Don’t Ignore Heart-Attack Blues

How an anti-depressant may make someone’s heart condition better

By Sanjay Gupta, M.D.

One of every five people who suffer a heart attack gets severely depressed. While that may seem unsurprising – certainly a brush with mortality, being rushed to the hospital and having to take a bucketful of medications could throw anyone for a loop – there’s growing evidence to suggest that something more complicated is going on. Men and women who have clinical depression, for example, are twice as likely to suffer a heart attack later on, while coronary patients who become severely depressed are three times as likely to develop further heart problems or die. Yet doctors often seem reluctant to treat depression in their heart-attack patients for fear that anti-depressant drugs might interfere with the lifesaving benefits of cardiac medications.

Now comes word that at least one popular anti-depressant doesn’t seem to make a heart condition worse and might even help to improve it. Researchers from the U.S., Canada, Italy and Sweden reported in last week’s Journal of the American Medical Association (JAMA) that sertraline, better known by the trade name Zoloft, caused no more complications in depressed cardiac patients than did a placebo. Indeed, patients on Zoloft experienced 20% fewer adverse cardiovascular events than those who took the placebo. One other advantage: unlike older anti-depressants called tricyclics, Zoloft does not seem to cause irregular heartbeats.

But the study, paid for by pharmaceutical giant Pfizer, maker of Zoloft, included only 369 patients and so was too small to say for sure whether that apparent benefit was the result of a statistical fluke.

Zoloft is one of a group of anti-depressants called selective serotonin reuptake inhibitors (SSRIS) that work by keeping a neurotransmitter called serotonin from attaching to certain biochemical receptors in the brain. But serotonin receptors are also found in lots of other places. Blocking these receptors in the bloodstream appears to reduce formation of artery-choking clots by preventing the aggregation of blood cells called platelets. In essence, SSRIS seem to perform double duty – as mood lifters and blood thinners.

Plenty of questions still need to be answered. “The study may have been too small to uncover all the drug-to-drug interactions with Zoloft,” says Dr. Allan Jaffe, a cardiologist at the Mayo Clinic in Rochester, Minn., who wrote an editorial that accompanied the JAMA report. In addition, he says, “the patients did not receive the anti-depressant until one month after their heart attack, so it is unclear how safe it is immediately afterwards.” One thing is sure: if you have recently had a heart attack and are depressed, you are not alone. At least now there’s an anti-depressant that may be safe for your ailing heart.

Dr. Gupta is a neurosurgeon and CNN medical correspondent
Lees bij de volgende opgaven steeds eerst de vraag voordat je de bijbehorende tekst raadpleegt.

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