BRINGING CLINICIANS TOGETHER TO DISCUSS CURRENT DRUG THERAPY

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CARDIOLOGY

Questions are coming up about how to treat depression after a heart attack.

Depression occurs in nearly half of heart attack patients...and it’s associated with a higher risk of CV events and death.

Plus adherence to lifestyle changes and CV meds...antiplatelets, statins, etc...may be even harder for patients with depression.

But don’t recommend an antidepressant for all heart attack patients.

If patients are depressed, emphasize nondrug steps...cardiac rehab, exercise, psychotherapy, etc.

Suggest adding an antidepressant if needed.

SSRIs are first-line. Think of sertraline as the go-to. It has the most evidence and seems less risky than other SSRIs in these patients.

Advise avoiding citalopram after a heart attack...and limiting escitalopram to 10 mg/day...due to risk of QT prolongation and torsades.

Explain that taking an SSRI with antiplatelets may increase bleeding risk. But don’t jump to a PPI to prevent GI bleeding unless the patient has other risks...prior ulcer, taking anticoagulants, etc.

Some weak evidence suggests SSRIs MIGHT improve CV outcomes after a heart attack...possibly due to antiplatelet or anti-inflammatory effects.

But don’t rely on SSRIs or any other antidepressant for CV benefit.

Mirtazapine or bupropion may be tried if SSRIs can’t be used. These seem safe in CV patients...and bupropion can help with smoking cessation.

SNRIs are another option. They may raise BP...but effects are variable. For example, BP increases are rare with duloxetine...but more common with venlafaxine doses over 225 mg/day compared to lower doses.

Trazodone may lead to orthostatic hypotension, especially at higher doses. Suggest limiting to low doses, such as 25 mg for insomnia.

Tricyclics should be avoided due to heart block and arrhythmia risk.

Recommend early and frequent follow-up when patients start an antidepressant...and suggest tapering over at least 4 weeks when stopping.

Compare meds in our chart, Choosing and Switching Antidepressants...and sort out interactions in our Depression and CV Disease commentary.

(For more on this topic, see Clinical Resource #340903 at PharmacistsLetter.com.)


See LEADER NOTES for answers to discussion questions.
DISCUSSION QUESTIONS

OVERVIEW OF CURRENT THERAPY

1. What is known about treatment of depression and the impact on cardiac outcomes in patients post-acute coronary syndrome (ACS) or myocardial infarction (MI)?

ANALYSIS OF NEW STUDY

2. What type of study was this? How were the patients selected for inclusion?

3. How were the study groups defined?

4. How were the outcomes evaluated?

See LEADER NOTES for answers to discussion questions.
5. What were the outcomes of this trial?

6. What were the strengths and weaknesses of this trial?

7. Were the results expressed in terms we care about and can use?

HOW SHOULD THE NEW FINDINGS CHANGE CURRENT THERAPY?

8. Do the results change your practice? How?

APPLY THE NEW FINDINGS TO THE FOLLOWING CASE

D.M. is a 61-year-old female patient of yours who is seeing you today for follow-up. She was hospitalized approximately six weeks ago for an ST elevation myocardial infarction after presenting to the ED with four hours of substernal chest pain. She underwent a left heart
catheterization during her hospitalization and had a drug-eluding stent placed. You saw her approximately one week after discharge for her hospital follow-up visit, and are seeing her today to ensure she is tolerating all of her medication adjustments well.

9. **What medications are indicated post-myocardial infarction for this patient?**

D.M. is very tearful as you enter. She explains that she is adherent with the medication, and although she has difficulty remembering to take all of the medications, her husband has been helpful in reminding her. She is tolerating them well and denies any side effects. She also describes difficulty sleeping, daytime fatigue, and overwhelming feelings of sadness since her hospital discharge. She feels like she should be “back to normal” by now, but just can’t shake the profound sadness that she feels. She feels like she has let herself and her family down by having a heart attack, and has lost motivation and interest to pursue her daily activities. Her husband and family have been very supportive during this time, which makes her feel guilty about her feelings of sadness.

You discuss with the patient that you believe she has post-MI depression and possible treatment options, including CBT and additional medication. D.M. is amenable to both, as she would like to make every effort to improve as quickly as possible.

10. **What factors should you consider when choosing an anti-depressive medication for this patient?**

See LEADER NOTES for answers to discussion questions.
REFERENCES


Additional Pharmacist’s Letter Resources available at PharmacistsLetter.com

See LEADER NOTES for answers to discussion questions.