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(Article begins on next page)

Fast screening of depression in cardiac patients: a study on 350 patients

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Purpose: A prevalence of Major Depressive Disorders (MDD) ranging between 15% to 20% has been reported in patients with coronary artery disease (CAD) and myocardial infarction. Given the significant and negative impact that depression can have on the course, mortality and quality of life in cardiac patients, several clinical guidelines recommended the screening and the evaluation for treatment of depression.

Our aims were to address whether the Hospital Anxiety and Depression Scale (HADS) can be considered a valid first-step screening tool and to verify which was the best cut-off value for the depression subscale (HADS-D).

Methods: In a cohort of Acute Coronary Syndrome (ACS) and Coronary Artery Disease (CAD) patients admitted in a Cardiac Unit, we analysed the concordance between the HADS-D and one of the gold-standard clinician-rated diagnostic tools, the Montgomery-Asberg Depression Rating Scale (MADRS). In addition, we analysed which values, between the standard cut-off of 8 and the cut-off of 5, recently suggested as optimal in a cardiac population, showed the best concordance in identifying the presence of clinically relevant level of depressive symptoms. 350 patients were analyzed: 244 patients with ACS and 106 CAD patients composed all the population.

Results: A high positive correlation was found between HADS-D and MADRS raw scores in both the CVDs (ACS: $r=0.71$, $p<.001$; CAD: $r=0.651$, $p<.001$), confirming a good convergent validity between the two instruments. The scores of the MADRS pointed out a 13% prevalence of depressed patients with ACS and an 18% prevalence of depressed between CAD chronic patients. We found a substantial agreement between the two assessment tools in both the pathologies when a cut-off value of 8 was used (ACS: McNemar: $p=.327$; Cohen K test= $.556$, $p<.001$; CAD: McNemar: $p=.648$; Cohen K test= $.351$, $p<.001$). Conversely, a fair agreement was found between the MADRS and the HADS using the cut-off of 5 (ACS: McNemar: $p<.001$; Cohen K test= $.317$, $p=.057$; CAD: McNemar: $p<.001$; Cohen K test= $.317$, $p=.057$), which brought to an overestimation of the percentage of depressed patients.

Conclusions: Results of our study highlighted that the HADS could be considered an effective self-rating instrument to screen for depression in inpatients with acute coronary syndrome and with coronary artery disease. The early screening of depression symptoms will allow performing a prompt depression treatment that could improve the long-term prognosis of cardiac patients.