

Should nurses screen for depression for patients with cardiac disease?

“Does depression screening by nurses for patients who have recently experienced a cardiac event improve cardiac outcomes and patients’ quality of life?”

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Introduction

In New Zealand, cardiovascular disease is the leading cause of death, accounting for 30% of deaths annually (Heart Foundation, 2016). Adult patients who suffer from cardiac disease have a high possibility of suffering from depression and the medications for treating the chronic disease may also contribute to the risks of developing depression (Huffman et al., 2006). Depression is not only more common in patients with cardiac disease than in the general population, but depression also increases the risks for adverse cardiac outcomes and the incidence of death (Huffman et al., 2006). However the symptoms of depression often go unrecognized and can persist for months to years, substantially impacting quality of life (Huffman et al., 2006).

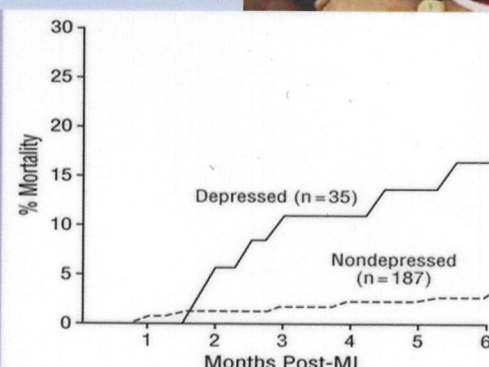


Figure 1. Survival curves of depressed and non-depressed patients following acute myocardial infarction (MI) (Januzzi, Stern, Pasternak, & DeSanctis, 2000).

Literature Review

Roughly 15 to 20 percent of patients with coronary heart disease suffer from major depression and another 30 to 40 percent show mild to moderate depressive symptoms. This rate of major depression is approximately three times higher than in the general population (Waterworth, Arroll, Raphael, Parsons, & Gott, 2015).

When depression is linked with coronary heart diseases, the outcomes increase the incidence of cardiac events, increase damage of psychosocial functioning, worsen quality of life and well being, decrease medication adherence, and increase the utilization of healthcare (Huffman et al., 2006).

According to one study of post myocardial infarction patients, less than 15% of patients with depression were accurately diagnosed by their treatment teams and only 11% received antidepressants as treatment (Huffman et al., 2006).

Implications for nursing

The positive role of the nurse in working with patients with coronary heart disease has been well known and nurses are in a special position to assess patients for depression (Waterworth, Arroll, Raphael, Parsons, & Gott, 2015). It is also important for nurses who are working in an acute cardiac unit to have adequate knowledge and skills to recognise the signs and symptoms of depression and refer appropriately (Huffman et al., 2006).

Recommendations

In consideration of the high prevalence of depression in patients with cardiac disease and the adverse outcomes caused by depression, the depression screening should be put into practice combined with sufficient mental health resources (Januzzi, Stern, Pasternak, & DeSanctis, 2000).

A simple screening tool such as the PHQ-2, PHQ-9 for initial screening can be integrated into common clinical practice with minimum disturbance, and may increase the uptake of screening (Huffman et al., 2006).

Routine screening for depression be carried out at first presentation, and a follow-up appointment should occur 2-3 months after a cardiac event. Then screening should be considered on a yearly basis. Nurse-initiated screening tests for depression should be applied to identify patients who may require further assessment and treatment from an appropriate health professional (Huffman et al., 2006).

Conclusions

Trained nurses are in a special position to assess a patient’s mental health state and use screening tools to help to improve the accuracy in identifying depression in patients with cardiac disease. Those patients who have a positive screening result should be referred to an appropriate health professional to receive a definite diagnosis and enable early intervention, thereby improving the patient’s quality of life and possibly improve the patient’s cardiac outcome.

References

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- Waterworth, A., Arroll, B., Raphael, D., Parsons, J., & Gott, M. (2015). A qualitative study of nurses’ clinical experience in recognising low mood and depression in older patients with multiple long-term conditions. *Journal of Clinical Nursing*, 24, 2562-2570.

Rationale

I have chosen to present my research in the form of a poster as this medium is used to convey information concisely and clearly in a relatively short time to a wide audience (Briggs, 2009). The poster summarises the main points rather than sharing too much detail, and posters are eye catching and visually helpful in emphasising specific information and providing a clear flow of information for viewers (Ilic & Rowe, 2013). Moreover, I want to share information with, and increase the awareness of, nurses, patients and patients' family members of depression in patients with cardiac disease.

Posters can also be used to promote the role of the nurse in the eye of the public and other health professionals, and to facilitate information sharing (Ilic & Rowe, 2013).

PECOT Category	Information relating to questions	Explanation
Population	Adults: both male and female	This is the age group that is more likely to have cardiac disease
Exposure/Intervention	Using screening tools to screen patients who have experienced a cardiac event for depression	Searching through research to identify whether patients with cardiac disease received depression screening by trained nurses, and whether there was a difference in patient cardiac outcomes.
Comparison/Control	Patients who have experienced a cardiac event who have not received any type of depression checks.	I am interested in whether using screening tools to screen for depression will improve patient cardiac outcome, compared to not screening for depression.
Outcome	Improve cardiac outcome and patients' quality of life due to early depression detection and treatment.	Whether regular depression screening leads to an improved cardiac outcome and quality of life for patients with cardiac disease.
Time	N/A	No specific time

References

- Briggs, D. (2009). A practical guide to designing a poster for presentation. *Nursing Standard*, 23 (34), 35-39.
- Ilic, D., & Rowe, N. (2013). What is the evidence that poster presentations are effective in promoting knowledge transfer?: A state of the art review. *Health Information & Libraries Journal*, 30 (1), 4-12. doi: 10.1111/hir.12015