

Anxiety and depression in a cohort of 12-month follow-up patients after heart transplantation

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Background

Heart transplantation (HT) is a potentially life-saving procedure for people with terminal cardiac disease. However is also one of the more invasive and psychologically threatening of the available interventions. Rates of psychiatric morbidity of around 50% have been found in people undergoing HT, mainly depressive and anxiety disorders. Although these rates decrease in postoperative phase, around one third of HT-patients, presents psychological problems at long-term course.

Purpose

Assessment of anxiety and depression with Hospital Anxiety and Depression Scale (HADS) in a cohort of 12-month follow-up patients after HT.

Methods

Assessment of 37 adult patients enrolled between 2006 and 2013 in HT program of Hospital Clinic of Barcelona. We analyzed the following variables during waiting list phase: age, sex, years of disease progression, etiology of cardiopathy, axis I disorders applying structured clinical interview for DSM-IV, HADS, and description of psychopharmacological treatment. HADS was also measured one year after HT.

Results

Demographic and clinical characteristics:

On average, the 37 patients of the sample were aged 53.65 ± 9.77 years. 26 were male (70.3%) and 11 female (29.7%). The mean of cardiac disease progression was 11.11 ± 8.15 years. A 54.1% of patients presented an ischemic cardiomyopathy and a 21.6% a non-ischemic cardiomyopathy. The clinical characteristics of our sample are similar to the overall patient profile integrated in a HT program.

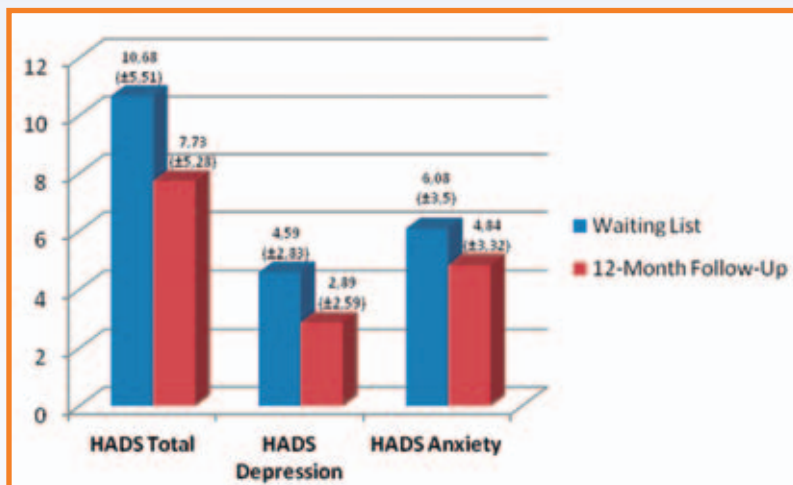
Psychiatric evaluation:

Axis I diagnoses were present in a 27% of the sample (10 patients), all of them included in depressive, anxiety, sleep and adjustment disorders. All these patients were treated with psychopharmacological drugs at time of inclusion in waiting list.

Waiting list period: the mean score of HADS was 10.68 (SD = 5.51), with a mean score of 6.08 (SD = 3.5) in anxiety subscale and 4.59 (SD = 2.83) in depression subscale.

12-month follow-up: the mean score of HADS was 7.73 (SD = 5.28), with a mean score of 4.84 (SD = 3.32) in anxiety subscale and 2.89 (SD = 2.59) in depression subscale.

T-test showed statistically significant differences on the three scores of HADS between the two assessments.



	Waiting list period	12-Month Follow-Up	t	p
HADS total	10,68 (5,51)	7,73 (5,28)	3,428	0,002
HADS depression	4,59 (2,83)	2,89 (2,59)	4,118	0,001
HADS anxiety	6,08 (3,5)	4,84 (3,32)	2,166	0,037

Conclusions

Although scores of HADS in our sample were lower than the cut-off points for the screening of psychiatric morbidity (<12 points for total score and <8 for subscales), there was a significant decrease in anxiety and depression symptoms 12 months after HT.

References

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