Depression Increases the Risk of Mortality in Patients with Heart Failure

Mark Vonnegut*

Department of Psychology, Ajman University, United Arab Emirates

Corresponding Author*

Mark Vonnegut
Department of Psychology,
Ajman University,
United Arab Emirates
E-mail: Vannegutm@gmail.com

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Abstract

Depression increases the risk of mortality in patients with heart failure (HF). Less is known about whether depression predicts multiple readmissions or whether multiple hospitalizations worsen depression in patients with HF. This study aimed to test the hypotheses that depression predicts multiple readmissions in patients hospitalized with HF, and conversely that multiple readmissions predict persistent or worsening depression. All-cause readmissions were ascertained over a 2-year follow-up of a cohort of 400 patients hospitalized with HF. The Patient Health Questionnaire-9 was used to assess depression at index and 3-month intervals. At enrollment in the study, 21% of the patients were mildly depressed and 22% were severely depressed.

Keywords: Depression, Heart failure

Introduction

Maintaining a good quality of life (QOL) is as important as survival to most patients living with chronic, progressive illness.1 Individuals with heart failure have markedly impaired QOL compared to with other chronic diseases as well as healthy population.2-5 Quality of life reflects the multidimensional impact of a clinical condition and its treatment on patients' daily lives.6-8 Patients with heart failure experience various physical and emotional symptoms such as dyspnea, fatigue, edema, sleeping difficulties, depression, and chest pain.9, 10 These symptoms limit patients' daily physical and social activities and result in poor QOL.11-16 Poor QOL is related to high hospitalization and mortality rates.17, 18 Therefore, QOL in patients with heart failure should be assessed appropriately to determine its impact on patients' daily lives.

Quality of life is subjective and does not merely reflect objective clinical, or physiological status.2, 8, 19-21 It reflects patients' subjective perceptions about the impact of a clinical condition on their lives.22-24 People with similar conditions commonly have different perceptions of their QOL, and outcomes vary based on patients' subjective views.25, 26 In a study comparing physicians' prediction about patients' health perception and patients own health perception, 51% of the cases differed, and patients' health perceptions had an important impact on use of health care.25 Few investigators have examined QOL from patients' perspectives. Therefore, the purpose of this study was to explore the perceptions of patients with heart failure about QOL.

Heart failure — sometimes known as congestive heart failure — occurs when the heart muscle doesn't pump blood as well as it should. When this happens, blood often backs up and fluid can build up in the lungs, causing shortness of breath.

Certain heart conditions, such as narrowed arteries in the heart (coronary artery disease) or high blood pressure, gradually leave the heart too weak or stiff to fill and pump blood properly. Proper treatment can improve the signs and symptoms of heart failure and may help some people live longer. Lifestyle changes — such as losing weight, exercising, reducing salt (sodium) in your diet and managing stress — can improve your quality of life. However, heart failure can be life-threatening. People with heart failure may have severe symptoms, and some may need a heart transplant or a ventricular assist device (VAD).One way to prevent heart failure is to prevent and control conditions that can cause it, such as coronary artery disease, high blood pressure, diabetes and obesity.

Heart failure often develops after other conditions have damaged or weakened the heart. However, heart failure can also occur if the heart becomes too stiff.

In heart failure, the main pumping chambers of the heart (the ventricles) may become stiff and not fill properly between beats. In some people, the heart muscle may become damaged and weakened. The ventricles may stretch to the point that the heart can't pump enough blood through the body. Over time, the heart can no longer keep up with the typical demands placed on it to pump blood to the rest of the body. Your doctor can determine how well your heart is pumping by measuring how much blood is pumped out with each beat (ejection fraction). Ejection fraction is used to help classify heart failure and guide treatment. In a healthy heart, the ejection fraction is 50% or higher — meaning that more than half of the blood that fills the ventricle is pumped out with each beat.

Heart failure can occur even with a normal ejection fraction. This happens if the heart muscle becomes stiff from conditions such as high blood pressure.

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