Depression in Heart Failure-Impact on Readmissions

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Disclosures

- I have no disclosures

Objectives

- Discuss incidence and prevalence of depression in patients with heart failure.
- Identify tools utilized to assess for depression in heart failure
- Explain interventions used to help mitigate depression in heart failure patients and improve transitions for hospital to home.
Prevalence

- Depression reported in 24-63% of Heart Failure Patients—fewer than 25% of those with major depression are diagnosed and treated
- Symptoms of depression/heart failure are similar
  - Depressed mood
  - Weight loss or gain
  - Loss of interest in activities
  - Increase or decrease in appetite
  - Difficulty with concentration
  - Low Energy

POSSIBLE MECHANISMS THAT PUT HF PATIENTS AT HIGHER RISK

- Autonomic nervous system dysfunction
- Inflammation
- Cardiac Arrhythmias
- Altered Platelet function
- Hypotension
- Medications used to treat heart failure
- MECHANISM IS UNCLEAR

Tools to Assess for Depression

- Beck Depression Inventory
- Geriatric Depression Inventory
- PHQ-2, PHQ-9
- SIG E CAPS

History:
- Female gender
- Previous history of depression/family history of depression
- Loss of major life role
- Lack of social support
Effect on Readmission

- Heart failure patients with depression report reduced functional status
- Increased readmission and mortality at 3 month and 1 year – independent of age, NYHA class, EF, ischemic etiology, other comorbidities
- HF patients with depression:
  - Have a higher incidence of non adherence to medications, (miss doses, don’t get medications refilled, make mistakes with medication administration or unable to manage changes in medication, don’t recognize symptoms of medications side effects, despite education)
  - Don’t recognize early warning signs of worsening heart failure
  - Don’t adhere to low sodium diet
  - Don’t exercise

TREATMENT OPTIONS

- Cognitive Behavioral Therapy
  - Alternative ways to view situation
    - Environmental events
    - Thoughts
    - Behavior
    - Physiology
  - Short term problem focused skill development
  - Depression decreases perception of functional ability despite evidence
  - “That’s a good story but is it true”
MEDICATIONS

- Few differences in respect to effectiveness
- Side effect profile and drug-drug interactions more important in selection

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<th>Medication</th>
<th>Propranolol</th>
<th>Labetalol</th>
<th>Metoprolol</th>
<th>Nifedipine</th>
<th>Verapamil</th>
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</thead>
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<tr>
<td>Effectiveness</td>
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<td>Side effects</td>
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<td>Drug-drug interactions</td>
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KEY POINTS

- Depression is common in CHF patients
- Untreated depression affects readmission and mortality
- Treatment is effective

We owe it to our patients to screen and treat depression.
REFERENCES


