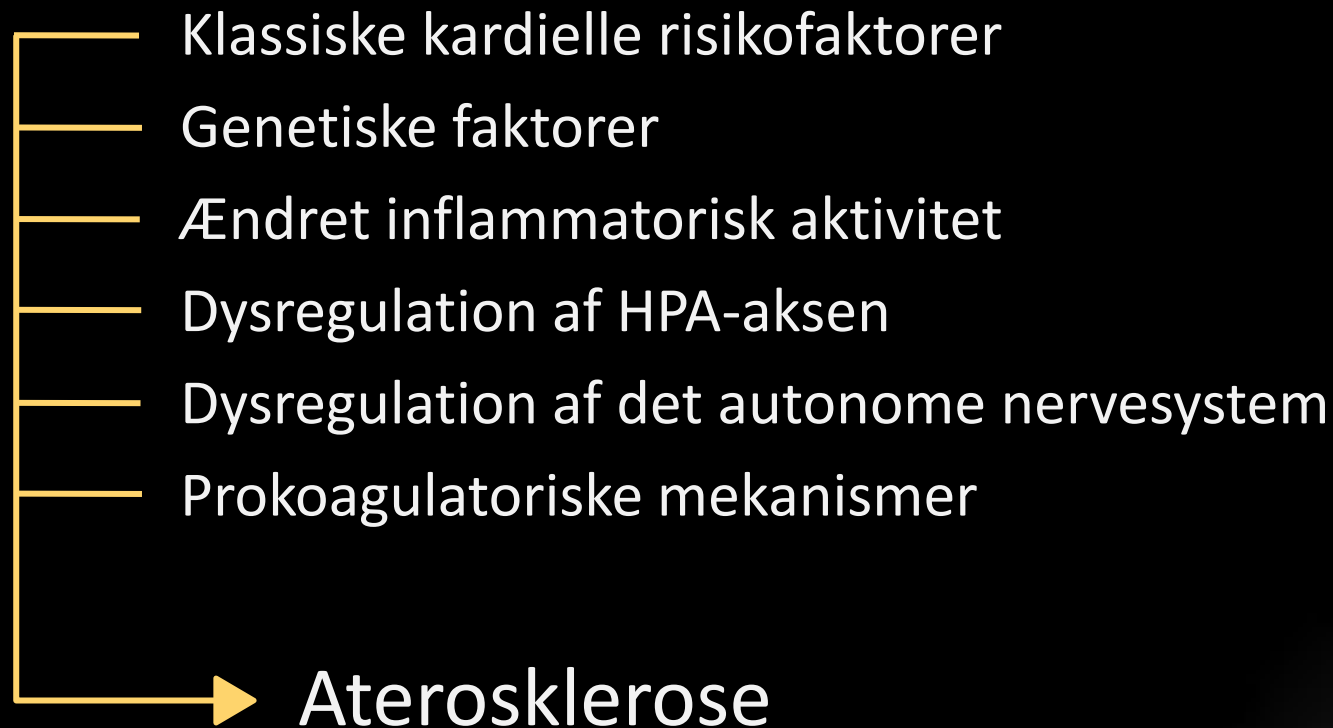
1. Prævalensen af depression i populationer med IHD **≈ 10%**
(Sørensen *et al*, 2005; Frasure-Smith *et al*, 2008)
2. Risikoen for at udvikle IHD ved depression (Van der **x 2,5**
Kooyet *al*, 2007)
3. Morbiditeten & mortaliteten ved post-MI-depression **x 2-3**
(Van Melle *et al*, 2004)





Ph.D. projekt

Mulige mekanismer



The vascular depression hypothesis

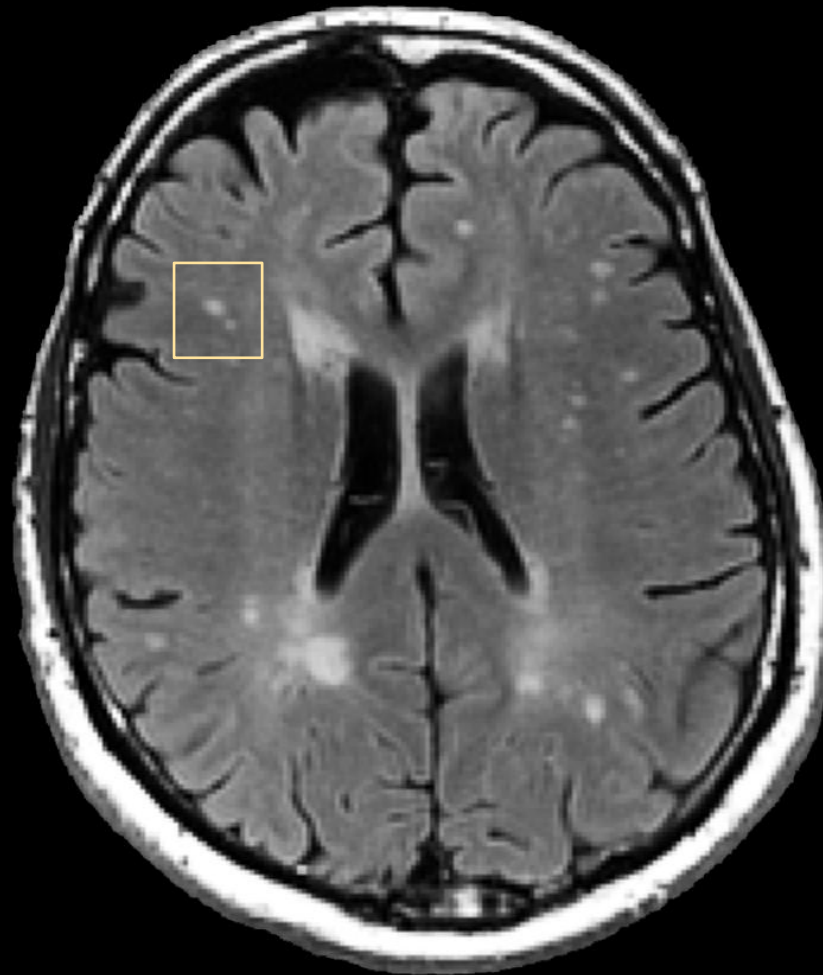
Alexopoulos 1997

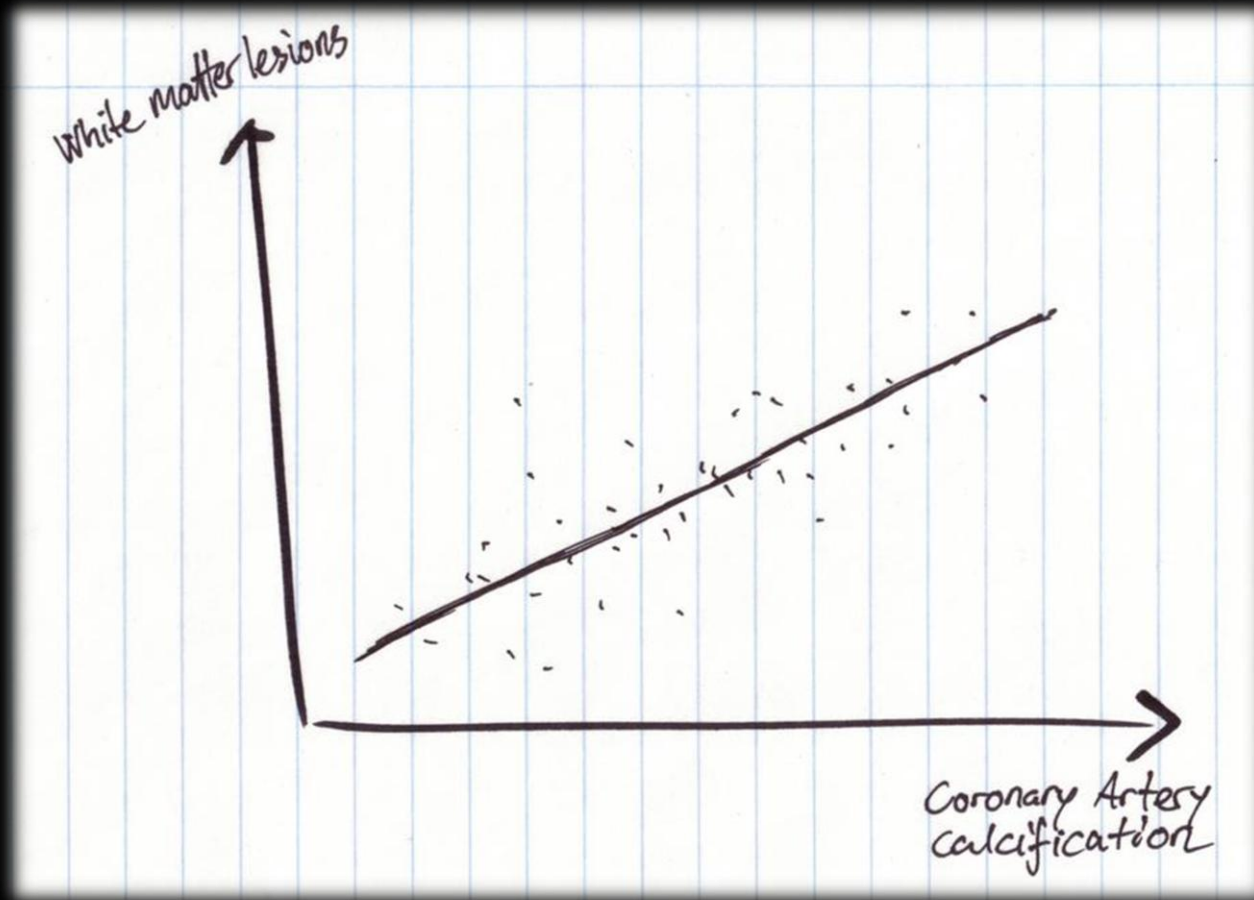
Cerebrovascular disease...

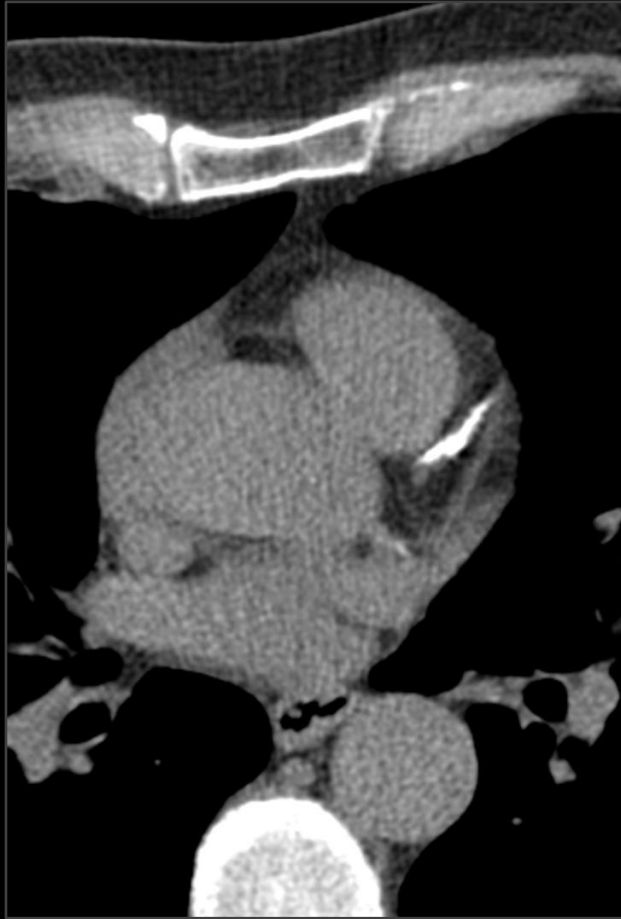
- ... predisposes to depression.
- ... accelerates the development of depression.
- ... contributes to maintain a depressive episode.

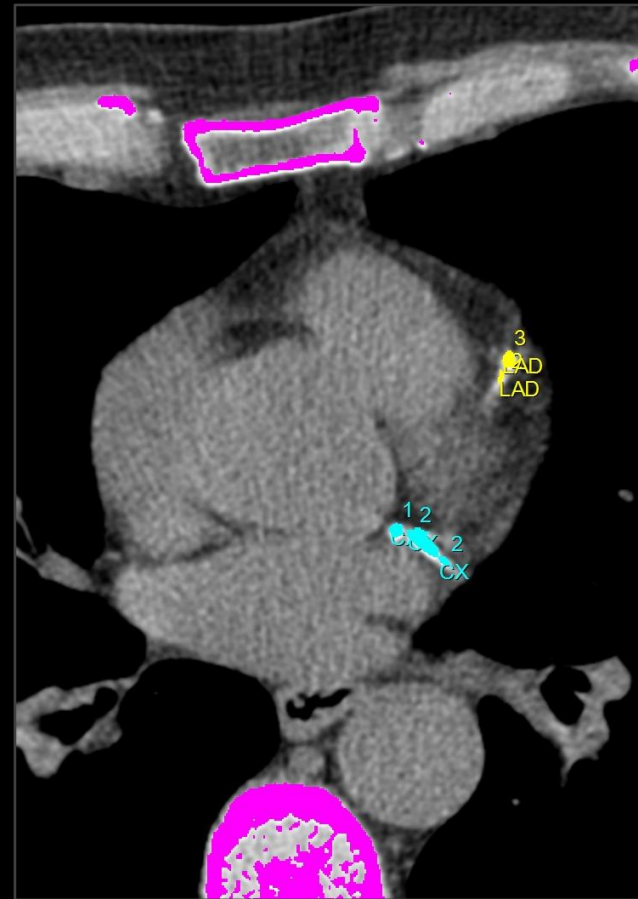


White matter lesions







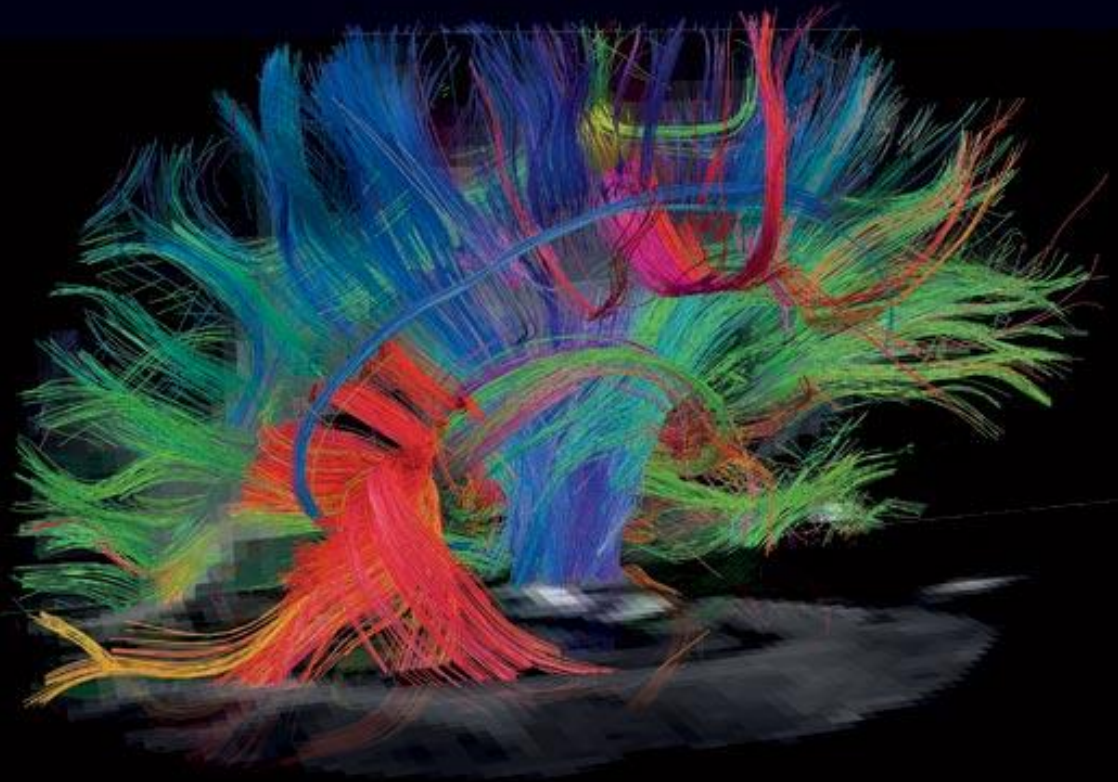


- Alder 50-70 år
- Depressiv enkeltepisode (ICD-10 & DSM-IV)
- Henvist til psykiatrisk behandling for episoden



- Psykiatrisk diagnostik inkl. PSE
- Neurologisk undersøgelse
- MR scanning af cerebrum

- Framingl
- CT – KAC
- Ultralyd
- ABI-måli
- Ekkokard
- EKG
- Blodprøv



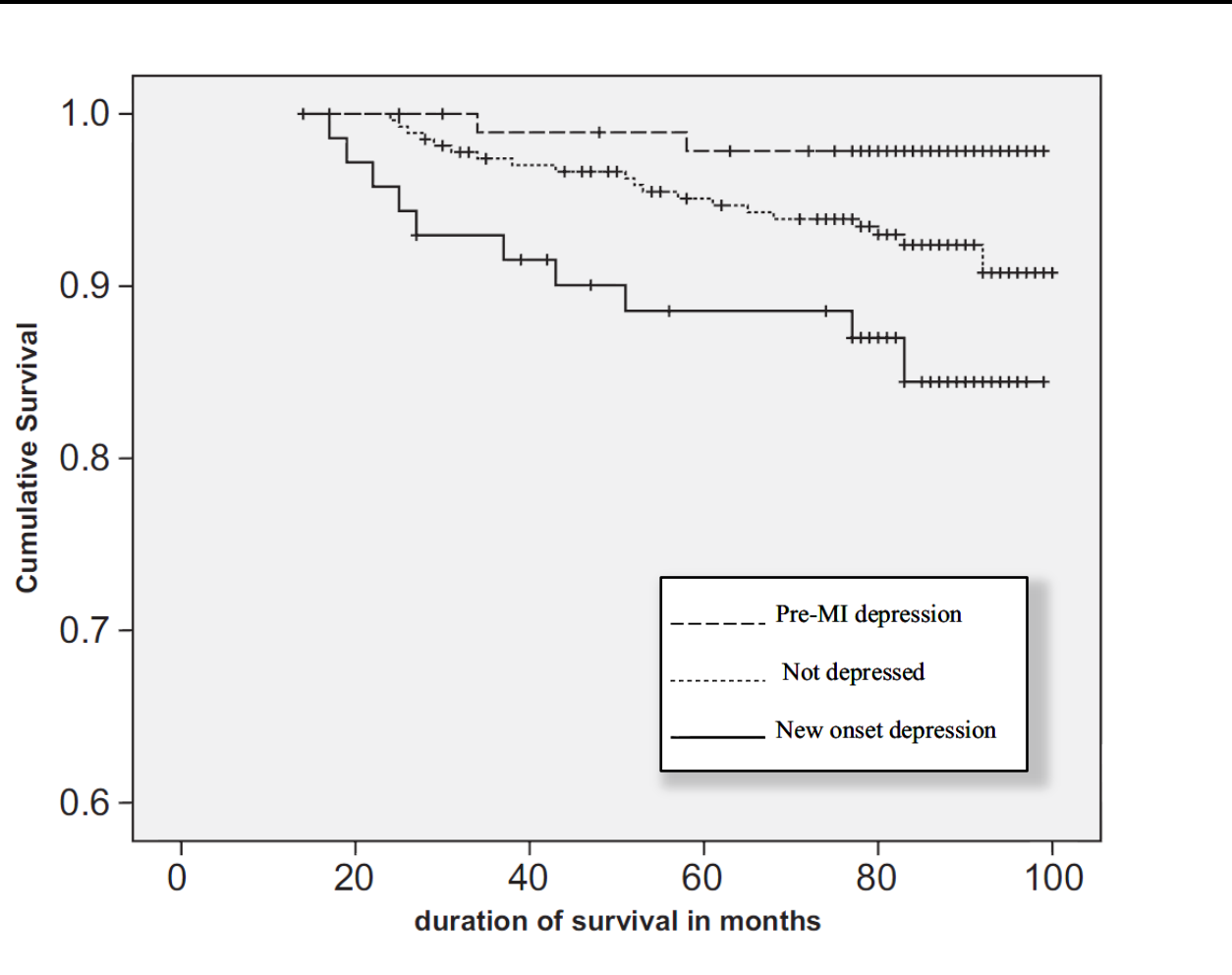
❖ Vejledere

- Poul Videbech (Center for Psykiatrisk Forskning, Risskov)
- Bjarne Nørgaard (Hjerteremedicinsk Afdeling, Vejle)
- Leif Østergaard (Center for Funktionelt Integrativ Neurovidenskab, Århus)

❖ Sponsorer

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- Fonden til Forskning af Sindslidelser, Århus Universitet
- Augustinusfonden





❖ Direct influence on the autonomic cardiac function

- Increase in resting heart rate & heart rate response to physical activity
 - predicts cardiac events (incl. sudden cardiac death and ventricular arrhythmias)
 - atherosclerosis
 - myocardial ischemia
 - plaque disruption in acute coronary syndrome
- Decrease in heart rate variability
 - increased mortality post MI and in CAD in general
- Increased occurrence of ventricular tachycardia
 - sudden cardiac death
- Decrease in baroreflex sensitivity
 - predicts cardiac events (incl. sudden cardiac death and ventricular arrhythmias)
- Increase in ventricular repolarization variability
 - predicts cardiac events (incl. sudden cardiac death and ventricular arrhythmias)
- Left Ventricular hypertrophy caused by chronic elevated sympathetic activity
 - risk factor for cardiac morbidity and mortality

❖ Procoagulatory effects

- Increased thrombocytary reactivity
- Increased hemodynamic burden of vessel walls

❖ Immunologic effects

- Inflammation caused by decreased parasympathetic activity (hypothetical)
 - atherosclerosis

