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Volume 65, Issue 10S Acute Coronary Syndromes**DETECTING ACUTE STRESS DISORDERS IN PATIENTS WITH CORONARY ARTERY DISEASE: A PROGNOSTIC EVALUATION OF THE PHQ-9 IN ACUTE CORONARY CARE: FINDINGS FROM THE ISACS-TC STUDY**

Poster Contributions

Poster Hall B1

Saturday, March 14, 2015, 10:00 a.m.-10:45 a.m.

Session Title: Epidemiology of ACS Events: Of Comorbidity and Long Term Trends

Abstract Category: 2. Acute Coronary Syndromes: Clinical

Presentation Number: 1104-064

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Background: People with acute stress disorders (ASD) are at heightened risk of depression, and this co-occurrence of conditions may be associated with poorer outcomes including raised mortality in coronary heart disease. We sought to determine the association between comorbid ASD and depression with in-hospital outcomes after an ACS

Methods: From 2009 to 2014, 5880 first day survivors from an ACS were recruited in 7 hospitals reporting data from Serbia to the International Survey of ACS in Transitional Countries (ISACS-TC, NCT01218776) registry. Patients were assessed on Patient Health Questionnaire (PHQ-9) for the presence of depression after stressful life events. Patients developing intrusive thoughts, memories, or nightmares about recent traumatic events, avoidance of situations that remind them of the event and increased arousal (e.g irritability, insomnia) within 4 weeks of the traumatic event preceding the ACS were considered ASD. A cut-point of ≥ 8 on the PHQ-9 was used to categorize the association of ASD with depression. We assessed the influence of ASD/depression (ASD/d) on outcomes by Cox proportional hazards regression model, controlling for patient demographics.

Results: 57.5% of the patients showed ASD/d. They were prevalently (64.1%) male. Mean age of patients was 63.3 years while that of controls was 62.6 years. ASD/d was found in 67.4% of the NSTEMI and in 50.9% of STEMI ($p < 0.001$). Patients with ASD/d had higher unadjusted in-hospital mortality (10.7% vs 8.1% $p < 0.001$). After adjustment for baseline characteristics, ASD/d (HR: 1.68 CI: 1.37-2.06) older age (HR: 1.04 CI: 1.03-1.05), chronic heart failure (HR: 3.74 CI: 2.84-4.91) and Killip Class ≥ 2 (HR: 2.62 CI: 1.95-3.53) had the strongest independent associations with increased in-hospital mortality. Risk of ASD/d remained significantly associated with mortality (HR: 1.35 CI: 1.07-1.70 $p = 0.01$) after further adjustment for acute medications and procedures.

Conclusion: This is the first large-scale investigation of the impact accuracy of ASD/d within an acute care coronary ischemic heart disease population. Severity of ASD/d measured within a few hours of hospitalization for ACS predicts the risk in-hospital mortality.