The 6th International Medical Congress for Students and Young Doctors

47. DEPRESSION AS A CARD IOVASCULAR RISK FACT OR

Ecaterina Pasat, Ala Soroceanu, Natalia Danilov, Serghei Soroceanu, Cristina Martin, Olga Rotari, Alina Toma, Feras Raed, Maria Dumanscaia, Laura Cheptea, Valentina Mihailuta

Scientific adviser: Livi Grib, MD, PhD, Professor of Cardiology, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

Introduction: Over the past 20 years, research has found that depression not only is more common in cardiac patients than in the general population, but depression is also a risk factor for cardiac morbidity and mortality, independent of traditional risk factors. This link between depression and cardiac morbidity likely involves both physiologic and behavioral effects of depression.

Objectives: To determine the association between risks of depression using Hamilton Rating Scale for Depression (HRSD) and cardiovascular (CV) events.

Methods: Our study included 84 patients (23 patients with cardiovascular disease and depression, 61 patients with cardiovascular disease without depression) hospitalized in the cardiology department. We divided patients according to Hamilton scale in 4 categories:

- 1. absence of depression: 0-1points;
- 2. mild depression: 8-17 points;
- 3. moderate depression: 18-25 points;
- 4. severe depression: >26 points.

Maximum score for Hamilton scale is 50 points.

Results: During the study has been identified the absence of depression in 37 patients (44%) where HRSD<7. Depression was mild (HRSD >7) in 24 patients (28,6 %), moderate (HRSD> 17) in 20 patients (23,8%) and severe (HRSD> 25) in 3 patients (3,6%). Stratification of comorbidities in patients with cardiovascular disease and depression: essential hypertension: 12 patients (52,2%). Chronic heart failure: 11 patients (47,8%). Acute Coronary Syndrome: 7 patients (30,4%). Stroke: 6 patients (26,1%). Ischemic heart disease. (Angina pectoris): 6 patients (26,1%)

The results observed predominance of patients with essential hypertension, chronic heart failure and acute coronary syndrome, depression, results that are consistent with international literature, where depression has a negative impact on CVD.

The Hamilton Depression Rating Scale (HAM-D) has proven useful for many years as a way of determining a patient's level of depression before, during, and after treatment. An experienced clinician while working with psychiatric patients should administer it.

Discussion: We found that baseline Hamilton scale had the strongest association with CHD. Key challenges in this line of research concern the measurement of depression, the definition and relevance of certain subtypes of depression, the temporal relationship between depression and CHD

Conclusion: Hamilton scale is detecting tool for depression in predicting cardiovascular disease. **Keywords:** Depression, coronary disease, risk factors.