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DEPRESSIVE SYMPTOMS AND QUALITY OF LIFE IN PATIENTS WITH CORONARY ARTERY DISEASE AFTER PERCUTANEOUS CORONARY INTERVENTIONS

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Depression contributing to cardiovascular disease is a major clinical problem both due to frequent occurrence and serious health effects. Studies confirm a relationship between depressive disorders and risk for the development and unfavorable course of coronary artery disease (CAD) and myocardial infarction.The aim of the study was to assess how the comorbidity of depressive symptoms and CAD influences the quality of life (QoL) in patients after the successful coronary angioplasty (PCI).227 patients with CAD selected for PCI were enrolled. 156 patients with full clinical and angiographic success and without restenosis within 4 weeks after the interventions were included in one year follow-up. Patients' status was assessed four times (one day before and at 1, 6 and 12 months after the intervention). Polish version of SF-36, Beck Depression Inventory (BDI), Rosenberg's Self-esteem Scale (RS), Beck's Hopelessness Scale (HS) and Authomatic Thoughts Questionnaires (ATQ) were used.In the whole group QoL after one months after PCI was significantly improved. This tendency persisted in further examinations. There was a significant correlation between SF-36, which measures QoL, severity of depressive symptoms (BDI) and parameters describing depressive thinking style (HS, RS and ATQ). The presence of depressive symptoms at each assessment during follow-up, was associated with the poorer quality of life.Presenting study indicate that depressive symptoms in patients with coronary artery disease significantly affect the quality of life, despite of the successful coronary angioplasty. Optimized comprehensive approach to CAD patients may require psychological assessment and inclusion of adequate psychological or psychiatric interventions.