

## BRINGING CLINICIANS TOGETHER TO DISCUSS CURRENT DRUG THERAPY

October 2018 • Vol. 15, No. 10

The following succinct analysis appeared in *Pharmacist's Letter*. Based on vol. 34, No. 10

---

### 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](http://PharmacistsLetter.com).)

Primary Reference – Kim JM, Stewart R, Lee YS, et al. Effect of escitalopram vs placebo treatment for depression on long-term cardiac outcomes in patients with acute coronary syndrome: a randomized clinical trial. *JAMA* 2018;320:350-8.

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

See [LEADER NOTES](#) for answers to discussion questions.

catheterization during her hospitalization and had a drug-eluting 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

Glassman AH, Bigger JT Jr, Gaffney M. Psychiatric characteristics associated with long-term mortality among 361 patients having an acute coronary syndrome and major depression: seven-year follow-up of SADHART participants. *Arch Gen Psychiatry* 2009; 66:1022-9.

Kim JM, Bae KY, Stewart R, et al. Escitalopram treatment for depressive disorder following acute coronary syndrome: a 24 week double blind, double blind, placebo controlled trial. *J Clin Psychiatry* 2015 Jan;76:62-8.

Kim JM, Stewart R, Lee YS, et al. Effect of escitalopram vs placebo treatment for depression on long-term cardiac outcomes in patients with acute coronary syndrome: a randomized clinical trial. *JAMA* 2018;320:350-8.

Post Myocardial Infarction Depression Clinical Practice Guideline Panel. AAFP guideline for the detection and management of post myocardial infarction depression. *Ann Fam Med* 2009;7:71-9.

Van Melle JP, deJonge P, Honig, A, et al. Effects of antidepressant treatment following myocardial infarction. *Br J of Psychiatry* 2007;190: 460-6.

Williams JW Jr, Nieuwsma JA, Namdari N, et al. Diagnostic accuracy of screening and treatment of post-acute coronary syndrome depression: a systematic review [internet]. *Agency for Healthcare Research and Quality (US)*; 2017 Nov. Report no 18-EHC001-EF.

### **Additional Pharmacist's Letter Resources available at [PharmacistsLetter.com](http://PharmacistsLetter.com)**

PL Voices, Using Beta-Blockers After a Heart Attack. *Pharmacist's Letter/Prescriber's Letter*. August 2017.

Toolbox, Improving Outcomes After Myocardial Infarction. *Pharmacist's Letter/Prescriber's Letter*. August 2017.

Chart, Lipid Treatment FAQs. *Pharmacist's Letter/Prescriber's Letter*. February 2017.

PL Voices, Aspirin to Reduce Cardiovascular Risk After a GI Bleed. *Pharmacist's Letter/Prescriber's Letter*. November 2016.

Clinical Resource, Choosing and Switching Antidepressants. *Pharmacist's Letter/Prescriber's Letter*. June 2018.

See LEADER NOTES for answers to discussion questions.

## PL Journal Club Contributing Editors:

Lori Dickerson, PharmD, FCCP, *Editor*; Jennifer Nieman, PharmD, BCPS, *Associate Editor*; Lisa D. Mims, MD, Department of Family Medicine, Medical Univ of South Carolina, Charleston, SC; Maribeth Porter, MD, Department of Community Health and Family Medicine, Univ of Florida, Gainesville, FL.

**Editors and Authors:** Jeff Jellin, PharmD, *Editor-in-Chief*; Joshua Conrad, PharmD, *VP of Editorial & Content*; Melissa Blair, PharmD, FASHP, FCCP, BCPS, *Senior Editor*; Karen Davidson, PharmD, *Senior Editor Emeritus*; Tammie Armeni, RPh, PharmD, *Editor, Senior Director of Continuing Education & Content Management*; Sandye Chabot, PharmD; Lori Dickerson, PharmD, FCCP; Rachel Maynard, PharmD; Kimberly Palacios, PharmD, *Editors*; Stacy Hester, RPh, BCPS; Crystal Maric, BSc Pharm, MBA, ACPR; Jennifer Nieman, PharmD, BCPS, *Associate Editors*; Bethany Bryant, PharmD, BCPS; Vickie Danaher, PharmD; Leslie Gingo, PharmD, BCPS; Flora Harp, PharmD; Jeff Langford, PharmD, BCPS-AQ Cardiology; Toni Ripley, PharmD, FCCP, BCPS-AQ Cardiology, ASH-CHC; Brea Rowan, PharmD, BCPS; James Van, B.Sc (Pharm), RPh, MBA; Don Weinberger, PharmD; Marlea Wellein, PharmD, BCPS, *Assistant Editors*; Karen Wilson, BA, *Manuscript Editor*; Minda Paglinawan, BA, *Assistant Manuscript Editor*; Jenni Mangrum, BS, CPhT, *Assistant Education and Accreditation Editor*; Mark Graber, MD, MSHCE, FACEP, *Associate Clinical Editor*. **Consultants:** Jill Allen, PharmD, BCPS; Melanie Cupp, PharmD, BCPS; John Greiss, BScPharm, JD, LLM; Katie Lacaria, BSc (Pharm), ACPR; Heidi Liston, BSc Pharm, PharmD; Lu-Ann Murdoch, RPh, BScPhm, ACPR; Annette Murray, BScPharm; Jennifer Pennington, RN, BSN. **Editorial Advisors:** Christophe Anslinger, PA-C; Thomas Barringer, MD, FAHA, FNLA; Christopher Barry, PA-C, MMSc; William Bednar, MD; Larissa Bossaer, PharmD, BCPS; Robert Browne, MD, FAAFP; Stephen Brunton, MD; Holley Bush, PharmD; Peter Carek, MD, MS; Gary Choy, PharmD; Matthew Cline, MD; John Connolly, MD, FACP, FCCP; Sandra Counts, PharmD; Hikmat Fikrat, PhD; Rex Force, PharmD, FCCP, BCPS; Lawrence Frank, MD, FACP; Peter Garbeff, MD; Mark Garofoli, PharmD, MBA, CGP; Denise Gontiz, FNP-C; Charles Green, RPh; John Hambright, PharmD; Roland Hart, MD; Kyle Herbold, MD; Patricia Hatton, MD; Sydney Hendry, MD; Raissa Hill, DO; Jerry Jones, MD; Sheela Kapre, MD, FACP, FCCP; Adam Kaye, PharmD, FASCP, FCPHA; William Kehoe, PharmD, MA, FCCP, BCPS; Joshua Lenchus, DO, RPh, FACP, SFHM; Stanley Leong, PharmD; Kevin Maeda, PharmD; Christine Marsh, RPh; Eric Matheson, MD, MS; Christina McLaughlin, CPhT, EMT; Kay Niegel, RPh; Mike Pastrick, RPh; Ernest Pieper, PharmD; Daren Primack, MD, FACC; Barbara Rankin, MD; Jenna Reel, PharmD, BCPS, CPP, CDE; George Rishwain, MD; Sandy Robertson, PharmD; Edward Rogan, PharmD, BCACP; Gerald Rubley, MSN, PharmD; Ruth Ruffe, PharmD; AnnieMarie Santos, MD; David Schneider, MD; Allen Shaughnessy, PharmD, MMedEd; Jonathan Szkotak, PharmD, BCACP; Joshua Tessier, DO; Bruce Uch, PharmD; John David Williamson, MD, FAAFP; Raymond Wong, MD; William Yee, PharmD, FASHP, FCSHP; Kent Yep, RPh.

**Advisory Board:** Evan Ballard, MD, Jonesville Family Medical Ctr; Melvin Baron, PharmD, MPA, Univ of Southern Calif; Jan Basile, MD, FACP, Medical Univ of South Carolina; Robert Bickerton, MD, FACP; Reid B. Blackwelder, MD, FAAFP, East Tennessee State Univ; Kevin Brown, MD, FACOG, Texas A&M; Andrea Darby-Stewart, MD, HonorHealth; Anthony A. Donato, Jr., MD, MHPE, Reading Health System; Jan Drutz, MD, Baylor College of Med; Margaret A. Fitzgerald, DNP, FNP-BC, NP-C, FAANP, CSP, FAAN, DCC, Fitzgerald Health Ed Associates; Barry Gidal, PharmD, RPh, Univ of Wisc; Robert Gotfried, DO, FAAFP; Martin Grajower, MD, FACP, FACE, Albert Einstein College of Med; B. Joseph Guglielmo, PharmD, UC San Francisco; Stuart Haines, PharmD, BCPS, BCACP, BC-ADM, FCCP, FASHP, FAPhA, Univ of Miss; Jefferson Harman, Jr, MD, Col, USAF, MC, FS; B. Mark Hess, MD, FACP; John Holman, MD, MPH, FAAFP; Eric Jackson, PharmD, FCCP, BCPS, Univ of Conn; Peter Jacobsen, PhD, DDS, Univ of the Pacific; Paul Jensen, MD, PharmD, FAAFP; Alan David Kaye, MD, PhD, DABA, DABPM, DABIPP, Louisiana State Univ; Steve Kayser, PharmD, UC San Francisco; Brian Kessler, DO, FACOPF, Lincoln-Memorial Univ; Edgar Lerma, MD, FACP, FASN, FAHA, Univ of Illinois at Chicago; Evan L. Lipkis, MD; Mark McConnell, MD, Oscar G. Johnson VA Medical Ctr; Stephen L. McKernan, BSc Pharm, ND, DO, FAAFP, Sam Houston State Univ; Steven E. Nissen, MD, MACC, Cleveland Clinic; Brenden O'Hara, RPh, BCACP, Blue Cross/Blue Shield of NC; Douglas S. Paauw, MD, MACP, Univ of Washington; Dan Perri, BSc Pharm, MD, FRCPC, McMaster Univ; Charles Ponte, BS, PharmD, FAAD, FAPhA, FASHP, FCCP, FNAP, West Virginia Schools of Pharmacy & Medicine; Joseph E. Scherger, MD, MPH, Eisenhower Medical Ctr; Arthur Shinn, PharmD, FASCP, Managed Pharmacy Consultants; Kelly Anne Spratt, DO, FACC, Univ of Pennsylvania; Dan Steiber, RPh, Genesis Pharma Consultants; Tom Vickery, PharmD, OPTION Care; C. Wayne Weart, PharmD, FAPhA, FASHP, BCPS, Medical Univ of South Carolina; Craig D. Williams, PharmD, FNLA, BCPS, Oregon Health & Science Univ.

### DISCLOSURE:

The editors of this activity and its publisher, Therapeutic Research Center, have no relevant financial interests related to the products or services covered by this activity. Therapeutic Research Center/*Pharmacist's Letter* does not receive any commercial support and does not accept any advertising. It is completely independent and is supported entirely by subscriptions. *Pharmacist's Letter* focuses on delivering completely objective, unbiased drug information and advice for the benefit of subscribers.

*Unbiased Evidence and Recommendations for the Pharmacist  
on New Developments in Drug Therapy*  
3120 West March Lane, Stockton, CA 95219  
TEL (209) 472-2240 ~ FAX (209) 472-2249  
[PharmacistsLetter.com](http://PharmacistsLetter.com)

The contents are copyrighted. © 2018 Therapeutic Research Center. All Rights Reserved.

See LEADER NOTES for answers to discussion questions.