LONG-TERM OUTCOMES OF ENHANCED DEPRESSION TREATMENT IN PATIENTS WITH ACUTE CORONARY SYNDROMES: THE COPES RANDOMIZED CONTROLLED TRIAL

Poster Contributions
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Background: Enhanced depression treatment is a promising approach for patients with acute coronary syndrome (ACS) and depression, but there are limited data on its long-term effectiveness.

Methods: 157 participants with persistent depression post-ACS were randomized to receive enhanced depression treatment (n=80) or usual care (n=77) for 6 months. We assessed the composite outcome of death or myocardial infarction/unstable angina (MI/UA) during the treatment period and during the subsequent 15 months. Proportional hazards analysis was performed with adjustment for age, sex, GRACE score, and LV ejection fraction.

Results: Because of a significant time-by-treatment group interaction (p=0.008), we report separate results for during the treatment period and afterwards. During the 6-month treatment period, death or MI/UA occurred in 3 (4%) participants in the treatment group, compared with 11 (14%) in the usual care group (HR=0.23, 95% CI 0.06-0.82, p=0.02). In contrast, during the subsequent 15 months, 11 (14%) participants in the treatment group experienced the composite outcome, as compared to 3 (4%) in the usual care group (HR=3.38, 95% CI 0.92-12.35, p=0.07).

Conclusion: Enhanced depression treatment was associated with a reduced risk of death or MI/UA during treatment, but this effect did not persist. Ongoing depression treatment may be required to sustain improved outcomes in post-ACS patients with depression.