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Jules Constant

Journal: Cardiology

Cardiology (1995) 86 (5): 361-364.

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- > Society Bulletins
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- > Demystifying the Mystery of Vitamin B12 Deficiency in an Infant with Developmental Delay
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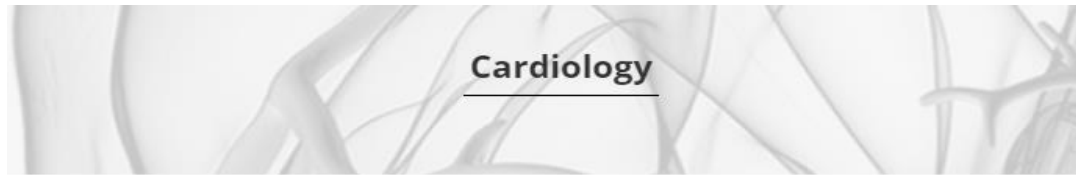
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Cardiology 2023, Vol. 148, No. 1

Acute Pancreatitis and Myocardial Infarction: A Narrative Review

Umair Khan; Oksana Petrechko; Shazib Sagheer; Harris Majeed; Syeda Humna Zaidi; Najam Wasty; Abu Baker Sheikh

Cardiology (2023) 148 (1): 1-11. doi: <https://doi.org/10.1159/000528535>

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Rachel Bedenis Forster; Camilla Kjellstadli; Tor Åge Mykkelbust; Grace Egeland; Gerhard Sulo; Tone Bjørge; Kaare Harald Børnaa; Petur Benedikt Juliusson; Rune Kvåle

Cardiology (2023) 148 (1): 83-92. doi: <https://doi.org/10.1159/000527636>

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Percutaneous Coronary Intervention for Coronary Ostial Lesions: Now and Then

Mohammed Saleh; Hani Jneid

Cardiology (2023) 148 (1): 23-26. doi: <https://doi.org/10.1159/000527972>

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Article Page

Volume 148, Issue 1
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COMMENTARIES | FEBRUARY 28 2023

Which Females Have the Highest Rates of Depression and Anxiety Following Acute Coronary Syndrome?

David R. Thompson

Cardiology (2023) 148 (1): 20–22.
<https://doi.org/10.1159/000528624> Article history

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분할화면 원문다운 공유 인용관련

Depression and anxiety are common in patients with acute coronary syndrome (ACS) [1]. The European Society of Cardiology [1] and a Scientific Statement from the American Heart Association [2]. There is also growing evidence from studies [3–6] and reviews [7, 8] that following an acute coronary syndrome (ACS) women have significantly higher rates of depression and anxiety, which is associated with adverse outcomes such as increased morbidity, rehospitalization, mortality and decreased quality of life. For example, in the EUROASPIRE IV survey of 7,589 patients from 24 countries with coronary heart disease, symptoms of depression were seen in 31% of women and 20% of men, and symptoms of anxiety in 39% of women and 22% of men [4]. Depression, especially, and anxiety are associated with other risk factors, including lower levels of educational attainment, sedentary or inactive lifestyle, smoking, unhealthy diet and reduced adherence with lifestyle changes or risk factor modification [4, 5].

Why are females at increased risk for depression and anxiety and which female patients have the highest rates? It is imperative that studies aim to understand why depression and anxiety disproportionately impact women following an ACS and how this knowledge can be used to better inform care.

In this issue of Cardiology, Liblik et al. [9] present the trial design for the Female Risk factors for post-Infarction Depression and Anxiety (FRIDA) Study which aims to identify which psychosocial and cardiovascular risk factors place female patients (as defined by sex) at highest risk of developing depressive and anxious symptoms following an ACS and to correlate these factors to mortality, morbidity, and quality of life outcomes at three and 6 months.

This questionnaire-based study [9], informed by a pilot study [10] and a narrative review [8] aims to recruit 20,000 female participants admitted to hospital with ACS will be conducted across seven sites in Canada, chosen to reflect a diversity of female patients, including racial, socioeconomic, cultural, and linguistic characteristics. Data pertaining to sociodemographic status, social support and depression and anxiety will be collected within 72 h of admission and at three and 6-month follow-up. Depression and anxiety will be measured using the Hospital Anxiety and Depression

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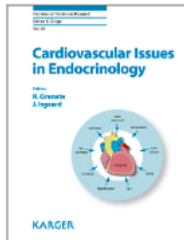
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Volume 43

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